

2010

A Contemporary Model of Residential Care for Children and Young People in Care

**Informed by state-wide consultation and literature review by
Department of Communities (Child Safety Services) in partnership
with PeakCare Queensland**



Queensland's Model of Residential Care

State-wide Consultation and Literature Review

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Executive Summary

The Department of Communities (Child Safety Services) recognised that a contemporary Model of Residential Care for children and young people in care would assist in shaping services and interventions for children and young people in Queensland. The department therefore undertook to develop a trauma and attachment informed model of residential care for children and young people in the care of the State of Queensland, in collaboration with the non-government sector.

A broad consultation was held between late 2009 and early 2010, with non-government and government residential care sector across Queensland, as well as with other key stakeholders. The consultation was conducted jointly by Department of Communities (Child Safety Services) and PeakCare Queensland. Supported by a review of literature, this consultation has informed the development of a contemporary Model of Residential Care, while also contributing to a process of change.

A set of core elements emerged from this process. Implementation of these core elements would make a significant difference to the quality of lives for children and young people in residential care in Queensland. These core elements form the foundations of a contemporary Model of Residential Care, providing direction for renewal and change in services for children and young people.

The core elements of the Model of Residential Care are:

- a clear child-focused system with a focus on creating nurturing and healing care for traumatised young people, responsive to assessed needs of children
- ensuring participation of young people in shaping their care and futures
- comprehensive assessment and clear transition planning, informing placement and interventions
- prioritising of family connection, engagement and healing, and sustained meaningful relationships
- participation by young people in normal ways, in their communities
- skilled, trained and supported care staff including supervision and sound agency governance
- support for kinship, cultural and community connections and placements — for children and young and children who are Indigenous and from culturally and linguistically diverse backgrounds — including trained and skilled staff
- access to required therapeutic supports for all children and young people
- education considered for each young person to ensure adequate levels of literacy and numeracy and an improvement in successful learning
- support extending to post-care lives of young people
- improved relationships across the sector, including mechanisms to enhance understanding and coordination
- an evaluation framework to support the development of understanding of how best to make a difference for young people moving through residential care.

This report details the Model of Residential Care, including:

- a description of the historical background of this Model
- a detailed outline of the Model including supporting diagrams
- a highlights section drawing together outcomes from the consultation and literature review
- an implications 'checklist' section supporting implementation of the Model at a practice level
- sections reporting on the state-wide consultation and literature review.

Each of these sections can be viewed as a discrete resource as well as part of the complete report.

There is evidence that, for children and young people in care who have painful histories of trauma and attachment disruption, residential care can play a significant part in providing a caring and healing pathway that can make a lasting difference. It is anticipated that the Model of Residential Care, outlined in this report, will assist the pathway forward for Queensland.

Section 1

Background to the development of a contemporary Model of Residential Care for Queensland

1.1 Historical background to the development of the Model

Residential out-of-home care originated in Queensland with the establishment of state and church-run orphanages and homes in the 19th century and has since undergone several shifts in response to social, political and practice trends. By the 1980s and 1990s, the shift away from residential care had intensified in Australia including Queensland. International data suggests that Australia deinstitutionalised at a faster rate than many comparable western countries (Bath 2008(2)).

The *Commission of Inquiry into Abuse of Children in Queensland Institutions (1999)* and the Commonwealth of Australia (1997) report, *Bringing them home – Report of National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* highlighted cases of abuse of children in institutions, and were influential in the trend away from residential care, as was the rising cost of providing residential care in comparison to the costs of providing foster care. A set of social policy ideologies: deinstitutionalisation, normalisation, least restrictive environments, mainstreaming and diversion supported this shift. These ideological positions did not originate in child welfare yet became very influential (Ainsworth & Hansen 2009, pp145-146).

Since 2005, the earlier trend away from residential care in Queensland has been reversed, with the number of children placed in residential services growing substantially, reaching 488 by December 2009 (Department of Communities (DoC) 2009 (3)). A key driver of this change was the Crime and Misconduct Commission's 2004 report, *Protecting Children: an Inquiry into Abuse of Children in Foster Care* (the CMC Report). This report concluded that the existing range of placement options in Queensland was inadequate for children with complex and extreme needs and recommended that funding for therapeutic placement and support services be increased.

In response to the CMC Report, a new department was established with a focus exclusively on child safety and a range of staged implementation programs were put into place. A range of changes were implemented, with positive impacts on staffing, service delivery, management systems, information systems, and organisational culture. Some areas of progress relevant to residential care were (DoC 2006):

- significant increase in child safety staff numbers (an additional 470 staff), incentives for rural location and development of training including mandatory induction training for Child Safety Officers
- development of case planning processes including the appointment of family group meeting convenors
- the state-wide roll-out of therapeutic and behaviour support services through the Evolve Interagency Services program
- an increase in the diversity and number of out-of-home care places, including increased residential care places, enabling better matching to need

- specific consideration of responses for children with high to extreme needs
- programs responding to particular areas of children's need including education support plans, child health passports and sexual assault services
- the regulation of carers and a new regulatory framework for licensed care services, including a quality assurance strategy incorporating standards for residential care
- a variety of strategies to enhance partnerships
- strengthening of the Indigenous Child Placement Principle and consultation requirements with Indigenous Recognised Entities
- new accountability processes, and in particular the expanded function of the Commission for Children and Young People, to include Child Guardian and the regular reporting of young people's views on residential care.

Numbers of children and young people in residential care in Queensland have continued to grow, together with the diversity of residential care responses. Since the time of the report, *A Blueprint for implementing the recommendations of the January 2004 Crime and Misconduct Commission Report, 'Protecting Children: an Inquiry into Abuse of Children in Foster Care'*, in March 2004, (the Blueprint) there has been a significant increase in levels of specialist funding. This is reflected in an increase of funded residential care places from 73 (March 2004) to the current funding (April 2010) of 326 funded places provided by 79 agencies. These places are in addition to transitional funded placements, Therapeutic Residential Services places (18) and Safe House places (42). Over this same period, the number of funded specialist foster care places has increased from 22 to 325 (Forster 2004; DoC 2009 (3)). The growth in the use of residential care has continued, with numbers increasing between June 2007 and September 2009 from 345 to 484 (DoC 2009 (3)). Since the time of the CMC Report, total annual residential care funding in Queensland has increased nine-fold from \$7.38 million (2003-2004) to \$67.16 million (2009-2010), including new initiatives of Therapeutic Residential Services (\$4.39 million) and Indigenous Safe Houses (\$5.51 million). Another new initiative has been the funding of supported independent living with \$4.01 million allocated in the 2009-2010 budget.

A key feature of the Australian residential care system over the past decade has been a pervasive assumption that residential care should be used only as a last resort as it imposes more restrictive and less normalised care environments on young people (Delfabbro & Osborn 2005). However, there has been a developing challenge to this position, including questioning of the appropriateness of family-based care for a proportion of the care population (Osborn et al 2008) and a call for a care system that is able to provide quality care responses to the complex and diverse needs of young people in care (Bath 2008 (2); Delfabbro & Osborn 2005).

The historically important role of the non-government sector in providing residential care has been enhanced by recent funding increases, with the sector now providing all out-of-home residential care in Queensland. Given the fact that many services are in their early stage of development, there is a need to share knowledge across the sector to inform best practice. This is particularly relevant given that the emerging residential care sector in Queensland is diverse and features a range of care models.

1.2 Residential care: current legislation and policy context

Current policy states that residential care in Queensland is primarily for:

- young people aged 12-17 years with high to extreme support needs (though it may also accommodate sibling groups or other young people with moderate to high needs)
- young people under 12 years of age who may be considered for placement where comprehensive assessment indicates their needs are best met by residential care
- young people that are one of a sibling group that would benefit from being placed together or
- where a service model has been explicitly developed and approved for younger children, for example, Safe Houses for Indigenous children (DoC 2009 (1); DoC 2009 (2)).

Residential care services are provided to a child or young person in residential premises by paid employees or contract workers. These employees or workers may include rostered or live-in staff. Residential care usually involves small group care (up to six places) though they may also include individual care. Therapeutic Residential Services specifically provide residential care for complex to extreme needs young people. The scope of this modelling process excludes Therapeutic Residential Services and Safe Houses as service models have already been developed in relation to these care services. However, as part of the residential response in Queensland, models of care and Safe Houses share much in common with this Model, given the shared focus on responding to the complex needs of traumatised young people through provision of therapeutic milieus and relationally-supportive environments.

Residential care is provided at premises (not a carer's own home) that are owned or leased for the specific purpose of accommodating children and young people subject to statutory intervention, including care agreements, assessment orders or child protection orders granting custody or guardianship to the chief executive (DoC 2009 (2)).

Optimal standards for residential care are outlined in the *Residential Care Policy* (DoC 2009 (2)). Placements in residential care are made with consideration of the child or young person's strengths and needs, individual abuse and trauma history, culture, disability and developmental needs as well as the needs of other young people already residing with the service. The intention is that residential care services are informed by attachment, trauma and child development theories and research; to respond to the physical, social and emotional needs of each child or young person placed. Placements are time-limited, with interventions aimed at preparing the child or young person for reunification or transition to family-based placement or independent living (DoC 2009 (2)).

Residential care services are required to provide young people with residential care and support services to meet their protective and care needs and to support them in maintaining their relationships with family and/or community (DoC 2009 (2), p9). They are also required to provide staff support, supervision and training adequate to meet the needs of young people. Rates of pay are not prescribed by Department of Communities. While no exact staff-young person ratios are stipulated, staffing levels are required to adequately meet the young people's needs (DoC 2009 (2), p10). There are no prescribed qualification levels for residential care service staff in Queensland. Current requirements of staff knowledge and skills in policy and legislation include:

- evidence of cross-cultural awareness and competency (DoC 2006, p3)
- training or other learning processes related to identifying, recording and reporting harm (DoC 2006, p29)
- suitable methods for the selection, training and management of staff (*Child Protection Act 1999*, s126(f))
- provision of individual and/or group supervision (DoC 2006, p44)
- identifying training needs and provision of ongoing learning, training and development of staff (DoC 2006, p39)
- it is the department's current position (as mentioned in the minimum evidence guide working document February 2010) that evidence is required, that positive behaviour support policy and training are evidenced.

Apart from areas detailed above, there is no detailed prescription of specific training that must be delivered to residential care staff.

Child Safety Services is responsible for case management of children and young people placed in residential care, including ongoing assessment to inform reviews of case plans (DoC 2009 (2)).

For Aboriginal and Torres Strait Islander children and young people, obligations are outlined in the *Child Protection Act 1999* (s6), including placement priorities under the Child Placement Principle and requirements to invite Indigenous Recognised Entities to be involved in decision-making processes in relation to Aboriginal and Torres Strait Islander children and young people.

The *Child Protection Act 1999* details principles for the provision of child protection services (s5) and standards of care required for children and young people in care (s122). Principles specifically applicable to residential care services are outlined in the current *Residential Care Policy* (DoC 2009 (2)).

1.3 Purpose of developing a contemporary Model of Residential Care for Queensland

Coinciding with a trend across developed nations worldwide, there has been a growing perception in Queensland that there is a need for quality non-family placements for a small but significant group of children and young people with moderate to extreme needs. Of paramount importance is ensuring that services result in enduring outcomes for the group of highly disadvantaged young people in residential care. These young people have almost universally experienced prior trauma and attachment issues and find themselves in residential care, generally removed from their original familiar environments and highly dependent on the organisations managing their lives.

It is time to ask how we move ahead in our residential care servicing, as our young people are reliant on this. Further, 'ownership' of residential care cannot sit with one agency or sector and development of a shared framework provides the opportunity to progress the integration of residential service delivery. A potent message emerging from consultations and literature review is that residential service improvement must span all parts of the service system.

There has been a considerable growth in literature on residential care over the past decade and repeatedly writers have highlighted the need to define the essential elements of residential care and develop clear frameworks to guide practice. The need for an evidence-based, trauma informed, residential care service model was endorsed, commencing as a project in June 2009 with the goal to develop a generic model of residential care. Following the development of Residential Therapeutic Services in Queensland, there was a perceived need for an examination of how practices in general residential care services could be enhanced with a therapeutic focus, drawing on trauma and attachment theory.

A project was embarked upon with the objectives:

1. to develop a service model with a research evidence base that provides an overarching framework for residential care service delivery, including outlining key principles and features of trauma and attachment informed residential care
2. to collaborate with the non-government sector in the process of developing an agreed service model, including key principles and aspects of service delivery and outcomes for residential services. It was envisaged that, as well as distilling shared perspectives, the collaborative work in developing this model would be part of the movement forward towards change and enhancement of services for young people.

It is expected that the development of this Model, informed by state-wide consultation and literature, will make a difference in outcomes for children and young people in residential care in Queensland. The aim of the Model is to provide a broad overarching framework and not to be so detailed and prescriptive that it does not allow agencies to provide innovative and responsive forms of residential care. It is seen as important, and thoroughly supported by literature, that each agency develops its own framework for practice, imbedding coherent principles and models of care, congruent with their agency vision and culture, while reflecting the overarching state-wide Model of Residential Care.

1.4 The process of developing a framework

In order to draw on the rich breadth of knowledge about residential care and working with the young people who come into this service system, and to build some common understandings in the interest of these young people, a collaborative process commenced in October 2009. PeakCare Queensland agreed to partner with Department of Communities in consultation and model development processes, and in November 2009 consultations commenced.

Consultations occurred during November and December 2009 and included each region and other key contacts. A number of Queensland Health staff made contributions, most notably staff from Evolve Interagency Services and Mater Hospital. The consultation process involved:

- initial discussion with departmental staff from Child Safety, Youth and Families Policy and Performance Branch
- a state-wide region by region consultation involving non-government agencies funded to provide residential care and departmental staff with regional and direct service links to residential care (child safety service centres, placement services units, community support teams and regional planning and partnership officers)

- consultation with Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited (QATSICPP)
- discussion with Ethnic Communities Council of Queensland Ltd (ECCQ)
- contact with the Commission for Children and Young People and Child Guardian (CCYPCG)
- consultation by CREATE Foundation with a group of young people with experience in residential care
- consultation with program and policy staff from the Department of Communities who specialise in residential care
- some specific contacts with key people involved in the residential care sector as well as interstate departmental staff and academics/researchers.

In addition to the consultation, an extensive literature review was undertaken.

Section 2

Highlights

Residential care for children and young people in Queensland needs to exist within the clearly articulated overarching frameworks already in place as outlined through the United Nations Convention on the Rights of the Child (UNCROC), to which Australia is signatory, and the *National Framework for Protecting Australia's Children 2009-2020*. In the Queensland context, services also need to abide by the *Child Protection Act 1999*. Further, the role and functions of the Commission for Children and Young People and Child Guardian are legislated in the *Commission for Children and Young People and Child Guardian Act 2000*. These four documents, along with a literature review and a stakeholder consultation with the residential care system have informed the development of a contemporary Model for Residential Care. Residential care also exists within a wide social and service system context and, as such, needs to be viewed in light of its function within this complex system. The issues facing both government and non government organisations (NGOs) in addressing the needs of traumatised children, young people and their families are extensive and require considerable on-going attention.

Through the processes of conducting the state-wide consultation as well as a comprehensive literature review, it is clear that issues regarding residential care are clearly articulated in a consistent manner both across the sector and in national and international research. The ways forward appear obvious — the job for government and community now, is to work together and actively plan a focused approach to residential care that takes into account findings from relevant studies and on-going feedback from NGO management staff, those working on the front line of practice as well as government staff and key stakeholders.

Research, together with the anecdotal information from children and young people, practitioners, managers and stakeholders consulted demonstrates that children thrive when they are in stable placements and receive the appropriate resources to heal their past experiences. Further, when they are given every opportunity to become included in society in a meaningful way whereby they feel they are able to participate and contribute in a long-term manner, they are able to fulfil their potential. For this to occur, children and young people need individual support to match their needs based on comprehensive and ongoing assessment. This may mean a residential facility as a first port of call to work through their many issues prior to a family-based placement. Each child, young person and their family has the right to be viewed as central to the child protection process and in terms of their uniqueness in order to receive support and interventions based on their assessed needs.

Ultimately stability of placement, ongoing positive and safe relationships with family and kin as well as professional workers, are central to the short and long-term wellbeing of children and young people. Finding a sense of belonging within a stable community is also of paramount importance. A stable community in which to grow up, attend school, participate in extra curricula activities such as sport and form lasting connections with peers, is at the heart of both empirical and anecdotal findings. This point cannot be stressed enough. Children and young people need to be afforded the right to stability of placement and the opportunity to become a part of a local community in order to form healthy relationships and establish long-term support

systems. Young people are more likely to succeed in education when they remain at one school and are able to have consistency of peers and teachers (Stein 2008; Crawford & Tilbury 2007).

A key consideration of all decisions needs to be centred around children and young people remaining in one community and one school. All decision makers, including those in government and community organisations, need to see this approach as one of the key success indicators of children and young people in care. Appropriate policies, programs and resources are required that support the maintenance of relationships and education.

Children and young people need to be the primary focus of practice and policy development. They need to be actively listened to and their stated needs must be addressed. When this is not possible, children and young people need to be given clear reasons as to why their requests cannot be met. There is also a stated need for young people to be placed at the centre of all service delivery and involved in all aspects of their case planning as well as systems and interventions planning (Hillan 2005; Cashmore & O'Brien 2001; Sheehy et al 1999).

The significance of family relationships for children and young people as well as support for their families is a key consideration throughout the child protection process from intake to reunification. Research shows that young people will return home in 80 per cent of cases even when this is not part of a young person's case plan. Literature clearly demonstrates a link between collaborative work with families and support for their participation in family work and family therapy with better outcomes for children (Tilbury & Osmond 2006; Hillan 2005; Scott 2003; Walter & Petr 2008). This finding has significant impact on residential services and their models of delivery in terms of how family intervention and support occurs. This has been a significant factor in the model development. While we know through consultations and published research that inclusion of families in decisions pertaining to the wellbeing of their children is frequently an area of neglect, research clearly advises a robust process of family involvement has the best outcomes. Research by Walter and Petr (2008) highlights that three key areas associated with quality residential care are:

1. maximised family contact
2. families actively involved and supported in the treatment process
3. on-going support and after-care.

Inclusion of families and consideration of their perceptions is deemed essential for quality assessment and intervention (Tilbury & Osmond 2006; Walter & Petr 2008; Bath 2008). Assessment is a significant issue for children and their families. Initial and on-going assessment is an area clearly outlined in both research and the consultations that requires far more astute analysis of the presenting issues and underlying causal and societal factors. Assessment requires advanced skills in order to capture the complex layers of information and need. The array of literature around assessments raises a significant number of pertinent issues regarding the importance of all assessment processes from initial point of contact through to transitioning from care. Assessment is the lynch pin on which all systems processes including residential care rely. Quality assessment is essential for residential care services to be clear in their role with children and young people and also to assist government workers in enhancing their work with children and young people as well as their families.

The consultation highlighted the need for improved coordination and communication mechanisms. There are resource implications for non government organisations (NGOs) and government services for the achievement of effective collaborative work across the service system, including case work. Partnerships between NGOs and government staff require attention and improvement. An improved sense of everyone being 'on the same page' and working together in the best interests of each child and young person's immediate and long-term wellbeing is essential and key to a well functioning service system.

The capacity of residential care to provide healing, nurturing and stability for traumatised children and young people needs to be recognised. Residential services need to be seen as part of a responsive system of care and utilised when appropriate for a child or young person. This may include immediate placement into a residential service upon entry to the care system, or when early indicators suggest family-based care is not meeting a young person's needs and residential care would be the preferred option of care. The provision of this type of safety-net care may prevent children and young people facing multiple rejections and adding further hurdles for them to overcome. Residential services need to be seen as part of a holistic care system and not merely as a place of 'last resort'.

The key resource residential services possess is their human resources. As trauma, loss and attachment issues experienced by young people in residential care are connected to relationships, compelling evidence exists that demonstrates effective intervention with children and young people depends substantially on the commitment, skill and tenacity of relationships between staff and young people (Raymond & Heseltine 2008). The high level of skilled work required to assist with the multitude of issues that arise from trauma and loss for children and young people necessitates a highly skilled, quality and supported workforce. Qualifications are also clearly linked to skills development and while debate exists as to the level of qualifications required, the literature clearly outlines the benefits of qualifications and the link between qualifications and the following outcomes:

1. a better basis for understanding children and practice
2. ensuring common frameworks for practice
3. enhancing residential staff status and quality of recruits (Clough et al 2006, p82).

International research also speaks to the need for well-trained staff and notes that one of the most negative factors influencing poor outcomes for young people is untrained staff. According to expert Jim Anglin, it is "*a disturbing fact that those who have the most complex and demanding role in the care and treatment of traumatised children have the least, and in many cases, no specific training for the work*" (Anglin 2002b, p113). Acknowledgement of the need for enhanced training for residential staff is increasing both nationally and internationally.

The consultation highlighted that the child protection residential care workforce in Queensland is significantly unskilled and unsupported. There are no consistent levels of skills, qualifications or support across the state for residential care workers. Staff require considerable support in obtaining relevant skills, including qualifications and training. They also require regular supervision including individual and team supervision. Such support to staff is preferable when offered by external supervisors who possess relevant qualifications, experience and skills.

The literature clearly demonstrates the limitations of imposing dominant western frames of reference when working across cultures. It has been stated that research on child protection has largely ignored issues of cultural variability or have divided culture into broad categories, for example 'ethnic clumping'. In spite of culture being recognised as intrinsically related to who we are and how we view ourselves, few empirical models for cultural competence exist (Fontes 2005; Libesman 2004). Culturally and linguistically diverse (CALD) clients and staff and services supporting them have unique needs and operate with many competing complexities. Greater attention needs to be paid to the multitude of issues facing those from diverse cultures.

The overrepresentation of Indigenous children in residential care in Queensland is often reported (Tilbury 2009). Child Safety data from the Department of Communities (DoC 2009(3)) demonstrates that in December 2009, 37 per cent of all children and young people in residential care in Queensland were Indigenous. Of the 181 Indigenous children and young people in residential care at that time, only 28 (18 per cent), were placed in Indigenous residential services. These figures are further exacerbated by the graduation of Indigenous young people into the youth justice system. Indigenous young people are 23 times more likely to be in detention than non-Indigenous young people (Tilbury 2009). Significant resources are required to address the high numbers of Indigenous young people in residential care.

Further concerns are highlighted in terms of trauma and attachment disruption being compounded for Indigenous children by well documented trauma associated with dispossession, removal and cultural destruction (Libesman 2004; Atkinson 2002; Cunneen & Libesman 2000).

Research suggests a need to realign residential care frameworks in light of specific Indigenous cultural considerations. Areas that require attention include the limitations of standard attachment theory in acknowledging Indigenous people's core values of interdependence, spiritual connectedness, links to land, group cohesion and community loyalty (Yeo 2003). Overall researchers encourage policy makers and practitioners to think outside the Western culture's frame of reference (Libesman 2004; Fontes 2005; Fulcher 1998).

Both the literature and state-wide consultations clearly demonstrated that much needs to be done in supporting Indigenous children, young people and their families in the residential care system. Most significantly this support needs to be about enabling Indigenous communities to work with their own issues with support from mainstream services and other stakeholders in the system upon request. The consultations found that Indigenous services need to be prioritised and increased. Mainstream services need to support their Indigenous colleagues.

The *National Framework for Protecting Australia's Children 2009-2020* has identified the need for enhanced consistency in standards for out-of-home care including the establishment of monitoring and quality assurance processes. Literature repeatedly notes the marked lack of evidence regarding effective residential care 'treatment' or agreed upon indicators regarding what makes the difference for young people reliant on residential care services (Walter & Petr 2008; Hillan 2005 p24; Cashmore et al 2007). Literature indicates a need for efficacy and effectiveness studies (Schmiedt et al 2006, p21). Residential care is increasingly expected to demonstrate positive outcomes for young people. Perceptions regarding the legitimacy of

residential care as a form of care for young people hinges on accessibility of evidence regarding outcomes (Bath 2008 p3; Holden et al 2010).

The majority of the rights-based philosophies underpinning desired practice and service delivery to children and young people, as outlined through the consultations and the research reviewed, can be located within the provisions and principles of the United Nations Convention on the Rights of the Child (UNCROC). This document is built on varied legal and cultural considerations. These universally agreed non-negotiable standards and obligations outline the minimum needs and rights governments are required to uphold. UNCROC is the first legally binding international instrument to incorporate the full range of human rights – civil, cultural, economic, political and social rights. In 1989, the United Nations decided that children needed a special convention just for them because people under 18 years old often need special care and protections that adults do not. The leaders wanted the world to recognise that children have rights too.

The basic human rights of children everywhere set out in the 54 articles include:

- the right to survival
- to develop to the fullest
- to protection from harmful influences including abuse and exploitation
- to participate fully in family, cultural and social life.

The four core principles are:

- non-discrimination
- devotion to the best interests of the child
- the right to life, survival and development
- respect for the views of the child.

Every right outlined in the convention denotes human dignity and the supported development of children. Standards of health care, education, legal, civil and social services are outlined to protect children's rights.

It can be stated with confidence that any organisation, individual, family, system of care or society that adheres solidly to the United Nations Convention on the Rights of the Child (UNCROC) has an ethical, strong and sound philosophical and practical basis from which to operate. As an internationally recognised and legally binding agreement it provides the philosophical platform from which services can operate.

There is growing consensus within the residential care sector and literature about some core requirements for residential care:

- the need for a trauma-informed response with a strong commitment to relationship-based care
- the importance of family and community
- the contribution culture can make in healing from impacts of trauma
- the link between resilience and voice for young people
- the need to understand behaviours as a reflection of pain rather than as deviance to be punished.

A number of key themes, evident in literature and through the consultation, including the themes above, have been incorporated into the Model of Residential Care as core elements.

It is also clear that residential care can only move ahead with all stakeholders holding a common vision and some shared understandings about the challenges and the nature of the task to address these challenges. Residential care is a part of a service system, and, as one consultation group emphasised, this 'system must be able to alter to fit the child, not expect the child to fit a service'. These children require committed, cooperative work across stakeholders, non-government and government. The task of progressing this new Model of Residential Care rests with all those involved in the planning, placement and care for these children and young people. The challenge will be to ensure the model developed and implemented creates impetus for change across the entire system. Without quality assessment, intervention is flawed. Without skilled and informed staff, children and young people become further traumatised. The complex but pivotal work with family cannot be divorced from either the day-to-day care or from case management. It is through integrated planning processes that children and young people can move through all their transitions and feel valued and cared for, rather than caught between competing or disparate forces.

Section 3

Queensland's Model of Residential Care

“The residential care system must demonstrate that the care and services provided to the young people are offered within a framework of quality standards and operate in accordance with the best interests of the young people in residence.” (Anglin 2004, p190)

There has been limited discussion in Queensland between key government and non government stakeholders about the purpose of residential care and its key target group. It has commonly been viewed as the option of last resort for children and young people in statutory care who exhibit extreme pain based behaviours and have exhausted all other out-of-home care options. What largely arose from the consultations and the literature review is the significance of sound relationships with workers and therapeutic healing opportunities for children and young people through quality residential care. As such, residential care needs to be viewed as one, in a suite of options based on the individual needs of each child or young person and may in fact be the most appropriate first placement option for a child or young person entering care. While the state wide consultations that assisted the development of this model of care provided an avenue for discussion, further dialogue is required to reach agreement about how best to utilise residential care to maximise positive outcomes for children and young people.

Currently residential care in Queensland is primarily for young people aged 12-17 years with high to extreme support needs. Residential care services can also accommodate sibling groups. While young people under 12 years of age may be considered for placement, comprehensive assessment is required to ensure that residential care is the most suitable placement option. Other service models such as Safe Houses for Aboriginal and Torres Strait Islander children are also suitable for younger children as they have been specifically developed with lower age groups in mind. However, as previously mentioned Safe Houses and Therapeutic Residential Care Services have their own discreet models and are not included as part of this contemporary Model of Residential Care.

Residential care services are provided to children and young person in residential premises by paid staff. These staff may work on a rostered system or a live-in arrangement. Such residential services vary in the number of young people accommodated and usually have a maximum of six residents.

3.1 Key themes emerging from consultation and literature

The impetus for the development of a model of residential care in Queensland arose from the perceived complexity of needs of children and young people with histories of trauma, attachment disruption and abuse, the limitations of the current residential care system in responding to their needs and the lack of a framework to guide change and future practice.

Throughout the consultation process, repeated references were made to research evidence and literature on residential care, reflecting an interest in drawing on evidentiary literature to improve practice. A consistent set of themes became evident across the consultation and

literature review. While residential care is a complex arena and involves work with young people carrying very complex histories and needs, the conclusion reached is that addressing a key set of common emerging themes would see significant progress in the consistency and quality of residential care. The results would be enhanced outcomes for children and young people.

The key themes are applicable across the broad system of care and carry implications for all services contributing to residential care in Queensland, both government and non-government. These themes form the locus of a vision for change, as they are core elements that will generate the change in residential care. Embracing these core elements is essential at both the broad state-wide systems level and at the direct care level. These core elements also underpin the model concepts explored below.

3.2 Core elements for improving residential care across Queensland

Both literature and consultation feedback indicate there are some key areas that require focus in a residential care model. Evidence indicates the existence of a clear link between these core elements and sustained outcomes for young people in residential care. The following core elements form the basis of the Model of Residential Care in Queensland:

Core elements for residential care in Queensland

<p>Philosophy and principles</p>	<p>Residential care will be provided in a manner that is trauma and attachment informed, recognising and responding to the experiences of children and young people in residential care.</p> <p>Clearly developed positive behaviour support processes, consistent with <i>Positive Behaviour Support Policy (DoC 2009 (5))</i>, are essential across the service system.</p> <p>Residential care will be seen as an important part of a system of care, utilised when appropriate for a child or young person, responsive to their needs rather than as a place of 'last resort'.</p> <p>Residential care will be provided in a manner that translates young people's rights as detailed in the United Nations Convention on the Rights of the Child (UNCROC) and legislative requirements into action throughout all aspects of residential care service provision. The Model of Residential Care is consistent with international contemporary research and standards for residential care.</p>
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<p>Children and young people</p>	<p>Children and young people are the primary focus of residential care, at the centre of all decision making about their wellbeing.</p> <p>Mechanisms will exist across agencies to ensure children and young people participate directly in the shaping of their placements, care services and futures.</p> <p>Children and young people need stability of placements and will be afforded their right to remain connected in a community, to build long-term relationships and support systems.</p>
<p>Assessment and planning</p>	<p>Comprehensive, skilled assessment will inform residential care placements, transitions and interventions for each young person, including understanding of how trauma, attachment, abuse and neglect issues have impacted on each young person and their needs and required interventions. Assessments will be progressively updated to ensure that care and intervention are responsive to young people and their needs. Assessment and review are linked to and guided by clear, simple outcomes framework and measures.</p> <p>Transition planning will be strengthened through the complete pathway of residential care, including entering care, placements and interventions, placement changes, exiting from care and post-care support.</p>
<p>Family</p>	<p>The significance of family relationships for children and young people and support for their families will be a key priority for government and residential care providers. This includes a focus on identifying all significant family and persons, family connection, supported contact with family, family involvement in care processes and family relationships healing, in the delivery of care services and in case management/ casework.</p>
<p>Community</p>	<p>Connection to community will be a priority in both direct care servicing, case planning and case management, including development and maintenance of peer friendships, continuity of connection to people and communities of significance and opportunity to participate in community without demarcation. Young people are aware of community service options, what they offer and how to access them.</p>

<p>Culture</p>	<p>All staff involved in residential care (direct care, non-government and government) will be involved in ongoing training that supports knowledge and skills for working with children, families and communities from non-Western cultures. This includes understanding links between individual trauma and abuse and historical/community trauma, cultural understandings of trauma, identity and culture and healing.</p> <p>Residential care services will develop links with local or other communities that are culturally important for young people in their care.</p> <p>Specific attention will be given to particular supports required for young people from other cultures transitioning from care.</p> <p>For Indigenous children and families:</p> <ul style="list-style-type: none"> - residential services will employ Indigenous staff which will require policies and commitment in relation to Indigenous staff attraction, retention, skilling and support. Barriers to this are identified and addressed - Indigenous children and young people will be connected to their cultures and communities. <p>Culturally and linguistically diverse (CALD) children and families: The diversity of CALD children and young people and communities will be understood and attention given to keeping children and young people connected to their cultures and communities.</p>
<p>Governance and evaluation</p>	<p>An evaluation framework and process is required so a clear picture can be developed in Queensland regarding what supports good outcomes for young people in residential care.</p>
<p>Interventions</p>	<p>All interventions with children and young people, including day-to-day care, planning, relationship development and therapeutic intervention, will be responsive to the trauma, attachment, abuse and neglect histories and experiences of the child or young person. The primary intervention for young people in residential care is in their direct care and staff relational work with them.</p> <p>Each person in residential care will be given access to required therapeutic services, matched to their specific needs. This will require assessment, considered planning and coordination across services.</p> <p>Building capacity for sustained relationships (including post-care) in young people's lives (staff, family, community) will be supported as an important element of trauma and attachment related care.</p>

Education	Education options will be considered for each young person in residential care, to ensure adequate levels of literacy and numeracy and an improvement in successful learning.
Relationships across the service system	An improved sense of everyone working together in the best interests of children and young people is essential. Support will be provided for mechanisms to enhance understanding across the sector and to support the strengthening of residential care and coordination.
Staffing	Staff of residential services will be supported to develop specific trauma and attachment informed skills and disability-specific knowledge and skills through targeted residential care training and qualifications, including the development of uniform training requirements and access across Queensland, with training linked to a practice framework within organisations. A considered process is required for determining minimum training and qualifications standards and how these can be implemented in a staged way that is manageable for services.

3.3 Models for Residential Care in Queensland

Further exploration of the core elements of this model occurs through an overarching Residential Care Model, the four models and the Transition Pathways Model

These models are:

- the overarching Residential Care Model diagram (Figure 1.1) draws together all components of the Model
- the Residential Care Systems Model (Figure 1.2) places residential care in the context of the range of systems that all contribute to outcomes for children and young people in residential care, and essentially need to work together if residential care is to move forward.
- the Service and Practice Model for Residential Services (Figure 1.3) provides a focus on the essential components of effective direct care provided by residential care services.
- the Trauma Informed Response to young people (Figure 1.5 and Figure 1.6) These two diagrams provide a model of care and intervention that contributes to healing and wellbeing rather than compounding the trauma that children and young people in residential care are likely to have experienced (as presented in figure 1.4).

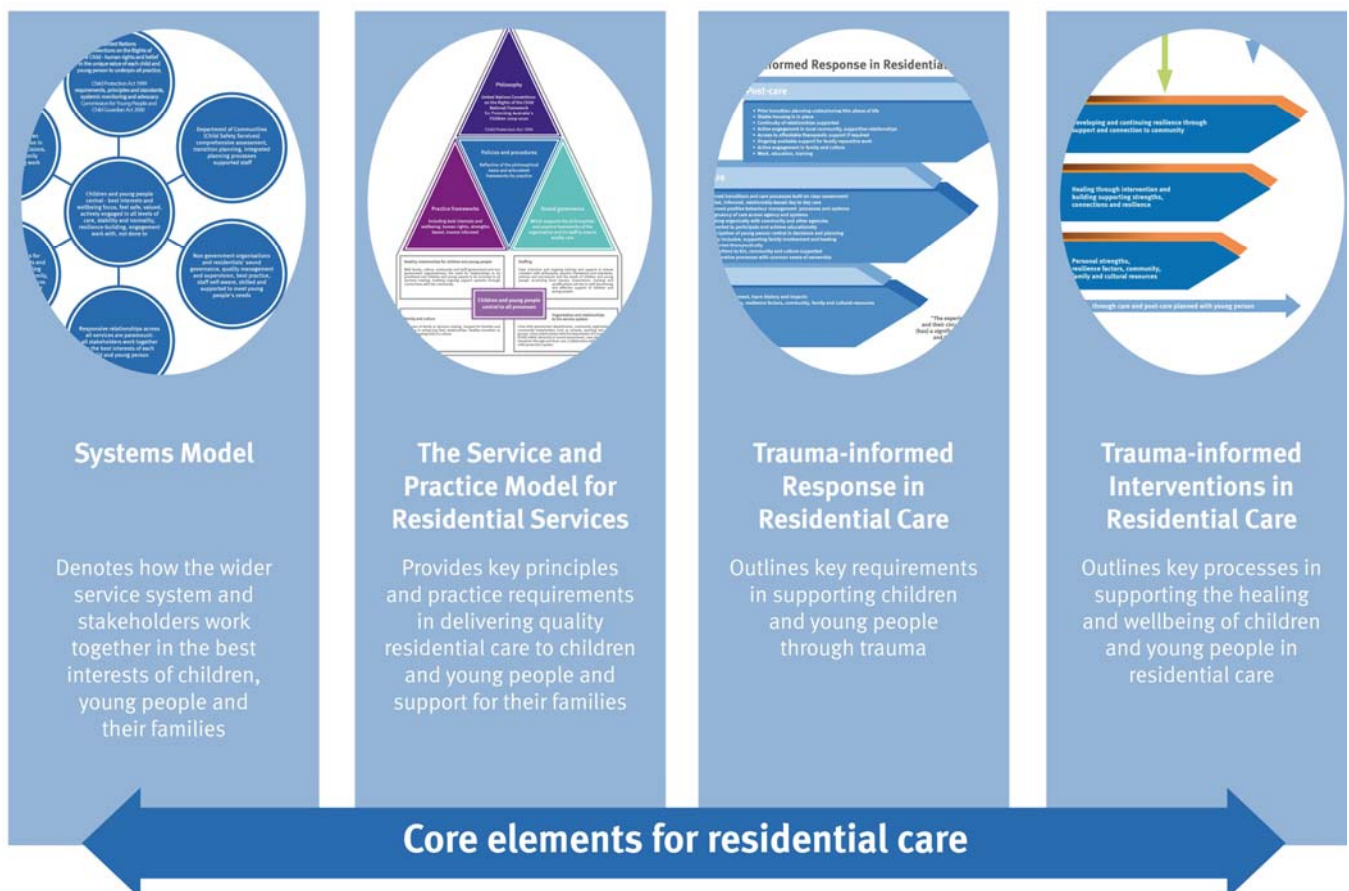
Additionally, Transition Pathways for Young People in Residential Care Services (Figure 1.7) maps the required interventions that will contribute to positive outcomes for young people negotiating the complex processes of residential care.

3.3.1 The overarching Residential Care Model (Figure 1.1)

The three models below support the development of a residential care system that is responsive to the needs of young people.

- Residential Care Systems Model (Figure 1.2)
- Service and Practice Model for Residential Services (Figure 1.3)
- Trauma Informed Response and Intervention Models (Figure 1.5 and 1.6).

The model below draws these models together and shows their interrelationship in an overarching model:



3.3.2 The Residential Care Systems Model (Figure 1.2)

This model is a broad systems view of residential care:

- focusing on the key stakeholders who will determine the effectiveness of a residential care system
- the child and young person as central, bringing their own stories and strengths and vulnerabilities into their care experience
- non government organisations (NGOs) providing the core day-to-day care
- Department of Communities responsible for assessment, planning and resourcing
- the connections to community and family that are central to the child or young person's sense of meaning, wellbeing and future
- the array of agencies and services involved in a young person's life.

This model denotes the essential requirement that all key stakeholders in the service system work together in the best interests of children, young people and their families. It places children and young people as central to the assessment and intervention process and outlines all other key relationships required in supporting children and young people through trauma towards well being. The participation of young people in shaping their futures is central to this model, is a vital component of them being valued and empowered and is the responsibility of all contributors to residential care.

Figure 1.2



3.3.3 The Service and Practice Model for Residential Services (Figure 1.3)

This model focuses on non government organisations (NGOs) residential care direct service and the key components of effective service delivery and care in the day to day life of children and young people in residential care. It is overlaid by clear philosophies, principles and commitment to child-focused, quality and sound organisational governance as well as congruity across each service.

The consultation explored implications of several key themes — young people and relationships, family and culture, staffing and organisation. This model expands on these themes, identifying key areas that will ensure quality of care and satisfying futures for children and young people in and beyond residential care.

In order for residential services to offer quality care to children and young people solid work in the five key areas outlined below is essential:

Children and young people are central

Children and young people and response to their needs are central to the Model of Residential Care. Services and systems exist to meet their needs.

Participation of children and young people in shaping their lives and futures has been linked in research to outcomes. Participation by children and young people is a fundamental right, a legislated requirement (*Child Protection Act, 1999, S5(2) and Schedule 1*) and is reflected in the *Children and Young People's Participation Strategy 2008-2011*. This strategy was developed collaboratively by government and non-government agencies and establishes practice standards in relation to participation. Effective participation by young people requires all agencies, government and non-government, involved in residential care, to have models and processes in place, including evaluation processes that gauge whether young people are participating in decisions affecting their lives.

Healthy relationships for children and young people

Both the literature and consultations clearly demonstrated that relationships are central to the wellbeing of children and young people. Quality connections across all key stakeholders including family members, staff of the residential care service supporting the young person, other NGO staff and Child Safety Services staff are essential. In terms of building and maintaining relationships and on-going support systems, it is necessary for both staff of NGOs and the department to prioritise placement and support options that afford children and young people the opportunity to remain within one community to enhance relationships, educational outcomes as well as their short and long term support and wellbeing.

Staffing

Quality staff and practice with children and young people is key to creating positive support processes and healing outcomes. As such, staff require significant resources in fulfilling this multi-faceted and highly skilled role within residential services. Quality staff require on-going training and professional development, supervision with skilled supervisors, and qualifications commensurate with the roles they are required to undertake.

Family and culture

Through all processes of residential care intervention, families need to be included in decisions regarding their children. This needs to be an on-going process of inclusion and consultation.

Families require significant support in enhancing their relationships and working towards healing whatever issues have occurred. All these processes need to occur with safety as a priority and the knowledge that 80 per cent of children and young people return home regardless of the plan. Healthy transition to family needs to be strongly encouraged and promoted to ensure long term well being for children and young people in the company of their families.

Each child requires a family map identifying all significant family members. Life-story work needs to be built into each child's intervention to support family knowledge and connection. Particularly given the prevalent trauma, attachment, abuse and neglect histories for children and young people in residential care, processes for family healing need to be considered and implemented (family therapy, family connection, life stories) and this work needs to be prioritised with young people and families in case and care plans. Further, residential care does not provide family-based environments, so family connection for these young people takes on particular significance. Staff need to work collaboratively beyond historical demarcations to ensure positive supported family contact occurs. Families need to be involved in decisions about placement, change, transition and intervention. Practitioners need to creatively look at facilities and resources and explore how they can best serve family connection and healing.

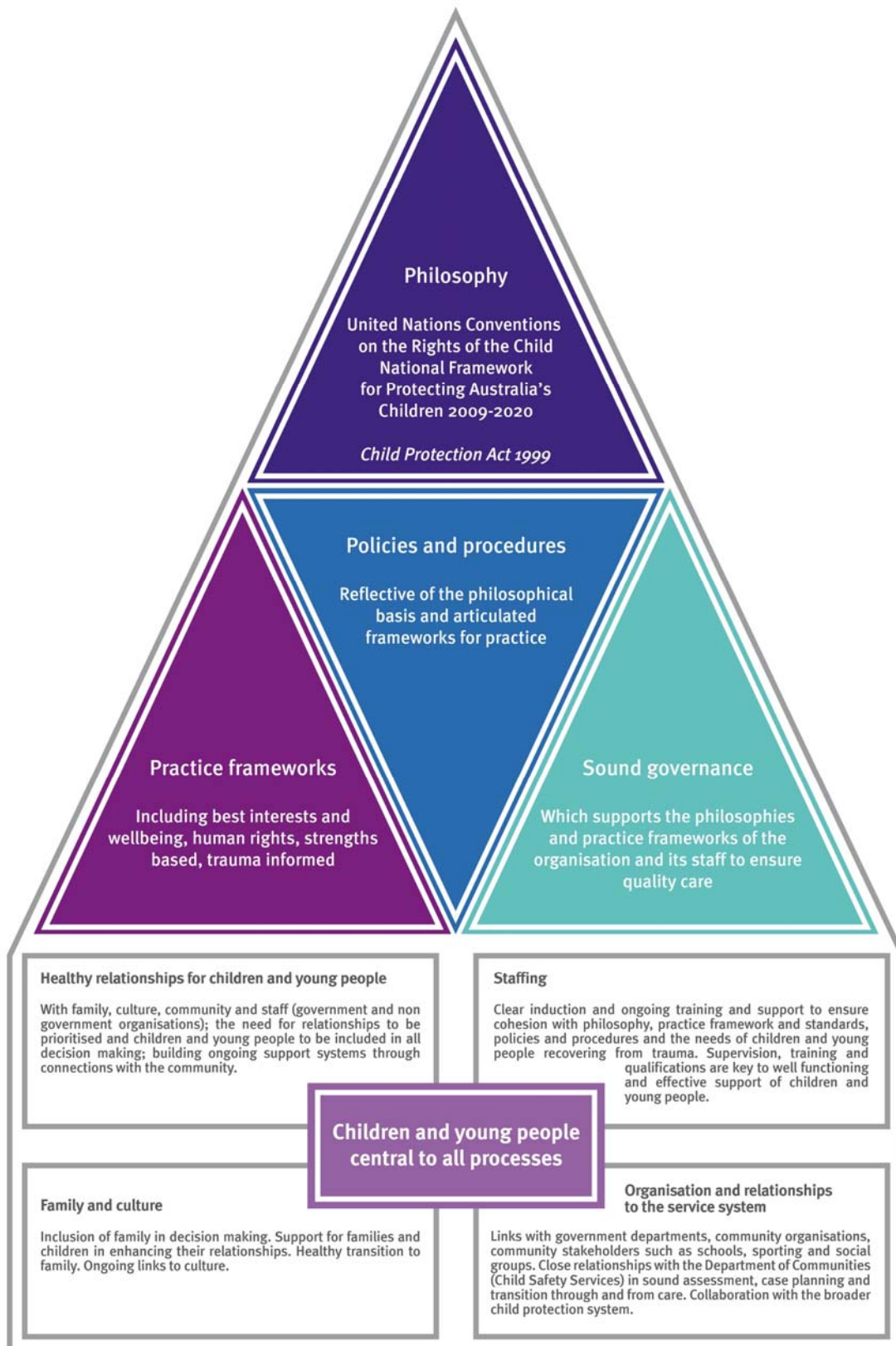
The organisation and relationships with the wider service system

Organisations need the appropriate resources and systemic support to provide the level of care required to ensure the quality support and wellbeing of this particularly marginalised group of children and young people. Organisations need clear governance and management to reflect sound philosophical and practice frameworks. Qualified, skilled and trained staff who are supported are also key to ensuring quality services to children and young people. The complexity of the service system and the intricacies of work with children, young people and their families require integrated service delivery and strong linkages between all key stakeholders in the system. If government and NGO staff work closely and collaboratively in ensuring they are responding to the needs of each child and young person then the system is more likely to produce far more positive outcomes in the lives of children, young people and their families.

The Commission for Children and Young People and Child Guardian (CCYPCG) performs a particular role and function within the residential care system and provides:

- independent systemic monitoring
- a mechanism for children and young people to communicate their needs and experiences, and express complaints
- independent systemic and individual advocacy in relation to the needs of children and residential care.

Figure 1.3 The Service and Practice Model for Residential Services



3.3.4 The Trauma Informed Intervention in Residential Care Models (Figures 1.4, 1.5 and 1.6)

Given the evidence surrounding residential care, the histories of young people most likely to be in residential care, and the paucity of outcomes for young adults who have been through the residential care system, a framework for practice must:

- recognise the factors that compound trauma for young people through the process of entering care, being in care and exiting care
- provide a system of care that enables healing rather than aggravation for these young people who have already experienced great pain and dislocation
- ensure that interventions are focused on enabling young people's healing, self-valuing and supportive connections with family and community.

Providing care for young people who are responding strongly out of histories of relationship alienation, abuse and trauma, requires highly skilled responses to behaviours. The *Positive Behaviour Support Policy* provides a framework for responsive care. Development of care responses and processes by residential care agencies, consistent with this framework, is essential.

Working with family contexts and relationships is also a complex task, requiring skilled and conscious work in managing tensions within family and with family.

Some of the concepts that emerged from both the consultation and literature as themes for systems to consider are autonomy, normality, wellbeing, connection to family, relationships and community. Participation of children and young people is fundamental to quality care and they must be empowered to define their own goals as well as being supported to develop their own sense of meaning. Young people's voices must be supported in all aspects of their care including decisions about family and community connection.

The three trauma related Models (Figures 1.4, 1.5 and 1.6) build on the premise that children and young people are the focal point throughout their residential care pathways and require intervention that is responsive to their histories of trauma.

Figure 1.4: Compounded Trauma for Young People Moving through Residential Care

This model provides the backdrop to the model for change, tracing the familiar pathway for many young people who experience trauma in their home lives and are removed to care where their trauma is compounded by systems and processes. They then exit care into a post-care, unsupported and stigmatised environment where they suffer further dislocation, alienation and trauma

Figure 1.4: Compounded Trauma for Young People Moving through Residential Care

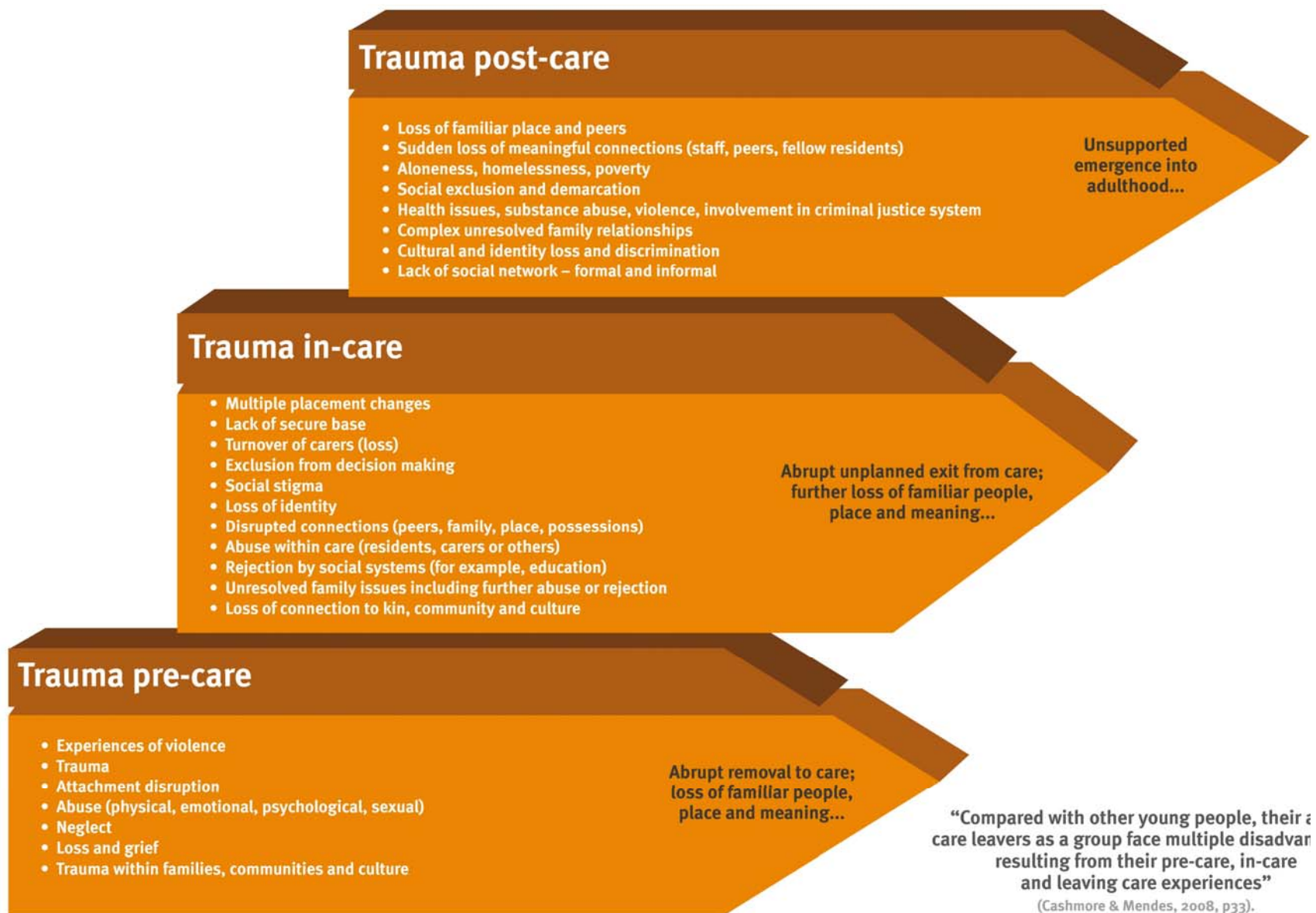


Figure 1.5: Trauma Informed Response in Residential Care

An alternative pathway is mapped in this diagram providing a model of care that supports healing rather than compounding trauma and contributing to cumulative harm.

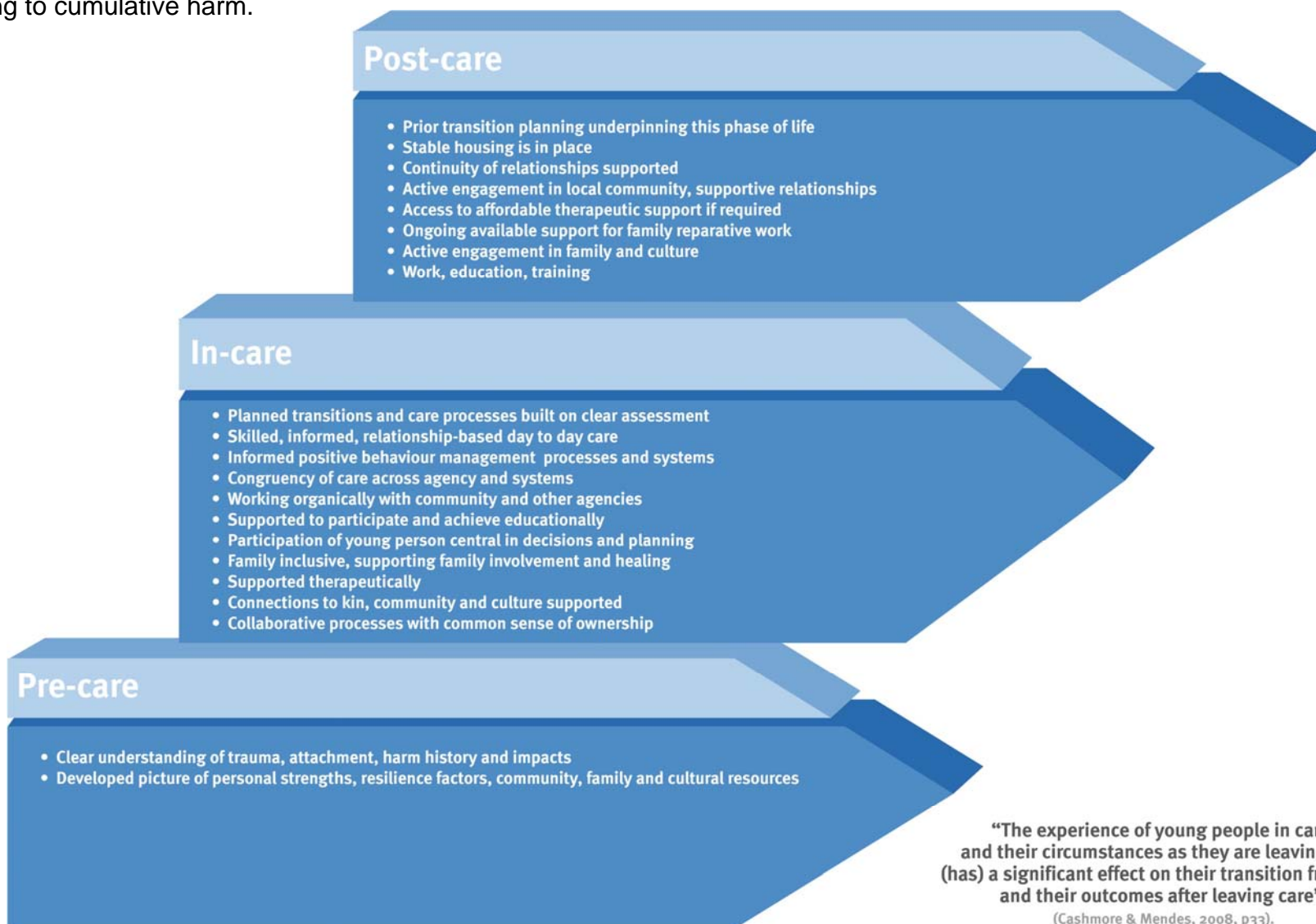


Figure 1.6 – Trauma Informed Interventions in Residential Care

This diagram provides a visual diagram that summarises the interventions that can contribute to this healing pathway for children and young people moving through residential care.

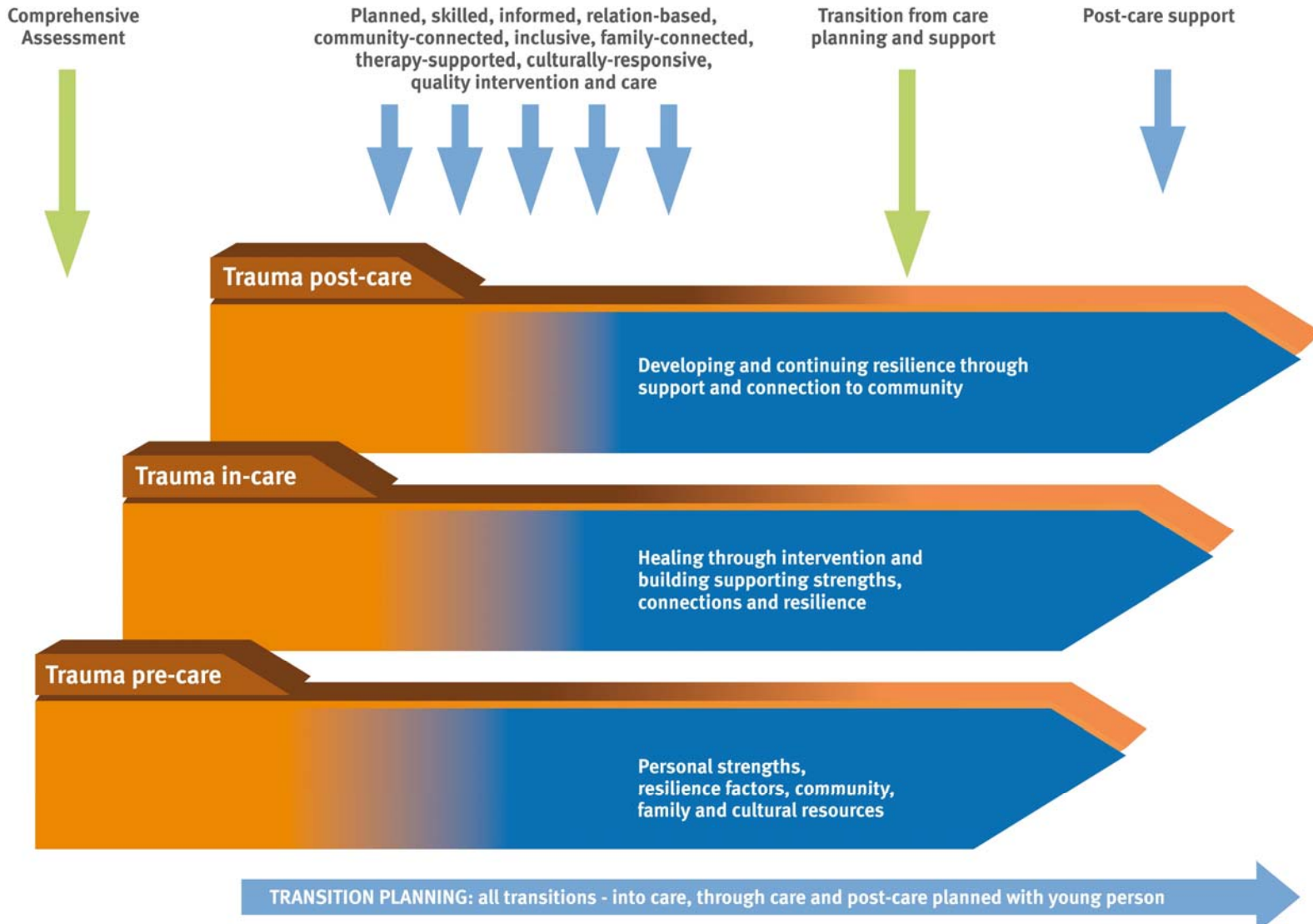


Figure 1.7: Transition Pathways for Children and Young People in Residential Care

The key processes that support constructive and planned transition for young people into, through and out of residential care are mapped out in the following (Figure 1.7). Residential care forms a brief part of the life journey for any young person. All planning and interventions are in the context of change and transition as there is always a future beyond residential care. With informed and sustained planning, residential care can contribute to positive outcomes whatever the future for each child and young person.

Figure 1.7: Transition Pathways for Children and Young People in Residential Care

Case Planning	Assessment Referral and Transition Options	Placement	Care Planning Service Planning and Review	Transition Plan (placement models and case plan outcomes)
<p>Children with moderate to extreme needs</p> <ul style="list-style-type: none"> • Prior assessment identifies residential care as the best option for young person, given identified needs • May be supported through Transition Placement Package 	<p>Consideration of residential care</p> <ul style="list-style-type: none"> • Referred with advice from placement provider, placement panel, service provider <p>Pre-referral assessment</p> <ul style="list-style-type: none"> • Comprehensive assessment including family and social background, trauma and attachment experiences, harm, strengths and needs • Young person is likely to benefit from residential care placement • Cultural assessment <p>Transition options</p> <ul style="list-style-type: none"> • Identify transition options for young person beyond residential care 	<p>Residential care services</p> <ul style="list-style-type: none"> • Care is informed by therapeutic needs of young person • Therapeutic milieu with focus on relationships • Access to required specialist and therapeutic supports • Experienced and qualified staff • Partnership across internal and external stakeholder network • Ongoing training, supervision and support for staff • Family involvement, including family work and contact unless contra-indicated • Connections to kin, community and culture 	<p>Care Planning and Review</p> <ul style="list-style-type: none"> • Comprehensive care planning and review linked to Child Safety Services case plan • Integrated planning focus to minimise competing plans <p>Access to programs, support and family</p> <ul style="list-style-type: none"> • Educational and vocational • Recreation • Life skills • Social • Physical health • Family healing and connection • Culture and community 	<p>Foster and kinship care</p> <p>Engagement</p> <ul style="list-style-type: none"> • Prospective medium/long term carers engaged from start of residential care placement • Residential care staff support transition <p>Outcomes</p> <ul style="list-style-type: none"> • Stable foster care placement <p>Specialist Foster Care</p> <p>Engagement</p> <ul style="list-style-type: none"> • Prospective medium/long term carers identified and engaged as early as possible • Residential care staff support transition <p>Transition from care and/or reunification</p> <p>Engagement</p> <ul style="list-style-type: none"> • Parents/community supports linked from start of residential care placement • Active engagement and work with family (life diary, family therapy, supported contact) • Residential care staff support transition • Planned post-care support <p>Outcomes</p> <ul style="list-style-type: none"> • Successful reunification/ transition from care.

3.4 Conclusion

If a robust and serviceable model of care is to be adopted across Queensland it needs to be cognisant of the *UN Conventions of the Rights of the Child (UNCROC)* and the *Child Protection Act 1999*. It also needs to take into account a clearly articulated philosophical and practice framework to allow the Queensland residential care sector to speak a common language and respond proactively with children and young people. In doing so, Child Safety Services and non government organisations (NGOs) need to work closely together in developing a cohesive system that ensures the wellbeing of each child and young person in residential care through healing relationships including family, professional staff and community.

The feedback received from this project is consistent across regions as well as being consistent with the multitude of international and national literature. If the residential care sector is to genuinely move forward and introduce this state-wide model of care these key factors need consideration and the dialogue about stability of placement and relationships, together with the need for healing family and kin relationships, need to happen as a matter of urgency.

Consistently stated through both the consultations and research is the overwhelming significance of residential care practitioners as key to the healing and wellbeing of children and young people. To fully acknowledge the vital role residential staff play in the nurturing, support and trauma recovery of our most vulnerable children and young people, we need also acknowledge the essential requirement that such pivotal staff be highly skilled, trained, supervised and supported.

Section 4

Key Implications for residential care services, child safety service centres, support services and policy, licensing and funding

4.1 For Residential service providers

A) Managers

The Residential Care Systems Model (Figure 1.2, p26) is significant for managers of residential services in considering the relationships required to offer quality care to young people through ensuring sound connections and integrated practice with key stakeholders in the sector.

The Service and Practice Model for Residential Care (Figure 1.3, p30) articulates the overarching philosophy and principles required in the triangular section of the model. The square below then states the requirements for the day to day service functioning and delivery.

The key philosophies outlined including human rights, adherence to the United Nations Convention on the Rights of the Child (UNCROC), the *National Framework for Protecting Australia's Children 2009-2020* and the *Child Protection Act 1999* need to be implemented throughout the organisation, from governance to policy and procedure to staff support and client interventions. Consistency in the articulation and enactment of these key requirements will assist services in ensuring that all decision-making is carried out in the best interest of children and young people.

Quality staffing as a key consideration in providing care to our most vulnerable children and young people was overwhelmingly stated through both the consultations and the published research. As such ensuring skilled, supported, trained and well supervised staff is essential.

The Models for Trauma Intervention (Figures 1.5, p33 and Figure 1.6, p34) are key resources for staff to refer to when working with children and young people in residential care who have experienced and are recovering from trauma.

A checklist for residential service managers

<p>Philosophy and principles</p>	<p>Philosophies are clearly articulated throughout all organisational literature including policies and procedures, practice manuals and staff position descriptions.</p> <p>Each level of the organisation operates in unison with the same philosophy and framework to ensure a consistent approach for all management, practitioners, volunteers or service users.</p> <p>Consistent with Behaviour Support Policy (DoC 2009 (5)), each organisation has clear philosophy and practice regarding parenting practices, understanding of pain-based behaviours, and actively minimises punitive practice on residential programs.</p>
<p>Children and young people</p>	<p>The wellbeing of children and young people is central to all decision-making. Children and young people are included in all decisions about their placements, care and intervention within the residential unit, education and wellbeing. The needs of children and young people to build positive relationships with family, peers, staff and others in their life is recognised by the organisation and all its practice principles. The cultural identity and specific cultural needs of children and young people will be met.</p>
<p>Assessment</p>	<p>Assessment is at the heart of all processes required in ensuring that children and young people's needs are met. Organisations and staff need to ensure that sound assessments are carried out by Child Safety Services in consultation with key service staff and that these are regularly updated to ensure the emerging needs of children and young people are captured in their care planning.</p>
<p>Family</p>	<p>At all levels of the organisation cognisance of the need for children and young people to remain connected with their families and family members to be involved in all aspects of their children's wellbeing is essential. Residential services have a role in supporting family contact where it is safe and is outlined in a child or young person's case plan.</p>
<p>Community</p>	<p>Children and young people's relationship with community is essential for their short and long-term connection to support systems and various options within community to assist them in participation and connection. Organisations and their staff need to focus on supporting connection to community through working towards children and young people remaining in one community for longevity of education, relationships, extra-curricula activities and belonging.</p>

Culture	Ensure that the organisation’s philosophy, policy and procedures and practice standards reflect the importance of children and young people’s connection to family, kin and culture and support staff in ensuring these philosophies translate into direct practice.
Governance and management	<p>Board members are clear on their responsibilities and legal requirements as organisational directors.</p> <p>Managers support staff to ensure they are fulfilling their required roles while ensuring that board members are supported in their roles and the organisation is delivering quality care to children and young people.</p>
Interventions	<p>Children who have experienced trauma require various options of intervention. Organisations and their staff need to acknowledge this need and advocate for and support young people in engaging in their interventions towards healing.</p> <p>Need to have partnerships with local therapeutic service providers, such as Child and Youth Mental Health Services, Evolve Interagency Services and private practitioners.</p>
Relationships across the service system	Sound relationships exist with Child Safety Services and all other government and non government organisations (NGOs) key stakeholders working in partnership for a strong service system to enhance service delivery to children and young people.
Education	Education needs of children and young people in residential care are complex. Given the research about the long term consequences of poor educational outcomes, organisations and staff need strong advocacy positions in ensuring all children and young people in residential care have access to education options.
Staffing	Staff are well supported and provided with regular supervision, training and professional development. Minimum standards of staff qualifications are clearly articulated by the organisation (until such time that a sector-wide Department of Communities standard is agreed upon). Staff are aware of their responsibilities and have a clearly defined role description which aligns with their award level and skills as well as organisational philosophy and practice framework. The environment in recognition of its dual function as both workplace for staff and home for children and young people needs to be managed and appropriately set out in a manner that recognises both these requirements.
Advocacy	The organisation is an advocate for the needs of children, young people and their families, ensuring their access to residential, educational, health supports, access to family and an assured place within the community.

B) For residential care workers

The Service and Practice Model for Residential Services (Figure 1.3) (page 30) is of particular significance to practitioners involved in the delivery of direct care services to young people in residential care as is the trauma informed models of intervention (Figures 1.5 and 1.6) (page 33 and 34). The Residential Care Systems Model (Figure 1.2) (page 26) is key in demonstrating the importance of working with fellow practitioners from government and community organisations.

A checklist for residential care workers

Philosophy and Principles	Your organisation has a clearly articulated philosophical and practice framework for practitioners to operate in a manner that ensures a consistent approach in working with children and young people. This needs to be based on the human rights framework articulated through the United Nations Convention on the Rights of the Child (UNCROC), the <i>National Framework for Protecting Australia's Children 2009-2020</i> and the <i>Child Protection Act 1999</i> .
Children and young people	Children and young people are at the centre of all service delivery and practice. They have a say in all placement decisions as well as any other decision about their day to day care, their lives and futures and wellbeing. They also need longevity in the community to be recognised in each aspect of their support process. The trauma they have experienced affects their wellbeing. Practitioners require a clear understanding of how this trauma impacts on children and young people. The models provided offer a key to supporting children and young people who have experienced trauma in order to work towards healing.
Assessment	Sound assessment that is ongoing is key to all processes involving the support of children, young people and their families.
Family	Children and young people need support in maintaining and working through relationships with their family members. They require ongoing contact and assistance with these issues. Safety needs to remain a priority.

Community	Priority is given to staying in one community so young people can do their education at the same school and build lasting relationships with friends, teachers and workers. This also means young people can join local clubs and organisations connecting to local activities and people and be part of the local community whilst being in care and after leaving care. Practitioner's support for this priority is important in ensuring positive outcomes for children and young people. Young people are aware of community service options, what they offer and how to access them
Culture	Working with children and young people from their own cultural perspective and outside of the dominant frame of westernised culture is important. So too is ensuring that children and young people have connection with their culture.
Governance and management	Clear policies and procedures which are coherent with the organisation's philosophy and practice standards. A focus on building and maintaining relationships with all government and non- government stakeholders.
Interventions	Trauma has enormous ramifications in the wellbeing for children and young people. Support in accessing interventions from counsellors, speech therapists, occupational therapists and other such professionals is essential.
Relationships across the service system	Shared information and resources are essential in this resource constrained environment. Sound relationships with all key government and non government organisation (NGO) staff supporting the same children and young people are necessary to ensure that all involved share a common understanding.
Education	The provision of support and advocacy for young people in ensuring access to appropriate education options.
Staffing	The provision of a clear position description that aligns with your wage and highlights the requirements of your Award level. Regular supervision, training and development opportunities and ongoing support in your role.
Advocacy	In the rights-based framework outlined in the residential care model, it is important for practitioners working with children and young people to advocate for all the processes outlined in meeting their needs. The model clearly articulates children and young people at the centre of all service delivery and systems processes. Advocacy to ensure these outcomes is important.

4.2 For child safety service centres

As key contributors in the residential care service team and given their statutory responsibilities, the Residential Care Systems Model (Figure 1.2) (page 26) is significant for staff of child safety service centres. Through sound connections and integrated practice with key stakeholders in the sector, quality care to young people is enhanced.

The three trauma related models (Figures 1.4, 1.5 and 1.6) (page 32, 33 and 34) provides a key resource for staff to refer to when working with children and young people who are placed in and moving through residential care. It is likely each of these children and young people in residential care brings a history of trauma and attachment disruption. Residential care has the potential to be part of a pathway of healing for young people rather than compounding their trauma.

The checklist for child safety service centre (CSSC) staff (next page) draws together a number of core elements that have emerged from consultation and literature, with implications for child safety services. The checklist has been developed in an accessible form so it can be used by CSSC staff as a reference tool.

A checklist for child safety service centres

Children and young people	Planned processes ensure that young people have a say and are heard in relation to their placement, programming, planning, relationships, and futures.
Assessment / planning	<p>All young people entering residential care require a comprehensive assessment linking trauma, attachment, violence and abuse histories as well as resources and resilience to current needs and care/intervention responses; assessments are updated progressively reflecting emerging understandings of young people and their needs. Child Safety Services plays a pivotal role in ensuring quality assessments are available.</p> <p>Transition is always considered in planning, across all aspects of residential care: entry to care; placement; in residential care; exit from residential care; and post care. Each 15 year old (and older) young person has a transition from care plan, developed early in their residential care process that includes a focus on continuity of relationships, family connection, family healing work, and community connection.</p>
Family	<p>Family contact is prioritised (unless it is clearly contra-indicated) including a focus on: involvement in care processes; involvement in decisions; supported contact and family relationship healing work. Family includes parents, siblings, extended family and people of close personal significance. Family work is not contingent on reunification but is linked to priorities of family connection, identity and healing. It is important that roles and responsibilities in relation to family contact and work with families are made explicit in case-planning processes.</p>
Community	Case planning and case work ensures 'normal' contacts, opportunities, activities in the community including peer relationships, occur for each young person. Young people are aware of community service options, what they offer and how to access them.

Culture	<p>CSSCs work, through case planning and case work, to promote connections between children and their culture, so that children in residential care have as close as possible connection to their culture and cultural communities.</p> <p>In planning for Indigenous children, CSSCs ensure they are informed about family historical trauma and consult regarding how to develop ways to build in cultural connection that can contribute to resilience and healing.</p> <p>Families from culturally and linguistically diverse (CALD) backgrounds may also hold histories of trauma and significant loss. Priority is given to developing enhanced knowledge of specific cultures and ensuring young people are linked to cultures and placed within culture as far as possible.</p>
Interventions	<p>Residential care is needs-based, not the option when all else fails. This requires creativity in exploring flexible options and results from quality assessment.</p> <p>Young people with complex needs have access to best available services and expertise. To obtain these supports, advice is sought (for example, from Evolve Interagency Services, Department of Communities (Disability and Community Care Services), Child and Youth Mental Health Services (CYMHS) and private practitioners with experience in child protection and trauma regarding particular therapeutic needs and options for each young person (for example, speech and language pathology, occupational therapy, family therapy). Ensure each young person has access to required therapeutic supports and services.</p>
Education	<p>Integrated processes of case planning and education planning are developed with a focus on encouragement and support of educational progress, ensuring resourcing, as well as information to young people about resource entitlement are provided, and maintaining a needs focus, including considering impacts of changes on education, case management supports, care environments and programs that provide supportive learning environments.</p>
Relationships across service system	<p>Case planning and case work provides opportunities to combine planning processes, maximise collaboration, minimise the number of plans and avoid planning conflicts for young people. CSSCs will strengthen outcomes for young people by developing strategies for partnerships and working closely with residential care and key services (for example, combined training, get-togethers, case consultations).</p>

4.3 For intervention support services

It may be tempting to view residential care as the responsibility of residential care agencies and Child Safety Services, yet young people with high to extreme levels of needs particularly require well coordinated and highly skilled responses. A number of key stakeholders contribute substantially to service provision. The Residential Care Systems Model (Figure 1.2) (page 26) highlights the importance of an across-agency focus. At times, support from a range of agencies will be critical across all contributors including children and young people, families, community, direct service agencies and staff and department staff.

It is important for support agencies to have a clear picture of the complex and pivotal roles of direct care services (refer service delivery model, Figure 1.3) (page 30). Contributions of support agencies will extend repeatedly into support for those working within these services.

The Model of Residential Care is responsive to the complex pathways of young people and children, frequently involving significant trauma and attachment disruption (Figure 1.4) (page 32).

The Models for Trauma Intervention (Figure 1.5 and 1.6) (page 33 and 34) is a key resource for intervention support staff.

The checklist for intervention support services (next page) maps the core elements of residential care that have emerged from consultation and literature and addresses the roles that support agencies have in responding to these core elements. The checklist may be of most value to referring staff.

A checklist for intervention support services

Children and young people	<p>Young people will thrive best if all services work in a coordinated way with a clear focus on them, their wellbeing, care and futures. Agencies, including Child Safety Services, the Department of Communities (Disability and Community Care Services) the Department of Communities (Housing and Homelessness Services), Queensland Health (Child and Youth Mental Health Services, (CYMHS), the Department of Education and Training, Evolve Interagency Services and Recognised Entities are all key contributors to this care and planning and contribute through their support to stability and connection. When provided with required services, young people can be enabled to have a voice and develop resilience.</p>
Family	<p>Family work is complex and there are a range of tasks essential that require considered engagement and partnership with family and across agencies. By linking across agencies, the best supports and expertise can be ensured for young people whose futures are highly likely to involve family connection.</p>
Community	<p>Without planned and coordinated support, young people's maintenance of relationship and connection to community are likely to be impeded. At times, this calls for expertise related to disabilities, housing access and support, cultural needs and connection, targeted and sustainable education and employment. Community connection and belonging are pivotal to young people's futures and require thoughtful inclusion of young people and families and work with key agencies.</p>
Culture	<p>Recognised Entities are able to provide advice, key links and knowledge as well support to staff development directly or indirectly. Cultural response, both Indigenous and culturally and linguistically diverse (CALD) is a responsibility of all agencies supporting young people in residential care.</p>
Interventions	<p>Assessment, planning and care, all call for high levels of expertise and cooperation for this group of young people who have generally experienced complex and challenging lives, compounded by experience in residential care. Therapeutic, trauma-informed knowledge, behaviour management, disability expertise and educational skills are essential to respond effectively to the multiple needs of children and young people.</p> <p>In planning interventions, consideration of therapeutic supports are essential and require closely working with key agencies who can provide or link to specific expertise such as occupational therapy, speech and language pathology, behaviour support and management, trauma therapy and family therapy. Planning, referral and access to therapeutic and other supports are essential as young people consider exiting from care. This includes linking to adult services such as mental health, disability, health, training and employment.</p> <p>Recognised Entities must be integrally involved throughout intervention processes.</p>

Education	Children and young people’s engagement in education is supported by minimising disruption to education and participation, providing responsive therapeutic skills, understanding and support (including occupational therapy, speech and language pathology, family therapy and mental health support).
Relationships across the service system	All providers, as above, may be key players in assessment, planning and residential care, and their engagement can strengthen collaborative practice. Consider involving the following when planning case planning processes: Child Safety Services, Disability and Community Care Services, Housing and Homelessness Services, Child and Youth Mental Health Services), the Department of Education and Training, Evolve Interagency Services and Recognised Entities.
Assessment / Planning	<p>A key element of the Residential Care Model is the provision of comprehensive, coordinated assessment informing placement, care and intervention, and contributing to planning through all the transitional phases of care. Comprehensive assessment is only possible if the best available expertise is utilised, including health, disabilities, education, developmental and cultural.</p> <p>Evolve Interagency Services can offer expertise and coordination into this process, supplemented by specific mental health and disability histories, and knowledge from Disability and Community Care Services and Child and Youth Mental Health Services (CYMHS). Inpatient care calls for close coordination with CYMHS. Housing is a critical consideration in planning for post-care life. Education planning (Education Support Plans) need to be closely linked to other planning (care and case planning) and duplicating processes minimised. Recognised Entities are key contributors in all planning processes including contributing to the preparation of Cultural Support Plans.</p>

4.4 Implications for policy, licensing and funding

A) Implications for policy

The model outlined in this document is consistent with the current Residential Care Policy (DoC 2009(2)), including its focus on considering young people’s views and responding to their needs informed by an understanding of trauma and attachment theory and research.

This report draws on literature and details a range of documented additional purposes of placements in residential care. It also highlights family involvement and views and responsiveness to children and families from culturally and linguistically diverse (CALD) backgrounds. A strengthening of these areas through policy could enhance practice in relation to children in residential care and their families.

B) Implications for funding

The implementation of this model can have implications for residential care funding, grant funding information papers and service agreements.

Child Safety Services may need to monitor and/or review the existing level of funding commitment to residential care in the context of total placement services funding, both state-wide and regionally, to ensure levels of funding reflect use of residential care as an appropriate option that is responsive to specific needs of young people.

Current funding for residential care service models may need to be monitored and reviewed in light of the new service model, particularly in regards to:

- support for clients
- support for family contact and participation
- engagement of young people in their communities
- support for service coordination and integration
- staff skilling and training.

Future residential care funding and grant funding information papers will need to consider the new service model and new residential care service agreements should reflect or reference the service model. Child Safety Services may also need to review existing residential care services and renegotiate service agreements to reflect or reference the service model.

C) Implications for licensing

The development of a Model of Residential Care is timely for licensing given a current review of minimum standards is occurring. The core elements detailed in this model could inform the strengthening of standards and outcomes reporting in the future.

This model could have implications for licensing in a range of areas including:

- participation by young people in decision-making
- family participation and connection; support for family contact
- engagement by young people in their community
- linking to therapeutic supports
- contribution to planning and assessment
- ensuring care approaches are responsive to the trauma and disrupted attachment histories of children and young people
- skills and knowledge of residential care staff.

Community resource officers and agencies contracted to conduct independent assessments will require an understanding of the new service model, so they can support the progressing of its implementation and maintenance once it is in place.

Given evidence regarding the importance of longer term sustainable outcomes for young people moving through residential care, definition of outcomes presents a particular set of challenges for the licensing framework. The department's Quality Assurance and Licensing Unit is currently reviewing their monitoring frameworks. Some areas of challenge are:

- how quality outcomes for young people in residential care can be monitored
- what responsibilities rest with residential agencies and what resides with child safety officers and child safety service centres
- how long term quality outcomes for people can be monitored and linked to specific interventions.

Longitudinal qualitative case study research may be required to gauge these outcomes, particularly if perspectives of young people are to be taken seriously.

Section 5

State-wide consultation

Consultation feedback

Consultation with a range of key agencies involved in residential care services in Queensland formed a key component of the process of development of the Model of Residential Care for Queensland. State-wide collaboration with both the non-government and government sectors enabled access to knowledge and shared perspectives. Additionally, peak bodies and other key organisations, academics and researchers were consulted. This included the voice of young people with care experiences through CREATE Foundation's consultations with young people.

Across the seven regions, 92 people representing a diverse range of residential care non-government and government staff, participated in the consultations, offering extensive input and insight. The structure of the consultations involved discussion in small groups on the following themes: philosophies; principles and frameworks underpinning sound residential care service; the optimal picture of residential care; and bottom line requirements for residential care. Discussion about the optimal picture and bottom lines was focused around the organisation, staff, children, young people, families and community.

In order to develop Queensland's Model of Residential Care and to report on consultation findings, the most consistent elements and themes that arose across the state were identified and are discussed below.

Philosophies

Some core philosophies and values to underpin a contemporary Model of Residential Care for Queensland were highlighted in consultations and included:

- the acknowledgement in theory, principle and practice of the inherent worth of all people. In this instance, the need to offer a genuinely child-focused system of care was highlighted in the findings. The provision of residential care must have an overriding focus on the best interests and wellbeing of children.
- principles and standards contained in Queensland legislation, specifically in the *Child Protection Act 1999*, are fundamental to residential care, including core principles (s.5), the standards of care, statement of standards for children in care (s.122) and the Charter of Rights for a child in care (schedule 1). The overriding principle of the Act is that the welfare and best interests of a child are paramount.
- Throughout the consultation, there was repeated reference to and acknowledgment of the principles outlined in the *United Nations Convention on the Rights of the Child (UNCROC)*. This, together with the *National Framework for Protecting Australia's Children 2009-2020*, demonstrates a human rights perspective on children. As the UNCROC has the endorsement of the Australian Government, its core principles are applicable to any services provided for children and young people across the country.

The philosophies that participants identified for a residential care model largely echo the UNCROC principles and are as follows:

- every child has a right to be recognised for their uniqueness including gender, culture, religion and belief, as well as
- the right to be safe and free from violence and abuse
- the right to self determination and empowerment
- the right to consistent and transparent information and services from legislators, departmental staff and service providers
- the right to healthy relationships and connections with family, professionals and community members
- the right to have individual needs met
- the right to participate in society
- the right to equal status and standing in society
- the right to equity
- the right to a childhood
- the right to feel loved, valued, safe, special and respected
- the right to reach their full potential
- the right to a childhood, appropriate developmental stages and to have fun and enjoyment
- the right to basic needs such as shelter, food and safety.

Core elements of the Model

Principles to underpin the abovementioned philosophy were outlined through the consultations to include more detailed best practice components to ensure the philosophy was not mere rhetoric. These practice principles included the need for sound assessment and more consistent practice across the sector. The James Anglin's Congruency Model was frequently put forward as an essential piece of work from which we can all learn and operate. Well trained staff who remain with the service for a significant period of time were also considered to be of significant value to enhancing client wellbeing. Practice focused on intervention and healing was considered paramount as was cultural awareness and cultural healing. Responding to the needs of children and their families as opposed to reacting was raised often: planning care and being flexible in service delivery while acknowledging one size does not fit all, flowed from this.

Strong relationships with adults and significant others were seen as a core to the healing and long term wellbeing of children and young people who have experienced trauma. This has implications for residential care providers and staff in terms of the significant role front-line staff play in forming healthy and healing relationships with children and young people in residential care. The need for long term placements and services to commitment to sound on-going relationships with children and young people was a key focus of commentary from the consultations.

Commitment to partnership at all levels of the system including direct partnership around individual case work was also a focal point. Appropriate funding to ensure the optimal functioning of the service system and that the integral needs of children and young people are met was also a key consideration outlined through the consultations.

In terms of principles pertaining to staffing needs, a commitment to ongoing training and service development including access to professional development opportunities, including

backfilling rostered staff to enable such opportunities, was a stated key requirement. So too was a minimum qualification for staff and the need for clear expectations in role descriptions, as well as appropriate funding to facilitate this.

The importance of recognising each child as an individual with unique needs was named consistently across the state. Their therapeutic needs were also highlighted as a key area requiring further attention. The system acknowledging and responding to the need for continuing support post 18 years of age was consistent feedback. More cohesion and connection between residential services and the communities in which they operate was also suggested.

Frameworks and theories

Participants largely agreed with the research that suggests sound theoretical perspectives and clear practice frameworks in organisations enhance practice. It is essential that services clearly articulate their practice framework and support each staff member in being able to do the same.

Some of the commonly-held frameworks were stated as follows:

- client centred
- relationship focused
- trauma informed
- needs based responses
- strengths based
- unconditional positive regard
- attachment theories
- structuralism (for example, seeing systems/society as the key factor impacting on wellbeing — not individual circumstances).

The need for leadership, innovation, clear values and mission was also raised.

Collaboration across the sector and with government and the community was also raised as significant when demonstrating theoretical perspectives and frameworks.

Children and young people

Consultation participants in a number of regions stated that theories and practice, such as Kim Golding and Jim Anglin, incorporating issues of trauma and attachment, and grief and loss need to underpin services to children and young people. Services need to be cognisant of the experiences of clients they work with and have appropriate training, strategies and coping mechanisms to appropriately respond to children and young people living with painful experiences.

Children and young people need wrap-around services that work together in partnership to meet their needs. They also need experienced and qualified staff to meet their complex array of needs which require adequately funded models to better meet all costs in service provision. In order for children to be supported through trauma in a tangible way, staff need a clear understanding of the developmental needs of children and young people, including a comprehensive knowledge of the impact of trauma, as well as intervention and recovery options. Ultimately, residential care should be utilised when it is the best resource

for the child or young person at the time of placement given the issues they are facing. It should not be seen only as the placement of last resort after all other (often inappropriate placements for them) are exhausted.

Children, young people and their families need, and their wellbeing relies upon, quality accurate and timely assessments. These are key to all that follows in terms of assessing their needs and care requirements. All stakeholders including our clients should be able to rely upon quality, professional and informed assessments. These are absolutely essential and a building block for appropriate therapeutic interventions. This point is reiterated consistently across feedback from stakeholders and research literature. In cases of temporary placement of children and young people in residential care facilities, quality assessments must include intensive support options. This needs to occur with clear assessments, intervention and support plans in order for non government organisations (NGOs) to work effectively with both the child and their family, and Child Safety Services staff. Clear plans and supports need to be offered where reunification is planned.

Children and young people in care also need access on a regular and ongoing basis to therapy which is appropriate and timely. It needs to be acknowledged that like residential placements 'one size does not fit all' and clients need to be afforded the right to not go ahead with one option of therapy but instead be offered alternative options. This advice is given to the vast majority of children or adults seeking therapeutic assistance. It often suggested that it may take 'trial and error' sessions to find the right person or fit, and to persevere and not become disheartened. The same should be afforded to children and young people in care. Options can include: play therapy; music therapy; art therapy and other alternative therapies suitable to the individual needs and preferences of each child and young person. It is worthy to again note the significance of the feedback received about the vital role residential care workers play in the healing and well being of young people. These staff are the key resource available to children and young people.

While participants principally saw early intervention and prevention as an urgent priority, they cautioned that when children enter the statutory system, residential care needs to be seen as a realistic option for traumatised young people and not merely as an option of last resort. It may in fact be the best initial option to prepare children for foster care and assist them in working through emotional and social issues from their previous trauma in families in preparation for a family-based placement.

The model below outlines the key components required for children and young people and shows the centrality of the child to the assessment placement and intervention process:

Figure 1.2 The Residential Care Systems Model



Consultation participants stated that childhood is a given right, not an indulgence, and protecting our children and ensuring a positive childhood experience for all, is essential for their health development and wellbeing. This is also a key requirement under the United Nations Convention of the Rights of the Child (UNCROC). Yet for children and young people in care, their young years are all too frequently marred by multiple placements, significant loss, major trauma and a life of building then rebuilding. Many essential and positive childhood experiences are lacking for children and young people in out-of-home care.

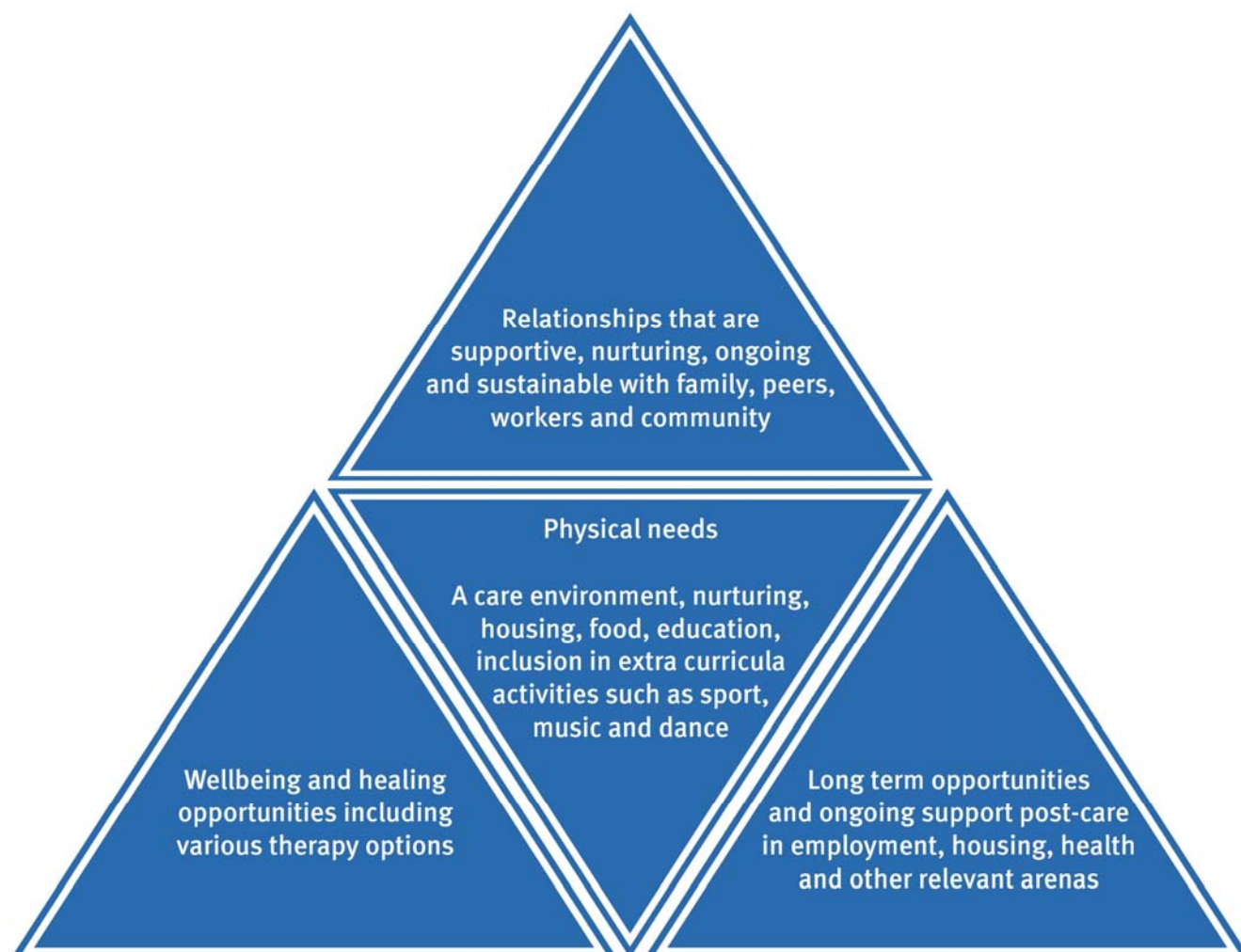
Further to discussions regarding the importance of childhood, participants also raised concerns about the trauma of statutory care for children and young people as exemplified in literature and observed by participants. While it is obvious to children and young people living in residential care (and in out-of-home care) that their situation is different to most of their peers, there are many ways of minimising the effect of such a harsh reality. This trauma is separate to experiences that precede their entry to statutory care experiences. This factor needs to be acknowledged and recognised in order to develop an appropriate state-wide model of residential care and to develop agreed processes of support and intervention.

The alienation and social isolation of children and young people in care was raised throughout the state-wide consultations and was also received as feedback from CREATE Foundation's consultations with young people. The poor school retention rates, lack of social opportunities and inclusion in a nurturing community are all areas that require greater attention. Much can be achieved in this area without additional resources or policy amendments. Also further efforts can be made to assist young people in care through a less intrusive experience. Issues such as carers and organisational staff giving permission for sleep-overs or events such as school excursions, managing absenteeism and other such school and socially-related information requires clarification. A common understanding is required and needs to be clearly articulated and enacted across the state so that children and young people don't feel that an everyday childhood request such as an outing with peers needs statutory authorisation.

Similarly, a child or young person's longevity in an organisation, with consistent staffing, genuine relationships, respect and connection to the community will promote young people to feel a part of and accepted by their carers, peers and community. Merely the capacity to stay and not be moved on from a placement, arguably, has more positive power in the short and long-term wellbeing of a child or young person's life than any other single factor. Such relationships are improbable when transience is the mode of existence. Any society committed to principles of genuine wellbeing and the centrality of the child needs to see wellbeing in terms of lifelong wellness and not temporary survival or existence.

Figure 1.8 Needs of a child or young person in care

This model articulates these principles and demonstrates cohesion of an integrated system.



Family

The issue of young people building healthy relationships was resoundingly articulated throughout the consultation. Literature clearly supports this emphasis. This was considered particularly pertinent around family relationships. Young people need to be holistically supported in healing family relationships in a monitored, empathetic and supportive manner. While the research offers varied statistics on the rate of young people returning home or maintaining linkages with family, the average findings are that they do so in at least 80 per cent of cases, whether or not this is recommended by professionals or is part of the young person's case plan.

Consultation participants recognised the need to strengthen the Queensland Government and sector's capacity to work with children and their families as an area of intervention most in need of resources and strategies to address the question of enhancing child and family wellbeing. Obviously these processes and supports are preferable prior to statutory intervention. However, once a young person is placed in care, an ongoing commitment to supporting them and their families through a reconnection and healing process is essential whilst safety issues are closely monitored and remain the major consideration. The

importance of maintaining and supporting sibling relationships was particularly highlighted through these discussions and is also a key finding in relevant research.

Participants believed that space for families to visit and have opportunities to interact and learn positive family skills would be helpful. This again raises issues of the physical environment of residential facilities in meeting the multitude of needs of children and young people, their families and staff. Reunification plans need to be in place and clearly articulated wherever appropriate, safe and practical. Supporting positive relationships within the extended family was seen as essential. Families need to be included in social gatherings where appropriate (for example, at social barbeques, national events including mother's and father's day. They also need to be included and actively encouraged to provide a support role to their children. Support strategies need to be shared between services and families and if there is a plan to return home, it needs to include a graduated process. Organisations need to be inclusive and responsive to families and take into account all family members including parents and siblings. Processes need to be child-friendly while remaining family-focused with a view to safe reunification.

Community

The systemic issues of limited placement options for young people in care have long been a concern in terms of how significantly young people are impacted upon by constant moves to distant locations and other communities. Multiple placement changes and the impact of this on young people, was repeatedly discussed through the consultation. While both participants and research recognise the complex behaviours of traumatised young people removed from their family of origin as a contributing factor to multiple placements, it is also a key reason to build a system which can ensure stability of placement. This enhances the capacity for a young person to remain long term in their local community and maintain school, friends, social and recreational connections.

Participants stated that in order to encourage communities to embrace young people, particularly those marginalised in our community, much education and capacity building is required. Community members need assistance in understanding the needs of young people, the role they can play and the importance of these inter-connections. Improved linkages between residential care providers and their local community members may go some way in addressing stigmatisation and judgemental attitudes. This is not a simple process, however it is essential for our children and young people to be accepted, embraced, supported and involved in the communities for the long term.

Staffing

It has been stated that the most valuable tool residential care workers bring to their role is themselves. Young people consulted through this project and in research also state that young people resent being seen as 'a case' and respond positively to ongoing healthy relationships with staff. Employment conditions, pay rates and high staff turnover impact significantly on the wellbeing of children and young people in residential care. After forming bonds and placing trust in workers, they can experience ongoing significant loss each time a worker leaves. The same applies to their relationships with child safety officers given the large number of child safety officers young people are likely to experience

throughout their lives in care. This issue poses a particular disturbance, re-traumatisation and interrupted development and wellbeing for children and young people.

The importance of quality staff was recognised by consultation participants across the state. This is the point at which a child or young person's experiences and placement may be made or broken. Both national and international research overwhelmingly demonstrates the same key issue. It is the relationship that children and young people form with their workers that offer the potential for healing and moving forward with their lives feeling more positive about who they are in society and how they can live, participate and contribute.

The importance of well qualified appropriately trained and remunerated staff members was also a key recommendation of young people consulted through CREATE Foundation. They suggested *“doing more to ensure worker stability for young people which includes having the same worker for as long as possible if the young person likes them. This means supporting the workers and paying them more than they are paid now so we not only get good people but people who want to stick around”*.

Counselling staff were found to offer a valuable healing process for young people in dealing with their current and past issues in a confidential and safe setting. Counsellors can offer advocacy in their client's current circumstances. Again longevity of relationship was important to building trust, confiding concerns and working towards healing and situational solutions.

Staffing was the area of most contention and concern across the state. While there is clear recognition that the most vulnerable children in our society require highly skilled, dedicated, supported, competent and stable workers, the reality is, this is not often possible. The residential care sector is largely underqualified and very much under-skilled. Direct care staff receive little professional supervision for the complex role they fulfil and inadequate training and professional development. That is not to say that positive relationships between staff and young people are not in place and practice standards are not adhered to; it is to highlight that often this occurs by goodwill and natural capacity as opposed to by design and planning, infrastructure, support and training.

The consultation emphasised that none of the above comments were about attributing blame to the department, non government organisation (NGOs) or staff. Feedback was offered with the aim of working collectively towards resolution. Clearly all parties are responsible and engaged in this process together and desire to ensure that children and young people receive the best possible residential care. Given that they have been removed from homes deemed unsuitable, the onus on the state and NGOs is to provide services which are an improvement on the situation from which they were removed.

Key emerging issues for staffing

The sector's capacity to attract staff is a serious issue. Competing options for trained staff such as government employment or, as in regional areas, the competition with major industry and family-friendly employers such as mines, makes this task appear insurmountable.

Pay levels are an important, albeit not the only factor in staff attraction and retention. Residential care workers are amongst the lowest paid in the human services industry.

Most employers across the state pay commensurate with relatively low skilled administration staff (for example, on SACS level three). This demonstrates that the work is not valued sufficiently which is in stark contrast to the consultation feedback and the research findings. This has ramifications firstly for organisations' capacity to attract and retain competent staff, and secondly for management committees' duty of care should issues such as Matters of Concern or similar occur. The low classification has implications for the fulfilment of professional tasks at an appropriate level. It also has ramifications for Child Safety Services in terms of its funding allocations to front line worker wages. A combined process between all parties is required to address this key issue for residential care, particularly in light of developing a state-wide model and ensuring quality care to our most vulnerable children, young people and their families.

The financial capacity of organisations to pay for quality professional supervision and professional development and training was also a source of significant concern for respondents in this consultation. This area also needs further discussion between all key stakeholders to seriously address the capacity of services to provide quality care in residential services.

Recent Queensland research (for example, refer to the *Child Protection Skills Formation Strategy Report 2008*) about staff retention, demonstrates that pay levels are not the only significant consideration for staff retention. The report noted a decline in retention after two years across the sector. Many agencies reported that retention is impacted by the lack of career pathways. One study of government staff with higher pay than their non government organisation (NGO) counterparts demonstrated that of the five key reasons staff leave their job, managers were rated first, after which issues of poor supervision and support, lack of value for their role and conditions all rated higher than pay levels. This indicates that staff retention is impacted by agency culture and professional development opportunities. Staff in residential facilities have less opportunity for training due to the requirement to back fill positions.

Appropriate staffing levels (staff-to-client ratio) for the safety of children and young people and staff needs further work between Department of Communities and the sector. Some organisations stated they were prepared to have only one staff member working on a shift, the majority stated that two staff members were necessary for the safety of young people, staff and the organisation. Many also commented that overnight disturbances were common place and needed the necessary resources to meet young people's emerging and momentary needs. Experts in the field of trauma have long stated the need for highly skilled night-time workers to be available, as its often the evenings and nights that bring up the majority of emotional issues for the client group and thus the subsequent 'acting out' behaviours.

Non government organisations (NGOs) staff proposed that two workers are essential in order for one worker to meet the needs of a specific young person while the other worker attends to the needs of the group. A second worker is also required to back-up the staff member dealing with the more urgent issues of the individual in the moment. If two staff members are on the shift at least one person needs to be the lead worker and be qualified with a solid knowledge base in childhood development and issues arising from trauma. Without this, quality responses in complex scenarios are not likely to be the outcome and

this will pose liability issues for organisations and staff members and reduce the quality of care for young people. The availability of quality on-call workers was also deemed to be essential for the debriefing of staff through particularly complex issues. Without access to such support, staff may use sick leave and other entitlements as a means of managing the situation.

Underpinned by the consultation feedback, lies the issues of staff qualifications, training, supervision and support. Organisational policies also play a key role in service delivery. Participants from government and NGOs were all very clear about the need for quality training and supervision to support staff in working with the array of complex issues that arise when working with their traumatised client group.

Consultation participants clearly articulated the significance of a quality workforce to organisations in supporting children and young people in their residential. As such, an ongoing and genuine commitment to staff and their professional development is an important area where new options are needed and where a significant positive impact can be made for children and young people in residential care.

The greater issues for remote communities were clearly articulated in terms of attracting and retaining competent and committed staff. This was particularly highlighted in central Queensland where issues experienced across the state were then exacerbated by outside industry such as the mines which have such family-friendly employment coupled with high wages that are enticing even qualified staff from the community operations of both the NGO and government sector. If the government and NGO sector are able to work together to deal with the workforce issues of attraction and retention, much headway will be made in working towards quality residential care for young people in the statutory system.

Governance and management

The issue of governance for community organisations was raised consistently during the consultation process. Accountable, competent and quality governance arrangements of NGOs is essential in ensuring sustainable organisations that lead to positive and professional practice with children and young people. The issues that stand in the way of outcomes are much documented. One major factor is the voluntary nature of boards of management. Another is the ad-hoc nature in which many organisations were funded and evolved. While neither of these issues is insurmountable, they require consideration in working towards a community sector that is well-resourced and equipped to deal with the multitude of issues that arise when delivering essential services to children, young people and their families.

Although support staff are seen as central to service delivery, the management of organisations is a key factor in attracting staff and ensuring the sustainability of services. A significant amount of decision-making authority sits with voluntary boards that are largely unresourced and are unrecompensed for the liability they face or the duties they are required to uphold. This fact alone poses enormous burdens on all stakeholders in the industry. The licensing processes undertaken in Queensland demonstrate the burden to non government organisations (NGOs) as well as the liability of board members.

Participants in the consultations stated that organisations need clear direction, support, training and adequate funding in order to ensure that those who govern them can fulfil their

legal obligation. This includes the skills and capacity to hire, induct, train and support competent staff, offer appropriate workplace health and safety provisions, fulfil appropriate business and insurance requirements, develop strategic plans and annual work plans and ensure appropriate working conditions. This is only the beginning of a long list of requirements and expectations of voluntary boards. They are also charged with ensuring best practice and quality care for children and young people as well as the budgetary, financial, legal and ethical wellbeing of their organisations. This is a major issue for current boards, especially where agencies are small and in remote areas and struggle to attract competent and knowledgeable board members.

Commonly, board members have time prohibitive schedules that impacts on their voluntary contributions. This collides with the organisation's need to retain well informed, trained and competent board members who have capacities in a huge array of subject areas, including direct service provision, financial and accounting matters, staff management, insurance and safety, to name a few. Board membership is an enormous task for volunteers, who are largely untrained and inexperienced and this poses a major risk for the sector. Ultimately, many of the tasks seen by funders as the responsibility of the board of management fall to each organisation's chief executive officer, manager, coordinator or the management team. While this is consistently observed, there are differing perspectives between agency staff and funding bodies.

Physical dwellings and client 'mix' for the provision of residential care

Custom built and well planned buildings allowing for space for individual young people as well as the group was deemed to be paramount. A bedroom for each young person was also considered to be really or very important. The location of dwellings was the source of much discussion during the consultation. While land space proved helpful in some aspects, isolation was thought to be an issue. This feedback varied between Indigenous and non-Indigenous service providers. In summary, however, being on the land with space and even isolation, was considered to be a far more 'appropriate' option outlined by Indigenous providers (particularly with regard to rural and remote regions) regarding their client group than the feedback of mainstream service providers and their observations that children and young people needed to be close to amenities and other community options.

In terms of dwellings, concern was raised that currently rental properties are the key source of housing for residentials which poses a multitude of issues. The primary one being the suitability of each premises, often selected out of desperation as opposed to suitability and functionality. The other issue was the relationship between organisation and landlord and the 'tenuousness' of this and the ensuing lack of stability of the housing. Another issue inherent in renting is that of making a building a home by adding one's own trimmings or alterations. It is simply not possible to make changes to rental properties or often to even make them 'homely'. Young people in their feedback spoke of their desire to paint their own bedroom and take part in decorating 'youth spaces'. Most rental contracts render this request prohibitive.

A source of much debate with regards to the physical layout of residential facilities was whether same gender or mixed gender residentials were most appropriate. Agreement about this issue was not reached across the state. There was however largely a leaning

towards same gender residentials, expressed across the sector but highlighted particularly by Indigenous service providers. This point is worthy of further discussion. The key arguments around same gender residentials follow a largely risk management agenda. Many of these issues are around the potential for sexual victimisation or liaisons. Some of these issues are rectifiable through staff training and physical space being managed such as locks on bedroom doors. However, these issues are considered unhelpful in cases of 'acting out' behaviours of children who have experienced significant abuse. Nevertheless, it could still be argued that having mixed gender households affords opportunities for young people to live together and see each other as people first and foremost. Another body of thought was that young people have enough to deal with without adding the complexity of gender mix to the equation. Some felt that young people needed space without the 'opposite sex' to work through their issues. There are clearly academic and practical arguments for and against same gender or mixed gender residential facilities. There appears to be no reason why residentials can't make these decisions on a client mix and needs basis, notwithstanding the risk management issues they need to factor into the equation.

Another key consideration around the needs of children and young people in residential settings and one of the primary tensions in achieving the best interests of young people, was the issue of client profile mix. This generated much frank discussion across the state between departmental staff, in particular staff of placement support units, and non government organisation (NGO) service providers. It was clearly understood and stated that while licensing and good practice dictated the importance of clear assessment and positive client profile mix that in reality 'filled beds' were actually the unstated but necessary priority. This factor of economics and accountabilities for 'filled' beds clearly led to a much discussed and understood conundrum between appropriate client profile mix, best practice and the converse argument of the best use of scarce resources and the frequent experience of placing clients urgently regardless of the appropriateness of the placement.

There was a genuine frustration about this issue together with an acceptance that filling placements was an understandable priority given limited resources. That did not alleviate the issues arising from poor assessments or inappropriate client profile mix. However, it merely demonstrated a collective understanding of the environment that both departmental and non government organisation (NGO) staff operate within.

Relationship with the service system

There was overwhelming agreement between government participants and NGO providers for a genuine desire to have the capacity and resources to improve on shared case planning and all of the processes of working together, in the best interests of each child. The participants named a lack of 'being in the process together' and having shared goals, understanding and capacity to meet, discuss and resolve issues. The goodwill between parties was evident, however, the lack of a structure to enact this goodwill was equally evident.

There was a common acknowledgement in most regions that the role of the Regional Planning and Partnership Officers (RPPOs), (previously Zonal Planning and Partnership

Officers), was helpful but that this was a huge task for one person per region meaning other engagement processes needed to be developed. The role of RPPOs received significant feedback and acknowledgement, both anecdotally and through the recent evaluation of their role. The tangible outcomes of working in genuine close partnership, with each party having consideration, knowledge, understanding and commitment towards other key parties, demonstrate the importance of the RPPO role. Effective partnership is critical to ensuring sound processes and positive outcomes for children and young people. Positive and healthy partnerships are key to the successful implementation of a residential care system where each child feels nurtured, listened to and cared for.

Culture

Mainstream services working with Indigenous clients were often noted as a disadvantage to the capacity building of Indigenous managed services. The Indigenous representatives consulted believed that Indigenous services should be further developed and adequately resourced to provide these services. There is a desire from many areas (especially in the north of the state) to see Indigenous services supported to facilitate work with their own children, families and communities. The overrepresentation of Indigenous children in the care system is a much acknowledged and undeniable fact supported by various key Queensland literature (see literature review pp 66)/Section 6). Nevertheless, Indigenous services are considered to be 'thin on the ground'. Many participants believed that there was a need to be more inclusive and supportive of Indigenous providers and their communities.

Across the state, and more specifically in the Far North Region, service providers acknowledged the complexity in their work with Indigenous services, clients and communities. There is a real understanding of the impact of historical policies on present issues. Participants acknowledged that the work is difficult and requires sensitivity by service providers and government. They also shared their difficulties in building services adaptable to emerging and changing needs of Indigenous clients.

There was a relatively low Indigenous representation throughout the consultation and participants repeatedly commented on the absence of Indigenous services and representation in the consultation process. It was often asked by participants, given the much documented over-representation of Indigenous young people in statutory care: "Where are the Indigenous services and the Indigenous representation?"

The conversations of participants about culturally and linguistically diverse (CALD) clients had a similar basis to those of Indigenous clients in that one size does not fit all in addressing issues of hundreds of cultures from all over the globe with many varied traditions, beliefs, social structures, languages and experiences. While processes of addressing CALD issues need not be overly complex, the various issues inherent in working with such diversity must be acknowledged and proactive responses enacted. In order to achieve this, open dialogue with, and recognition of the expertise of each culture, their peak bodies and other representatives, is essential.

This area is enormously diverse and needs to be recognised as so. The mere term 'cultural competency' is debated within the sector. It is not the responsibility of this report to define or articulate how to work with CALD clients, literature and feedback from

participants demonstrates that one way forward is to listen to clients, their experiences, their needs and their views. This seems logical, however there are many complex factors at play that need to be recognised. On-going training, dialogue with CALD colleagues, and discussions about issues arising for the many culturally and linguistically diverse children, young people and their families with whom we work, needs to happen on a committed and consistent basis. Staff need to have the time and expertise to competently undertake this work including understanding Indigenous concepts and perspectives which may vary from concepts commonly held in human services.

Consultation summary of direct implications for a service and practice model for residential care

These consultations, key philosophies, practice frameworks and day to day organisational requirements informed the development of the residential service/practice model.

The organisational/practice model articulates the requirements for residential care service providers to deliver quality care to children and young people. The overarching philosophy encapsulates human rights and includes ensuring that all policy and practice is in unison with the articles of the United Nations Conventions on the Rights of the Child (UNCROC) as well as the *National Framework for Protecting Australia's Children 2009-2020* and the *Child Protection Act 1999*. Policies and procedures of organisations then need to be reviewed in light of reflecting the abovementioned philosophies. Governance processes and practice frameworks also need to demonstrate these philosophical perspectives. In essence, all organisational and service delivery components of each organisation need to be aligned with these philosophies. This lends cohesion and connectedness between all aspects of an organisation, including management and staff and their services to children, young people and their families.

The model demonstrates the key requirement that children and young people need to be central to all processes including systems and organisational processes, individual assessments, case plans and decision-making. Children and young people must have a say in each decision that involves their placement, education, relationships, extra-curricula and social activities as well as their short and long term wellbeing.

In order for residential services to offer quality care to children and young people, solid work in the four key areas outlined is essential:

Healthy relationships for children and young people

Both the literature and consultations clearly demonstrated that relationships are central to the wellbeing of children and young people. Close connections with family members, staff of both the residential care service that supports them, other non government organisations (NGOs) staff and Child Safety Services staff are essential. In terms of building and maintaining relationships and ongoing support systems, it is necessary for both staff of NGOs and Child Safety Services to prioritise placement and support options that afford children and young people the opportunity to remain within one community to enhance relationships, educational outcomes and short and long-term support and wellbeing.

Staffing

Quality staff and their practice with children and young people is key to positive support processes and healing outcomes. Staff require significant resources in fulfilling this multifaceted and highly skilled role within residential services. Quality staff need ongoing training and professional development, supervision with skilled supervisors, and qualifications commensurate with the roles they are required to undertake.

Family and culture

From the beginning of interventions by Child Safety Services in families who are facing difficulties, families need to be included in all decision-making regarding their children. This needs to be an ongoing process of inclusion and consultation, regardless of the statutory intervention in place.

Families require significant support in enhancing their relationships and working towards healing, whatever issues have occurred. All these processes need to occur with safety as a priority and the knowledge that 80 per cent of children and young people return home regardless of the plan. Healthy transition to family needs to be arduously encouraged and promoted to ensure long term wellbeing for children and young people.

The organisation and relationships with the wider service system

Organisations need the appropriate resources and systemic support to provide the level of care required to this particularly marginalised group of children and young people.

Organisations need clear governance which reflects sound philosophical and practice frameworks. Well qualified and supported staff are also key to ensuring quality services to children and young people. The complexity of the service system and the intricacies of work with children, young people and their families require integrated service delivery and strong linkages between all key stakeholders in the system. Government and non government organisation (NGO) staff need to work closely and collaboratively in ensuring they are responding to the needs of each child and young person.

Section 6

Literature review

6.1 Review and analysis of literature

A significant body of the literature reviewed notes that following a period during which residential care was widely viewed unfavourably as an option for high needs children and young people across the western world, the past decade has seen a resurgence of residential care. Clough et al (2006), in their comprehensive review of literature, suggested that residential care has been researched substantially, yet “we still know little about the details of the processes involved, their outcomes or about how these outcomes can best be achieved” (p15). Osborn et al (2008, p849), reflecting on the Australian landscape, noted that, despite increased media attention and the evident need for intensive and specialist placement services, “little detailed empirical evidence is available concerning the complexity of the needs” of the group of high needs children who move through multiple placements.

While there is a clear need for current and longitudinal research regarding service links to outcomes, some very clear themes are emerging in literature.

Residential care: social context

A research report prepared for the Australian Government, Office of Youth, by the Social Policy Research Centre, University of NSW (Muir et al 2009), painted a broad picture of the Australian youth landscape in which young adults are remaining in the family home well into their twenties so they can complete a full-time education while continuing their dependency on parents and avoiding high housing costs:

“Young people are generally confident about their own future; they have short-term (for example, education, employment, travel) and long-term goals that are characterised by a balance between happiness, establishing their own families, employment and financial security.” (Muir et al 2009, p32)

The report concluded from stakeholder surveys that “young people who are faring well usually have good family support systems, strong connections with community and friends, space where they can spend time with their friends and opportunities for future development” (p69).

Cashmore and Mendes (2008, p23) note that young people exiting the state care system stand in marked contrast to the general population of young people. They are likely to endure multiple disadvantages resulting from pre-care, in-care and leaving-care experiences. Residential care has been described as the ‘last resort’ response for children who are difficult to place, a cohort of young people who increasingly demonstrate extreme high risk or challenging behaviours (Halfpenny et al 2005, p50; Bath 2008 (2), p8), rendering this group at particularly high risk of rejection and social dislocation.

For this highly disadvantaged group of young people entering residential care, their passage through childhood and into adulthood is typically characterised by trauma and

processes that reinforce the severe impacts of the trauma, often compounded by their passage through care and further by the post care experiences:

1. young people moving into residential care generally present with a set of varied and complex needs and associated behaviours which are likely to be linked to early experiences of trauma and attachment disruption (Osborn et al 2008; Bath 2002; Dodge et al 1997). This is characterised poignantly by Anglin as “pain based behaviour” (Anglin 2002).
2. young people then face the likelihood of experiencing successive placement changes, lacking the stability of care, place and relationship essential for their healing, placed with other young people with similar reactive patterns of behaviour, in settings frequently struggling to contain them and meet their needs (Cashmore & Paxman 2006; Bath 2008(2)). The perpetuating cycle is well documented by writers such as Delfabbro & Osborn (2005) who draw on research showing children and young people with greater emotional and behavioural difficulties are more prone to placement breakdown which is, in turn, detrimental to their psychological wellbeing.
3. as they exit care in contrast to their peers, young people are likely to face disproportionate levels of social and economic dislocation whilst isolated from healthy and sustaining family and community supports (Cashmore and Philip Mendes 2008; Moslehuddin 2006; Mendes 2006). They face particular difficulties in accessing educational, employment, housing and other developmental and transitional opportunities (Mendes 2007; Stein 2008).

The *National Framework for Protecting Australia’s Children 2009-2020* (Commonwealth of Australia 2009) addresses a number of themes that are highly relevant to this residential care model, including:

- participation of children (p16)
- integrated service models (p18)
- quality assurance processes for out-of-home care services (pp19 and 27)
- access to mental health services (p19)
- support for children and parents with disabilities (p22)
- availability of affordable housing (p23)
- leaving care support (p27)
- understanding of children in the system (p27)
- improved service delivery for Indigenous families and children and strengthening compliance with the placement principle (p30).

This literature review explores research including areas of hope, suggesting there are responses for young people in residential care that can significantly improve their prospects.

Residential care: It's place

Numerous writers (Delfabbro et al 2008; Bath 2008 (1); Ainsworth et al 2008; Bromfield & Osborn 2008) have commented on residential care's focus on young people with high needs - a significant proportion with intellectual or other developmental disabilities - following processes of placement breakdowns and challenging behaviours. Clough et al (2006, p11) suggest "the main reason for choosing residential care is to control or improve difficult behaviour". A recent set of international studies reflects a similar pattern across developed countries (Courtney & Iwaniec 2009).

The Australian foster care system has struggled to meet the complex and challenging needs of many children and young people, with increasing demand for options. This has coincided with a diminishing residential sector, declining nationwide from 42 per cent of children in out-of-home care who were in child welfare residential care in 1980 to four per cent in 2007, with resultant high breakdown rates and multiple placements and group care becoming increasingly an option of last resort. Residential placements are rarely stable for any length of time (Bath 2008 (2), p8).

But literature is emerging supportive of residential care, providing it is well planned and resourced. Bath (2008 (3)) suggests residential care has potential to move from an end-of-the-line option towards providing leadership in the provision of a pain-based response to young people's needs. This requires comprehensive assessment informed by clear empirically-based frameworks, integration with a spectrum of services including transition supports and specialist clinical services, a trained, qualified and skilled workforce, and accountability and demonstration of outcomes. Ainsworth & Hansen (2008) suggest a mature child protection system needs residential care options, but these services need to be highly selective and specialised with clear therapeutic objectives (p46). Delfabbro & Osborn question the conventional use of the "continuum" concept with its focus on placement types to the detriment of focus on the complex service needs of traumatised children, including at the point of entry to care. Bath (2008 (2), p15) similarly highlights the need for a therapeutic focus on addressing multiple needs rather than a simplistic focus on care and accommodation.

Literature suggests that residential care could be the preferred option for a variety of reasons, including:

- providing a caring and intimate home environment without being emotionally laden as family based care can be (Anglin 2002, p131; Willow 1996, p13)
- when deficits in attachment-forming indicate a young person could benefit from a range of carers (Whitiker et al 1998)
- supporting family contact outcomes and family involvement where time away from family is required but investment into family and incorporation of family work into programs is required (Barth 2005; Bilson & Barker 1995; Ainsworth 1997; Hillan 2006)
- when multiple adult attachment figures might forestall abandonment of parents by the young person (Whitiker et al 1998)
- as an emergency response as a back-up, planned relief or respite resource for families (Barth 2005; Wagner 1988, pp96-97)

- managing and improving challenging behaviours that may not be containable in a family based setting (Clough et al 2006, pp70,71; Bath 2008 (2); Ainsworth & Hansen 2005)
- distributing the emotional load of caring for a very disturbed or chaotic young person (Whitiker et al 1998)
- provision of therapeutic services and supports for socially and emotionally damaged children (Wagner et al 1998)
- preparation for permanent placement (Wagner 1988 pp96-97)
- when a young person has a history of abusing other young people (Whitiker et al 1998)
- responding to complex needs including capacity for assessment and responsive intervention (Bath 2008 (3))
- residential care as a first option on entering care or for those not adapting to family based care (Delfabbro & Osborn 2005)
- when residential care is the young person's preferred option and family care could be sabotaged (Whitiker et al 1998)
- option for young people transiting to independent living (Bath 2008 (3))
- provision of a care team response including specialist services responsive to individual developmental needs (Burt & Halfpenny 2008; Hillan 2006)
- when siblings cannot (safely) be kept together (Anglin 2002, p11)
- provision of care for sibling groups (Wagner 1988, pp96-97).

Trauma and attachment

Developing theories and understandings of trauma and attachment linked to child development have significantly enhanced understanding of high to extreme needs young people in the care system, and the responses likely to enhance or aggravate their trauma.

Building on prior understandings regarding attachment, Bowlby (1988) developed a model that underpins current thinking about care provision, including concepts of:

- therapeutic provision of a 'secure base' (from which feelings, relationships, behaviours can be explored)
- relationship-based work in which a patient can engage and explore internal (feelings) and external (behaviours)
- enabling exploration of mental 'models' (that spring from past experiences and shape belief systems) (pp138-139).

Trauma-related knowledge by writers such as Perry and van der Kolk has complemented attachment theory as has the emerging understanding of neuro-plasticity (Doidge 2007). Hyper-vigilance, hyper-arousal and dissociation are observable responses to trauma. Exposure to violence, particularly in early childhood, is known to have enduring and profound impacts on brain development and functioning (Perry 1999; Perry & Pollard 1998; van der Kolk 1994).

A potent link exists between children's exposure to domestic violence and consequent traumatisation (Harris et al 2007; Lieberman 2007), a particular concern given the prevalence of family violence amongst children in the child protection system, with

Queensland figures indicating the presence of domestic violence in 43 percent of households with substantiated emotional or physical abuse outcomes (Department of Child Safety 2008 (1), p3). Trauma literature details the processes of neural adaptation to threat and violence and associated responses so evident amongst high to extreme needs children who are placed in residential care. As highlighted by Hillan (2005, p47), without a framework of trauma and young people's resultant adaptive behaviours, services can unnecessarily inflict secondary pain on residents in residential services.

Perry (2001, p14) identifies that solutions to traumatised children are complex and call for an understanding of the "indelible relationship between early life experiences and cognitive, social, emotional, and physical health" and notes that it is in relationship with adults around them that children seek answers and comfort (Perry 1999). The essential relationship base of trauma related work is reinforced by Fenichel (2001) who details the core tasks of early childhood development as: negotiating emotions, behaviours and attention from external to self-regulation; acquiring capabilities that undergird communication and learning; and learning to relate to other children and form friendships and functions that are all highly interactive.

Effective residential care examples are emerging, including the sanctuary model with its focus on developing and maintaining safe environments for young people who have experienced trauma and associated grief, environments supported by a coherent therapeutic conceptual approach that guides work with young people (Ambrovitz et al 2003). Schofield & Beek (2006) propose five key dimensions of caring that are associated with positive outcomes for children impacted by attachment issues: (i) being available (helping children to trust); (ii) responding sensitively (helping children manage feelings and behaviours); (iii) accepting the child (building self-esteem); (iv) cooperative care giving (helping the child to feel effective); and (v) promoting family membership (helping children to belong) (pp35-36). Their model is incremental, requiring time for children to resolve feelings about the past and build strengths for the future.

There is a risk of residential care becoming reactive and behaviour-management focused. The alternative is clearly a highly skilled task involving forming and maintaining relationships with a focus on attunement, nurture, patient care and consistent responses to behaviours (Perry 1999), with building of trust and rapport central (Halfpenny et al 2005, p2005). Stabilising of behaviours requires an understanding of the links between behavioural and emotional functionings and previous family and placement histories (Osborn 2008, p857), targeted therapeutic approaches to residential care (Anglin 2002; Cairns 2002; Downey 2009) and implementation of skilled strategies for de-escalating anger and gaining self-control (Nunno et al 2003).

Any interventions must be informed by thorough assessment (Barth 2005; Bath 2008 (2)) and responsiveness to individual needs. Bath has argued that a decisive shift is required for residential services from a focus on care and accommodation, to a more 'treatment' or therapeutic approach (p14) but is clear that this must be informed by assessment.

Re-traumatisation is a real risk for young people in care environments. Provision of care for traumatised young people calls for conscious and highly skilled work (Hillan 2005). Cook et al (2005) suggest the core elements of the caregiver's responses should be:

believing and validating the child's experience; tolerating the child's affect and managing the carer's own emotional responses (p395). Evidence points to placement instability being disruptive to a child's development (Strijker et al 2008, pp110-111), with multiple placements and anxiety-producing environments likely to have pervasive impacts on children who have suffered significant trauma (Bath 2008 Part I, p12; Delfabbro & Osborn 2005) and to be undermining of essential elements of therapeutic care including containment and safety (Crouch, 2009), secure base (Bowlby 1988) and "felt security" (Cashmore & Paxman 2006). Research suggests that even where young people have experienced placement disruption, a nurturing relationship with a carer may provide a compensatory secure attachment and reduce the likelihood of further placement breakdown (Stein 2008, p37).

For some children and young people who have been impacted by trauma, abuse and attachment disruption, emerging behaviours may place intolerable strains on family-based placements, making residential care the more suitable option (Clough et al 2006, pp70, 71; Bath 2008 (2); Ainsworth & Hansen 2005; Whitiker et al 1998). Research suggests there are very poor outcomes for young people with conduct disorders transitioning to foster care (Wagner 1988 pp96-97) and the high likelihood of "foster care drift" if these young people are returned to family-based care (Barber et al 2001).

In summary

- Stabilising of care environments must be accorded a very high priority given risks associated with ongoing loss, rejection and re-traumatising of victims through unsafe environments, further abuse and harm and multiple changes.
- Staff skills including trauma informed knowledge and self knowledge/care are essential.
- Intervention must be informed by comprehensive, skilled, informed assessment.
- Care environments that are emotionally secure, consistent and focused on needs-informed responsive care are required.
- Young people with trauma backgrounds benefit from building resilience through empowerment, including having a voice in their lives and interventions (see resilience below).
- Access to therapeutic supports must be a key element of residential care servicing, and requires coordination and access with mental health services including Evolve Interagency Services, Child and Youth Mental Health Services (CYMHS), inpatient services and private practitioners with experience in working with children in the child protection system.

Building capacity for sustained relationships (including post-care) in young people's lives (staff, family, community) is important for trauma/attachment related care.

Resilience

The capacity of people to surmount trying periods in their lives is a theme of great importance for residential care given the complexities young people experience through their path pre-care, in-care and post-care, including the profound impacts of trauma and attachment disruption. Maltreated children are likely to have lacked the quality care-giving and parent-child nurturance that are identified antecedents of resilience development, yet

they may still develop resilience (Cicchetti et al 1993). The writers noted the need for exploration of the role alternative adults can have in fostering adaptive personality development. What is clear in the literature is that resilience depends on both internal characteristics and the contexts in which children develop (Doll & Lyon 1998, p356). Caring relationships that create trust, ideally family but otherwise role model adults providing acceptance and security, are a key protective factor, together with positive affirming messages and opportunities to feel valued (Williams 2002, p201).

Applying a resilience framework, Stein (2006) notes that, as young people move through distinctive care pathways, their experiences rely on the quality of their care, their transitions from care and the care they receive after exiting care. He identifies responses that can improve outcomes, namely: early intervention and family support; better quality care to compensate for damaging pre-care experiences; gradual, more normative transitions and ongoing support especially for young people with mental health problems and complex needs. It is clear that young people whose background is impacted by severe trauma will be significantly hampered in developing resilient qualities unless provided with environments that ensure against on-going daily stress and provide “scaffolding of social supports” (Ong et al 2009, p1796).

Griffin et al (2009) reflect on the high level of trauma experienced by children entering care and the evidence of a strong relationship between the number of trauma experiences and level of high-risk behaviours. They call for a combination of trauma-informed treatments and focused strengths-building work, given the clear moderating effect strengths have (pp 114-115).

In summary

- To support resilience in young people, investment must be made into sustained relationships as family and other supports provide positive support and trust.
- Quality of care, family connection, planned and supported transitions and post-care supports are linked to resilience building.
- Care environments must ensure against subjecting young people to further trauma and focus on developing relationship-based care and building on strengths.

Family connection

There is clear evidence in research of strong links between family contact and involvement and positive outcomes for young people both in care and post care.

A compelling reason for investment into family is that children and young people want this. The report by the Commission for Children and Young People and Child Guardian (CCYPCG 2009), *Views of Children and Young People in Residential Care, Queensland*, highlights that 44 per cent of young people in residential care who were interviewed said they do not get to see enough of their families. The national CREATE Foundation 2009 *Report Card Transition from Care* (McDowall 2009), particularly highlighted the importance of siblings, even where connection with parents was broken. Scott (2003) refers to family as “the most enduring of relationships”, noting that “in a care system subject to inconsistency and multiple placements, family provide an important and enduring relationship for children and young people” (p 33).

There is extensive literature over past decades establishing that young people frequently return to family following their exit from care. Some examples are:

- Tilbury & Osmond (2006) refer to research establishing that 85 per cent of young people who have been in care return to live with their families at some stage and working collaboratively with families enhances outcomes in child protection. They quote Bullock et al (2003): “paradoxically, the family from which the child has been removed ends up the most likely source of permanence.”
- Wade (2008, p44) found through post-care interviews (United Kingdom) that 65 per cent of respondents said they had strong or fair support from their closest family adult. At follow up interviews, 12 months after leaving care, 80 per cent of young people were in contact with at least one family member.
- the likelihood of post-care family contact is well documented (Sultmann and Testro 2001; Cashmore 2000; Scott, 2003) and Scott (pp8-10) has observed that “a significant percentage of young people move from care back to living with their parents” and at least, establish contact with their families.

Research suggests that family contact and family involvement in care processes contribute to positive outcomes for young people in residential care as well as being one of the most compelling indicators of ongoing outcomes for young people following time in care.

Evidence from literature indicates:

- family contact leads to better placement outcomes (Scott 2003).
- family integration into the therapeutic work in residential care is an essential element of family work that prepares young people “for what is for most the inevitable return to kin” (Hillan 2008, p12) and assists young people to make sense of the past so movement forward can occur (Stein 2008, p38).
- frequent family contact, participation in family therapy and improvement in family functioning are associated with successful (post-discharge) outcomes (Walter & Petr 2008, pp4-5).
- positive contact with parents, perceived support from significant others including family and continuity of relationships are key contributors to successful post-care adaption by young people (Schmiedt et al 2006, p22).
- effective outcomes for young people are predicated on work with their families that spans the time in care and after care, combined with extensive aftercare support (Knorth et al 2008). Knorth et al also refer to research from the Netherlands concluding that family-focused interventions produced effective outcomes for youth with behaviour disorders and internalising problems.
- Hair (2005), in reviewing residential care related literature between 1993 and 2000, emphasised the importance of outcomes being maintained post-care and concluded that family involvement through treatment was a key factor linked to positive outcomes.
- Barth (2005) refers to literature over the past three decades calling consistently for greater family involvement in residential treatment. Greater family involvement, he states, “is almost certainly the most important adaptation that residential care must make to bridge the evidentiary and philosophical concerns that cloud (residential care’s) future” (p159). Barth cites evidence that “the post-discharge environment

(usually the biological family but sometimes the foster family) is the best determinant of post (residential care) educational and behavioural outcomes” (p160).

Family involvement and contact can be complex and may be problematic for many young people as Moyers et al (2006) concluded. Residential care reunification data (CCYPCG 2009) showed that 43 per cent of young people in residential care reported that reunification attempts had occurred for them since they entered care and this included up to eight attempts at reunification, reinforcing the complexities of family work. Moyers et al's research suggests outcomes can be significantly improved with interventions, including active case work, extended family support, access to care staff to talk about experiences and ensuring young people have support as they work through complex family issues (p558).

Wade emphasises that, as young people exit care, they need support as they are left to simultaneously manage family issues and make accelerated transitions to independence, often with limited family support, in the context of the wider community where young people are expected to draw on their family resources for extended periods. Support is needed for young people to strengthen family networks, improve or renew relationships or adjust to continuing patterns of rejection (Wade 2008, p52).

Some writers suggest that residential care is particularly well placed to provide young people with support in negotiating family involvement and relationships. Bilson & Barker's (1995) UK based research compared family contact rates in residential care and foster care and concluded that residential care was far more likely to follow through with contact plans than foster carers were. 67 per cent of children in residential care had regular contact with a birth parent and 15 per cent had no contact, compared with 45 per cent children in foster care who had regular contact with a birth parent and 40 per cent no contact. Many young people may prefer residential care over foster care, as in residential care they do not have to deal with issues of loyalty and may be afforded more emotional and physical space to grow (Carolyn Willow 1996, p13).

Residential care can support settings that combine both family and peer influences, which can be conducive to their development, providing this work is adequately resourced (Barth 2005, p158). Barth suggests evidence supports some specific options including: functional family therapy, parent management training and multi-systemic therapy. There could be valuable lessons to be gained from the focus of European social pedagogy on “solidarity with vulnerable families” and achieving outcomes by “working alongside them” (Stephens 2009, p346).

In summary

- Family-related work is an essential component of residential care for all young people with clear links to positive care and post-care outcomes.
- Family-related work raises complex issues for young people and requires attention to integrated case planning, supported contact with multiple family members, supported dyadic therapeutic work with young people and family and parent skills development.

- Family-related work must be integrated across the continuum of care including understanding (assessment) of family histories, stories and issues, concurrent family-based and residential care work and planned post-care support.
- Regardless of whether reunification is the plan, work with family is essential given the high likelihood of significant relationship with family post-care.

Community connection

A report commissioned by the Australian Government (Kristy Muir et al, 2009) concluded that:

“The 12-24 year period is not only characterised by educational, employment and personal achievements and increasing income, but also by increasing independence, new experiences, transitions and broad optimism” (p123),

and that:

“Young people who are faring well usually have good family support systems, strong connections with community and friends, space where they can spend time with their friends and opportunities for future development” (p69).

This picture stands in stark contrast to young people in residential and other forms of state care.

If “normalcy” is to be a goal for young people in residential care as encapsulated in Anglin’s (2002) model of residential care, community connection is a critical element of care. Yet there is well established evidence that:

- (i) young people exiting the care system are particularly vulnerable and disadvantaged, and fare poorly across a range of social indicators including housing, health, justice, education, employment, relationships (Avery 2009; Cashmore & Mendes 2008; Cashmore & Paxman 2006; Roca et al 2009; Molehuddin & Mendes 2006)
- (ii) the poorest placement outcomes in Australian out-of-home care tend to be associated with the poorest overall psycho-social adjustment (Osborn et al 2008) and involve backgrounds of significant trauma and abuse (Delfabbro & Osborn 2005). Young people in residential care, with high and complex needs often find their way to residential care after a series of placement breakdowns (Bath 2008 (2)), instability that undermines resilience and is associated with poor outcomes (Stein 2008, p37)
- (iii) Life beyond care brings a new set of challenges and impacts for those exiting care. Young people in residential care placements are among the 66.7 per cent of young people exiting care in Queensland who have no knowledge of a case plan and the 43.2 per cent of young people exiting care who will be homeless within their first year out of care (McDowall 2009).

Community and family connections are interconnected as young people’s initial social and cultural experiences are within family and, as already highlighted, they will return in numbers to family, post-care. Terri Scott (2003) emphasised that stable connections with existing social networks, culture and relationships are important for children and young

people in care, but also observed that the care system lacks the resources necessary to provide placements that will meet the social and cultural needs of children. Families, she suggested, can play a key role in supporting these connections.

Residential care services often struggle with young people's demands for peer contact, a normal focus for young people, yet frequently denied in residential care. Mason suggest that peer contacts must be prioritised and refer to their research indicating that, often contrary to adult priorities, this is the outstanding priority stated by young people.

The care experience for the vast majority of young people in residential care in Queensland involves significant dislocation from community of origin and lack of stable place of belonging. This instability is highlighted in the Commission for Children and Young People and Child Guardian (CCYPCG) (2009) report on young people's views about their residential care experiences. 28 per cent of respondents indicated they had lived in three or more different facilities and the maximum number of facilities for a young person was reported as 40 (p26). 46 per cent of respondents did not know where they would be going in the future (p27). Stein (2008) has noted that care leavers are likely to be amongst the most socially excluded young people (p42).

Burack et al (2006) have observed the cyclic nature of harm to maltreated children with behavioural problems. Having experienced limited parenting, including punitive interactions, poor reciprocity and maladaptive problem solving from their parents, these young people emerge with the likelihood of limited social skills, difficulties in maintaining adult relationships or potentially, empathic relationships with their own children. The hopeful finding with therapeutic implications was that this group of children and young people, whilst struggling to maintain relationships, demonstrated better interpersonal negotiation skills so they could make inroads into new relationships which in turn could possibly "foster new opportunities and positive relationships" (pp213-214).

Post-care outcomes are commonly linked in the literature to family-related work, aftercare support and community linking. Hair (2005) concludes that keys to successful transition are:

- family involvement through treatment
- stability of discharge placement
- provision of a variety of aftercare services (including education and employment)
- links to community supports.

Curry (Erik Knorth et al 2008) concludes that outcomes are enhanced by extensive aftercare treatment, and work with families for extensive periods of time including aftercare and programs with learning opportunities that can be generalised to non-residential settings.

Care that provides safety and security is also linked to a range of outcomes in young people's lives. Instability is associated with poor outcomes although young people with a history of placement change can succeed educationally if they remain in one school with continuity of peer and teacher relationships (Stein 2008, p38). Crawford & Tilbury (2007) have emphasised evidence that education improvement results in enhanced outcomes

“across every aspect of adult life: employment, housing, mental and physical health, family and parenting, resilience, self-efficacy, respect for law, absence of addictions, and life-long learning” (p318). Poor employment and educational outcomes for young people post-care were highlighted in Cashmore et al’s research (2007). Better outcomes four to five years after leaving care were associated with: stable placements and felt security there; continuity of schools; significant fostering success and opportunities for developing interests and skills outside of school.

Some young people who experience instability and disruption through care are able to transition to independence, provided they have personal and professional support after leaving care, including the critical component of finding and maintaining stable accommodation (Stein 2008, p41). Stein suggests there are three key stages of transition involving: leaving/disengagement; transition; and integration into the new world, especially in education, employment and housing. With limited family supports, success is contingent on allowing for gradual transition through these phases, with emotional and practical support, and psychological space through stages of transition (p40). There is evidence that provision of supports across domains of community services enhances outcomes for young people exiting care (Sheehy 1999).

In summary

- Priority must be given to well-planned community connection built on secure experience of care and continuing through care and post-care.
- While accommodating normal types of peer contact may be challenging for services, this must be given priority as a key element of social and personal development and community integration for young people.
- Building social skills and confidence must be a key goal for residential care.
- Family can play a key role in the work of re-connecting young people to culture and community.
- Priority needs to be given to stabilising education, especially given links to outcomes for young people.
- Evidence that continued support once young people leave residential care and exit care is linked to sustained outcomes.
- Transition from care planning is an essential component of residential care and must be collaborative and inclusive of young people.
- Quality, coordinated transition planning is critical for decent outcomes.

Culture

Overrepresentation of minority cultural groups is consistent across health, justice and social welfare institutions in OECD countries (Fulcher 1998, p321) and literature has highlighted the limitations of applying dominant western frames of reference when working across cultures (Fulcher 1998; Libesman 2004; Fontes 2005). Fontes (2005) contends that research on child protection has largely ignored issues of cultural variability (p26) or assumed culture can be considered by division into categories, i.e. “ethnic clumping”, despite culture being so fundamentally a part of who we are (pp26,27). Libesman (2004) says there are few empirical models for cultural competence and there is a tendency to discourage flexibility and creativity in cultural responses (p15). Fulcher (1998) encourages educators and practitioners to think “outside the Western cultural frame of reference” and

be open to other frames that do not fit within our scientific paradigm which should be characterised by open-mindedness (p335).

Indigenous children, young people, families and communities

Indigenous children are heavily overrepresented in residential care in Queensland. Tilbury (2009, p57) concludes “child welfare interventions are persistently more intrusive for Indigenous children”. Queensland departmental data (Department of Child Safety 2008 (1)) bears this out: at 30 June 2008, 2,185 Indigenous children and young people were in state care in Queensland. This was a third (32.2 per cent) of all children on child protection orders. Further data indicates a significant number of Indigenous young people ‘graduate’ into the youth justice system, where Indigenous young people are 23 times more likely to be in detention than a non-Indigenous young person (Tilbury p61). Trauma and attachment disruption, common factors for high needs children and young people in residential care, are likely to be compounded for Indigenous children by well documented trauma associated with dispossession, removal and cultural destruction (Libesman 2004; Atkinson 2002; Cunneen & Libesman 2000).

Literature suggests the need for a reappraisal of culturally defined frameworks in child protection:

- Yeo (2003) highlights the cultural limitations of standard attachment theory, and the need to re-evaluate in the light of Indigenous core values of interdependence, group cohesion, spiritual connectedness, traditional links to land, community loyalty and inter-assistance.
- Malin et al (1996) utilise a case study to highlight how Indigenous parenting priorities and practices differ from mainstream understanding, practices that may be seen as ‘neglect’ in a child protection context.
- Libesman (2004, p15) considers cultural limitations of the dominant western emphasis on “independence” and concludes that child protection services should incorporate an “understanding of communal identity and a ‘whole-of-community’ rather than individually-focused responses” (p1).
- Fulcher (1998) encourages educators and practitioners to think “outside the Western cultural frame of reference” and be open to other frames that do not fit within our scientific paradigm which should be characterised by open-mindedness (p335).
- an extensive review by Australian Crime Commission (ACC) (O’Brien 2008) noted the complex cultural context of sexual abuse of Indigenous children and literature highlighting the need for “learning and healing ... in the presence and at the interest of the group or the community” and that this is likely to be incompatible with contemporary Western methods and treatment” (p47).
- the theme of spirituality is appearing in literature. Downey (2009) noted that a range of traumas may “interfere with spiritual beliefs, destroying hope and undermining protection offered by religious or spiritual ideals” (p43).

There are a number of implications for working with children, young people and families from Indigenous cultures as well as for carers:

- there is evidence that culture can have a positive role in building resilience in a young person and in ameliorating effects of trauma (Jackson et al 2009, p203).
- improving service delivery to Indigenous children and families and addressing over-representation are priorities in the *National Framework for Protecting Australia's Children 2009-2020* (Commonwealth of Australia 2009).
- trauma assessment for Indigenous young people must incorporate consideration of trauma associated with historical impacts of removal and culturally inappropriate servicing (Libesman 2004, p18).
- traumatised people often find themselves re-enacting trauma they have known and intimate relationships are particularly vulnerable to the disabling effects of trauma. This trauma may span generations as a result of government policies including removal and resultant fragmentation of relationships (Atkinson 2002, pp222-224).
- in dealing with the complex issues associated with high needs young people, culture must not be overlooked and culturally appropriate case plans and carer cultural support are essential (Bourke & Paxman 2008).
- where young people are placed with carers outside their culture, their sense of cultural identity can be undermined with risk of developmental and psychological difficulties unless cultural needs are met (Brown et al 2009, p107).
- considerations of Indigenous parents' parenting skills must take account of historical factors such loss of knowledge transmission, absence of family life and role modelling and sexual abuse (Libesman 2004, p18).
- The CCYPCG (2009) report on young people's views found that one third of Indigenous young people in residential care felt they were not in touch with their community and only 53 per cent reported being with carers from their cultural background. This has implications for planning, intervention and especially for staff training.
- Reports commissioned by the Secretariat of National Aboriginal and Islander Child Care Inc. (SNAICC) conclude that appropriate cultural training for carers leads to improved outcomes for young people across a range of areas (Higgins & Butler 2007, booklet 1, p6).
- Libesman (2004) highlights, given the lack of Indigenous carers, the need to address retention issues as well as ensuring cross cultural training occurs (p19). She also notes that trauma history for Indigenous families involves parallel issues of dispossession and removal (p18), and that painful experiences have occurred at a community level, so responses at community level are required including healing and mourning work, opportunities to share stories and education regarding historical trauma (p26).

In summary

- Indigenous staff attraction, retention, skilling and support need to be addressed.
- Training in cultural knowledge and skills must be a priority for non-Indigenous staff.
- Ongoing evaluation of assessment processes (government and non-government) is needed to ensure there is an understanding of and attunement to trauma, attachment and parenting related cultural practices and experiences.

- Interventions for young people that address cultural dislocation and identity should be a core part of residential care.
- Culture, for some young people, may provide a pathway to resilience and contribute directly healing from trauma, so should be considered as such in case planning.

Children, young people, families and communities from other non-dominant cultural backgrounds

Children and young people from other non-dominant cultures have to deal with a set of complex cultural issues in addition to issues arising from trauma, attachment and harm histories, particularly given that their family histories and experiences may involve significant trauma associated with war, escape and resettlement:

- The CCYPCG (2009) report on young people's views found that only 28 per cent of young people from cultural backgrounds other than Indigenous or Caucasian Australian were placed with a carer from their cultural background.
- Connolly et al (2006) notes that children of migrant families, already dealing with complex issues of loss and cultural dislocation, are faced with trying to make sense of their experiences of being removed to care, often left feeling cynical as their views are not taken seriously (p62). Additionally, they note, child protection workers make very difficult decisions in the context of ambiguity and conflicting cultural values and require good supervision with a specific focus on cultural constructs and influences, difference and power, connectedness and meaning (pp84-89).
- Yeo (2003) suggests culturally confined perceptions and judgements that impact on practice extend across cultures and refers to Japanese belief that a securely attached child is one who shows dependency behaviour, whereas exploration, autonomy and efficacy are valued competencies in the West.
- Avery (2009) highlights the challenges of young people from racial minority groups who are transitioning to independence, with particular support implications. While managing issues of identity common to all emerging youth, they could be dealing with identity issues in relation to their racial/ethnic heritage and facing discriminatory attitudes.

In summary

- Cultural training of all staff working with young people in residential care, both departmental staff and direct care staff, is essential.
- Ongoing appraisal of assessment frameworks and practice assumptions is required in the light of evidence of the limitations of dominant cultural assessment and practice models.
- Young people straddling cultural and transition issues require particular support.

Importance of education

Research demonstrates that the educational needs of young people are a key consideration in residential care. This is supported by work undertaken by the Commission for Children and Young People and the Child Guardian including a review of literature conducted in response to the proposed Model for Residential Care and the views of young people in residential care surveys.

The barriers and challenges experienced by children and young people in out-of-home care to education is well documented in the literature. Children and young people in out-of-home care are less likely on average to than other children to continue their education

beyond the minimum school leaving age and are more likely to leave school with lower levels of academic achievement (Biehal et al 1992, Stein 1994). Furthermore, in the United Kingdom, Biehal et al (1992) found that poor educational attainment of care leavers was more pronounced among young people leaving residential care than those leaving foster care placements.

A range of factors have been associated with poor education outcomes for children and young people in out-of-home care including (Harker et al 2003; Stein 1994; Biehal et al 1992; Martin & Jackson 2002):

- inadequate support and encouragement from carers, teachers and social workers
- low academic expectations of children and young people in out-of-home care
- a lack of basic material support for education in a residential care setting, for example, a quiet study space and key books
- inadequate training of residential care staff
- a lack of communication and coordination between education and child protection departments
- limited consideration of education in case planning, and a tendency to prioritise welfare needs over education leading, for example, to unnecessary changes of school.

Despite the challenges of education, the research also illustrates the potential of positive educational experiences to improve outcomes for children and young people in out-of-home care. Gilligan (2000) and Martin & Jackson (2002) suggest that educational achievement and positive educational experiences have been identified as protective factors for children and young people in out-of-home care which in turn enhances their resilience. Similarly, successful transitions to independence by young people have been associated with achieving educational success prior to leaving out-of-home care (Stein 2006).

Harker et al (2003) investigated the perspectives of children and young people in residential and foster care on their schooling. Young people identified that the following would improve their education experience including:

- having an individual who shows interest in their educational progress, encourages them to apply themselves, takes notice of reports and attends school events.
- being given clear information about the resources they are entitled to, or could apply for, in order to further their educational development, for example, music tutoring, study aids, computers and books.
- statutory workers attending closely to the education needs of young people and considering the impact of proposed placement changes on the young person's education.

Others argue that educational approaches should be integral to and embedded in the residential care environment and that residential care programs should be conceptualised as 'dynamic living and learning environments' (Ainsworth & Hansen 2008, p44). Ainsworth & Hansen further argue that within these environments, 'treatment, re-education or re-socialisation objectives are integral... and are vigorously pursued' (p44).

Staff and organisation

Trauma, loss and attachment issues for young people in residential care are intrinsically connected to relationships, so it is not surprising that there is compelling evidence that effectiveness of intervention will depend substantially on the commitment, skill and tenacity of relationships, particularly between carers and young people. Raymond & Heseltine (2008) have noted: “there is overwhelming support from literature that the quality and function of staff-client relationships has enduring qualities for young people in residential care”, and that it is likely that this is particularly important as they approach independence and adulthood (p204). To provide this quality of care and response calls for high levels of skill in organisations and staff including creating environments of support.

Qualifications

Definitive evidence does not exist linking qualifications to improved outcomes. However, as Clough et al (2006) note, reports on residential care almost universally bemoan the low levels of qualified staff (p81), a concern echoed by writers internationally (Gilligan 2009 - Ireland; Anglin 2002, p84-86 - Canada; Crimmens 1998 - United Kingdom). Clough et al argue that appropriate qualifications are important with the likelihood of three significant results: (i) a better basis for understanding children and practice, (ii) ensuring common frameworks for practice, and (iii) enhancing residential staff status and quality of recruits (p82).

Anglin (2002a) suggests there needs to be questioning regarding whether curricula for care staff prepares them for their essential tasks and whether more is required to increase education and training accessibility and increasing the percentage of qualified and certified staff. Clough et al (2006, pp107, 108) called for the establishment of a centre for child care in Wales to raise the profile of residential care and explore and develop new forms of qualifying and post-qualifying training. The burgeoning development of social pedagogy qualifications and training for residential staff through a number of European countries reflects a marked movement towards developing qualifications that are specific to residential care (Crimmins 1998; Cummins 2004). The strength of this discipline is its focus on learning in the context of relationships, a combining of the social/caring at a hands-on level with the pedagogic/cognitive conceptual learning (Stephens 2009, p347).

Anglin raises the issues of:

- (a) core curricula requirements for workers that will enable them to supportively work with issues of pain and pain-based behaviour, while demonstrating the interactional skills required,
- (b) curricula for supervisors and managers that equips them to be “supportively challenging” and support required interactional dynamics
- (c) accessibility of education to existing and prospective residential staff, and formal qualifications enabling them to supportively work with issues of pain and pain-based behaviour, while demonstrating the interactional skills required (p155).

Training

Anglin (2002b) concludes that, among factors negatively influencing outcomes for young people in residential care, one factor is poorly trained staff. He reflects that it is “a

disturbing fact that those who have the most complex and demanding role in the care and treatment of traumatised children have the least, and in many cases, no specific training for the work” (p113). Anglin is one of a large number of advocates for enhancing skill levels in the residential care workforce (Fulcher & Ainsworth 2006, p286; Ainsworth 2007; Bath 2008 (2), p14). Bath calls for expertise in this field with a minimum training requirement in areas of:

- the conceptual model
- actual intervention framework
- legal issues, child rights and provisions
- adolescent mental health issues
- communication and relational skills
- organisation’s policy and guidelines
- crisis management policy
- specific needs of young people
- engaging and working with family.

Enhancement of training for residential care staff is an increasing focus internationally as evidenced by:

- Sweden: Salla (2009) notes the developing international interest in training and suggests the future will see “more emphasis on professional skills and methods to be used in the (residential care) work” (p49).
- USA: Courtney et al (2009) name staff training among key issues around the world, note the lack of national standards in relation to residential staff ratios or qualifications and the lack of evidence regarding types of training needed to achieve good outcomes for children (p202).
- Australia: Ainsworth & Hansen (2008) refer to training required to equip staff with skills in residential care and list: everyday personal care; formulation of individual care and treatment plans; individual and group development; activity programming; life-space counselling; program planning (unit level); work with families; understanding positive peer group approaches and crisis de-escalation (p45). Hillan’s (2005) recommendations for training include: mental health; attachment; trauma; life-span development; loss and grief and assisting staff to develop personal reflective skills (p55). Terri Scott (2003) has emphasised the complex and challenging work of engaging with families, and the risk of the child protection system contributing to the difficulties experienced by children, young people and their families. She concludes that to address this “requires a consistent, well resourced and trained workforce” (p33).

Relationships

Responding to needs-driven aggression in young people requires skilled strategies for de-escalating anger and gaining self-control (Nunno et al 2003, p296). There is evidence that increasing staff skills and knowledge can improve staff confidence and produce

reductions in aggressive child behaviour (p313). Hillan (2005) asserts that relationships are pivotal to residential care, noting the challenges of this task, given the complex behaviours displayed by young people who have experienced trauma and pain in their lives (p49). Downey's (2009) model of care develops frameworks for intervention, recovery and understanding, but the essential foundation is building relationships. As Downey notes: "Focusing on relationships and connection (rather than the more medical model of symptom resolution) plants us firmly in the social world and reduces the tendency to isolate, individualise, and pathologise traumatised children and their families" (p7). The complex tasks of relationship building form the framework for Anglin's (2002) "key interactive dynamics".

Continuity of relationships with staff and post-care relationships

Continuity of care relationships is a key plank in developing trust and felt security for traumatised young people and Burt & Halfpenny (2008) emphasise the need for a settled staffing model that is also specialised and highly selective. This resonates with priorities clearly developed by Hillan (2006) and Ainsworth & Hansen (2005).

The theme of continuity of relationships beyond care is gaining currency in literature. Jim Wade (2008, p49) concludes that contact with residential carers post-placement "helped to ameliorate the risks of social isolation and strengthen young people's skills" and a significant proportion (32 per cent) of UK young people were still in contact with a residential worker at least monthly, 2-3 months post placement. Stein (2008) draws on evidence that, for young people who struggle through care, experiencing placement breakdowns and relationship problems, access to specialist leaving-care workers, mentors and key workers "contributes to overcoming their very poor starting points at the time of leaving care" (p41).

Staff self-care and development

Perry's (1999) conclusions could also be applied to interventions for older children: "The best intervention for infants and young children is treating the primary care giving adults" (p9). Self-care is a core component of residential care frameworks being developed to address complex trauma, with some examples being: Downey's (2009) focus on self care including components of reflection, regulation and relaxation (pp70-74); Anglin's (2002) model that includes a focus on "personal pain-based challenges of staff", while he notes the critical need for staff with intense exposure to the pain of young people, to maintain self-awareness and self-development training and effective supervision of practice, especially in relation to worker "'anxiety" that is "pain based fear" (p112). Cook et al (2005) suggest the core elements of the caregiver's responses should include managing the carer's own emotional responses (p395).

Organisational structure, supervision and support of carers

Anglin (2004) has reflected that residential care is specifically able to offer supervised, structured and less emotionally-charged placements than foster care. However, he observes, well-functioning residential care involves both co-vision (by fellow-shift workers) and effective supervision allowing "an intensity of interaction and offer(ing) some protection against abusive or excessive reactions that could, and did, occur in such a 'pressure cooker' environment" (p187). Provision of a well-structured environment

suggests the need for a well-managed organisation providing the care, highlighted by Anglin (2002, pp127-128) among his 11 interactional dynamics: “establishing structure, routine, and expectations linked to developing order and predictability as well as trust and reliability”. Clough et al (2006) refer to researched evidence where optimal results are linked to effective management and leadership, including manager(s) feeling supported and in control, with clear strategies, child-orientation and evidence-base, with ability to form a team and maintain the approach through difficult periods (p62).

Stewart Redshaw (2009) refers to carers as “mediators of change” and details a number of strategies to ensure they have the required knowledge, skills, support and supervision, including: recruiting professionally qualified experienced carers; providing professional development opportunities (with a frameworks focus); encouraging ‘self care’ by workers; a range of mechanisms for staff support including supervision; supervisor training and support; and clinical consultation at a management level.

Clough et al (2006) conclude that professional support for residential staff is “absolutely paramount” and should include team meetings, supervision, consultancy and training and professional qualification. Supervision needs to address both personal experience and formal duties (pp54-55). They also refer to evidence that poor management impedes positive outcomes (p59) and note evidence that leadership is a key determinant of the culture and ethos which in turn links to outcomes (p56). Paterson et al (2005) explore reduction of violence in residential care, and assert that solutions must be viewed systemically, as the roots of violence may lie in the failure of organisations in areas such as staff-children relationships, staff conflicts and abuse associated with power (pp137-138). For children and young people to feel safe, an investment must be made into staff support and leadership (Day et al 2005, pp261-262).

In summary

Competencies and skills of staff are linked to ability to respond to complex needs, so must be given priority in recruitment and training.

- High level relationship skills are fundamental to residential care.
- Standards/benchmarks, including qualifications, training and skills specific to residential care, must be addressed; there could be value in considering potential contributions by social pedagogic discipline and practice in Europe.
- Post-care planning and transition need to consider both continuity of relationships between young people and availability of supportive people given clear the link between post-care supports and positive outcomes.
- Staff self-care and self-development are essential given exposure to grief and risks of vicarious trauma, calling for skilled supervision. External supervision could prove the best solution to ensuring professional and personal domains of supervision are supported.
- Clear supervision structures are essential and a range of modalities could be considered (individual, group, peer and external).
- Accessible management, congruence of principles and practice and skilled leadership are essential for creating stable environments and quality care.

Outcomes for high needs young people in residential care

Residential care is very restrictive, managing a highly complex set of behaviours and needs, yet there is a marked lack of evidence regarding effective “treatment” or agreed upon indicators about what makes the difference for young people reliant on its services (Walter & Petr 2008; Hillan 2005, p24; Cashmore et al 2007). Assessment of its effectiveness is limited by a lack of efficacy and effectiveness studies (Schmiedt et al 2006, p21). While a body of research identifies there is a place for residential care as a component of out-of-home care (Bromfield & Osborn 2008; Anglin 2002 pp11-12; Clough et al 2006, pp70-71), residential care is increasingly expected to demonstrate positive outcomes for young people and this will determine perceptions regarding its legitimacy (Bath 2008 (3), p35; Holden et al 2010, p1).

Sustainable outcomes

A key challenge for residential care is linking care to “change over time” (Bromfield & Osborn 2008, p31), sustainable outcomes rather than just behavioural containment. The Cornell University CARE project (Holden et al 2010, p1) is currently developing a fidelity tool which has among its goals to ensure there is a match between intended intervention and “the intervention as it is actually delivered in the real world”. The Casey foundation review of transition of youth from foster care (Sheehy 1999, pp71-74) concluded that effective outcomes evaluation requires a long-term evaluation component (beyond a year after care) as well as shorter term components. Transition from care literature emphasises that viable gains must be discernable some time after young people exit care (Cashmore & Paxman 2006; Cashmore & Mendes 2008; Stein 2008).

Hearing young people

The need for young people to be actively engaged in planning and in shaping services and interventions has been clear for some time (Hillan 2005; Cashmore & O’Brien 2001; Sheehy et al 1999, p14) and is a priority in the National Standards (Commonwealth of Australia 2009). This was reflected in the collaborative sector-department development of a *Participation Strategy for Young People* (Department of Child Safety 2008 (2)) with stated obligations under The *United Nations Convention on the Rights of the Child (Article 12)* and Queensland’s *Child Protection Act 1999*. Placing young people, “the most powerful agents of change”, at the centre of all service delivery, is linked by Hillan (2005) to the success of residential care (p57) as they (the young people) help make sense of and ground practice for carers (p26). Young people feeling able to plan and be in control is a key contributor to their resilience building (Stein 2005, p428). Osborn & Bromfield (2007) highlight the importance of young people’s voices being heard within a context where currently there is a marked lack of systematic processes in place to ensure this occurs.

There can be a clear divergence between children’s and adults’ perceptions of need and a University of Western Sydney research highlighted that, while adult discourse emphasises adult-child relationships and placement stability children are concerned with continuity of relationship connections, particularly with peers and people with something in common with them (Mason 2008). Earlier in this document, the conclusions of a review on Australian young people were cited:

“Young people who are faring well usually have good family support systems, strong connections with community and friends, space where they can spend time with their friends and opportunities for future development”(Muir et al 2009, p69).

This focus on connections is very consistent with the voices of young people in Mason's research.

Family inclusiveness

A consistent theme through literature is the link between collaborative work with families, support for their participation, family work and family therapy and outcomes for children (Tilbury & Osmond 2006, p273; Hillan 2005; Scott 2003; Walter & Petr 2008, pp4-5).

Walter and Petr (2008) suggest that empirical research highlights three factors associated with quality residential care practice, namely: (i) maximise contact with family (ii) actively involve and support families in the treatment and (iii) ongoing support and aftercare. Bath (2008 (3)) notes a significant body of literature now exists supporting group care with a family focus (p30). Inclusion of family and their perceptions is essential for quality assessment and intervention, although research suggest this is a frequent area of neglect (Tilbury and Osmond 2006, p274).

Comprehensive assessment and targeting to needs

Bath (2008 (3), p35) identifies that a key challenge for effective residential care is “identifying the multiple needs of the young people being referred (to residential care)” and states “young people with trauma-based patterns need very careful assessment, understanding and management, and their individual needs should determine the services responses”. He further suggests very careful consideration needs to be given to placement of young people with peers who may generate anxiety or engage in abusive behaviours” (Bath 2008 (2), p12). Osborn and Defabro's (2006) research concludes that therapeutic responses to trauma and attachment issues must link to understanding of previous family functioning and placement history.

Work with traumatised young people clearly calls for a therapeutic response built on comprehensive assessment and understanding of impacts of traumatic abuse (van der Kolk 1994; Perry 1999; Hillan 2005, pp54,58; Delfabro & Osborn 2005, p28) and a ‘treatment’ perspective as described by Bath (2008 (2), p15) that is responsive to these multiple needs. Halfpenny et al (2005, p51) emphasise the importance of “shared goals” addressing young people's needs that lie beneath their behaviours. Anglin (2004) suggests a coordinated and seamless intake and assessment process is required (p188). The need for multi-disciplinary interventions, given the complexity of histories and needs, is emphasised in literature (Osborn 2006).

Models of care

Clough et al (2006, p83) note that there is a lack of evidence that a higher staff-child ratio produces better outcomes; rather that there is an interrelationship between establishment size, quality of staff, staffing systems and “understanding and use of a group of children”. Bath 2008 (3) (p9) notes the importance of focusing on quality of group interventions. Hillan (2005, pp50-51) suggests staffing ratios are an important consideration when considering safety and developing effective relationships, but other considerations

including supervision, training and professional development are also part of staff considerations.

Trauma history may not be reversible, but care and after-care must support the healing and progression to quality of life and normality for affected young people. An important element of this care is ensuring stability of placement (Cashmore et al 2007).

Staff capabilities

Clough et al (2006, p44) note that quality of relationships between staff and residents is frequently cited in literature as a key factor in successful practice. However, this requires a high level of skills and commitment. Development of staff capabilities is a key component of residential care with a trauma and attachment focus, requiring a range of skills and strategies including keen interactive skills, staff ability to see and respond to their own pain-based fear, responsive supervision and a sustained focus on the best interests of the young people themselves (Anglin 2002, chap. 6; Nunno et al 2003, p296; Downey 2009; Cook et al, 2005).

Organisation

Clough et al (2006) note a range of organisational factors are associated with optimal results for young people, including:

- residential care having a strategic role within the wider children and family service
- effective management and leadership (p62)
- clear planning processes based on needs and outcomes and effective servicing (p63)
- clear and consistent goals and objectives; and an effective government department strategy supporting rigorous planning for children, early intervention, inter-agency collaboration, monitoring and encouragement of service development and improvement (pp65,66).

“Congruence” is a key permeating element of Anglin’s (2002) framework, providing a lens through which the effectiveness of residential services can be assessed. An effective service will have all components of the service working cohesively in the interests of children. Hair (2005) notes the importance of cohesion at a service level, including cohesion of philosophy, theory and service as well as collaboration across all stakeholders. A key element of successful residential service will be the intentional and integrated transition of young people to the community and an indicator of its success will be how well collaborative relationships and community linkages are maintained (p571).

Anglin (2004) proposes that residential care must demonstrate that the care and services provided to the young people are offered within a framework of quality standards and operate in accordance with the best interests of the young people in residence (p190,191). This, he notes, requires resource considerations as well as improvement in the linking between residential and non-residential agencies (p189, 190). The need for systems to track data to inform evaluation has been highlighted by Uta & Petr (2008, p2). Courtney & Dwaine (2009), emphasise a recurring need for the evaluation of outcomes.

Transition and post-care supports

As young people move through state care to post-care life they experience marked disadvantage in comparison to other young people. (Cashmore & Mendes 2008; Mendes & Moslehuddin 2005; Stein 2008). While experiences of stability and felt security in care are predictors of faring well five years after leaving care, lack of preparation inhibits transition from care (Cashmore & Mendes 2008, pp 30-31). Stein (2008, p40) highlights the importance of gradual transitions from care allowing for psychological adjustment space. Literature indicates that combined “in-care supports” and “adequate preparation”, including transition planning, will improve outcomes for young people (Mendes & Moslehuddin 2006, p122).

Transitions are inevitably occurring as young people move into, through and out of care, and these processes must be supported by transition planning. Milligan and Stevens (2006) note that well planned emotional support in advance of and during transition are as important for outcomes as practical issues and resources, and this must involve listening to the views of young people (p 81). CCYPCG (2009) report highlighted the importance of comprehensive, long-term planning for young people’s eventual independence. The survey of young people in residential care found that less than three out of four young people aged 16 years or older could recall being spoken to about what will happen to their care situation when they turn, and that less than half those aged 16 years or older were aware of having a leaving care plan. The CCYPCG noted the shortfall between policy and practice in this area. Among their recommendations was the early completion of leaving care plans “to ensure that the needs and goals of individual young people approaching transition are matched with the services and supports they require in a timely way” (p96).

The effectiveness of residential care in supporting healing and normality for children who have experienced significant trauma will only be known when these young people emerge into adult life and negotiate life and relationships in the aftermath of care. Lane (2008) refers to “invest(ment) in the long-term future of children in care and “investment in hope” and calls for research showing the impacts of care systems on people’s lives as adults (pp38-39).

In summary

there is a need for research, including longitudinal studies that can enhance understanding of what produces outcomes for young people in residential care

- processes are required to ensure both young people and families are heard and able to contribute to care provision.
- consideration needs to be given to enhancing quality of assessment; placement and intervention must be informed by comprehensive assessment
- development of skills in group interventions is essential for effective service
- there is a need for evaluation processes that can inform what is brings about effective outcomes, especially longer term outcomes, for young people
- an effective residential care system requires a systemic and collaborative approach where there is common ownership, good will and commitment to partnerships
- a responsive care system will be multi-disciplinary providing young people with access to a range of supports

- transition planning is essential for outcomes, must be developed with young people as a multi-agency collaborative process.

6.2 References

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