

Residential Care Model



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Introduction

1.1 Purpose

This document outlines the service delivery model of the Anglicare Southern Queensland's (Anglicare) Children, Youth and Families (CYF) Residential Out of Home Care (OOHC). It supports the provision of high-quality care to children and young people residing in residential care arrangements as funded by the Department of Families, Seniors, Disability Services and Child Safety (hereinafter referred to as the Department). It provides information on the service delivery context, key components of the model, reporting requirements and the expected service outcomes. Use of the model may be (but is not limited to) a guide for reference and training to promote consistency and is to be read in conjunction with the Improving Lives Framework, Direct Care Practice Guide – Residential Care & SILS, Operational Practice Guide – Residential & SILS, Care Documentation Practice Guide – Out of Home Care, Child Safety Practice Manual, and the Hope and Healing Framework.

1.2 Background

Anglicare is a licenced residential care service provider under the Child Protection Act 1999. Residential care is care provided to young people, primarily aged 12 to under 18 years. Residential houses are staffed by paid employees, unlike family-based care, which is provided in the carer's home. Residential care offers an alternative to family-based care options in environments that support young people's development. The program offers a stable, consistent and predictable 'home like' environment. It's therapeutically safe and nurturing as well as needs driven, with secure, consistent and predictable adult relationships and attachments.

In recent years, the number of young people, under the age of 12 years, in residential care has increased, particularly those in sibling groups; this is reflective of need due to a lack of suitable foster or kinship care arrangements. These specific care arrangements are negotiated on a case-by-case basis and include a comprehensive assessment of their safety, wellbeing and belonging and/or they are one of a sibling group that would benefit from being placed together. It's

widely recognised that residential care is not the ideal option for this cohort of young people (Peak Care, 2003). The Child Protection (Placement Services) Investment Specifications (Queensland Government, 2021) outlines the support levels for young people in residential care: moderate, high, complex and extreme needs.

Residential care services provide physical, psychological and emotional care for young people when Departmental assessment indicates separation from their family is required to ensure the child or young person's safety or wellbeing. Anglicare's services are informed by attachment, trauma and child development theories and research to respond to the physical, social and emotional needs of each young person placed.

The Department retains case management responsibility for children and young people subject to child protection orders, while Anglicare delivers casework and support for young people according to case plans. Anglicare works with the Department as part of a young person's safety and support network to provide support and share information to meet young people's needs while in care. The views and wishes of the young person are essential considerations for the safety and support network. The support needs of children and young people are identified in the Departmental case plan and are subject to regular review.

1.3 Governing Framework

The Child Protection Act 1999 provides the overarching legislative framework for protecting children in Queensland, including reporting concerns. Anglicare's OOHC services comply with all relevant legislative requirements under the Act, including care service licensing provisions to ensure quality care consistent with the Charter of Rights of a Child in Care, the Statement of Standards and the Aboriginal and Torres Strait Islander Child Placement Principle. Anglicare's OOHC services comply with relevant Departmental policies, procedures, program descriptions and related guidelines.

The Human Rights Act 2019 protects the rights of everyone in Queensland. The Act requires organisations providing services to the public on behalf of the Queensland Government - to act and make decisions compatible with the rights it protects. Of the 23 human rights protected in the Act, the following are directly relevant to the delivery of OOHC services:

- Protection of families and children (s. 26)
- Cultural rights for Aboriginal and Torres Strait Islander peoples (s.28)
- Cultural rights generally (s.27)
- Privacy and reputation (s. 25).

The National Framework for Protecting Australia's Children 2009-2020 (COAG, 2009) consists of high-level and supporting outcomes and strategies to be delivered through a series of three-year action plans and indicators of change that can be used to monitor the success of the National Framework. The National Framework also recognises the importance of promoting the wellbeing of Aboriginal and Torres Strait Islander young people and families across all outcome areas.

The National Standards for Out of Home Care

The National Standards focus on those children and young people whose care arrangements have been ordered by the Children's Court, where the parental responsibility for the young person has been transferred to the Chief Executive. The Standards were designed to guide continuous improvement and consistent levels of care to provide young people in OOHC with the same opportunities as their peers.

Statement of Standards

The Statement of Standards provides a way to measure the quality of care for children and young people in care and forms a basis for assessing whether a care environment is appropriate. Section 122 of the Child Protection Act 1999 outlines the standards. Anglicare is responsible for ensuring that young people are cared for in a safe, nurturing and predictable environment that meets the standards. If there are concerns with the standard of care provided, the Department is responsible for responding to ensure the young person's safety.

Standards of Care Matters

Anglicare works in partnership with the Department to provide quality care in a safe and stable living environment to meet young people's needs in accordance with the Statement of Standards and the Charter of Rights of the Child (Child Protection Act 1999). The Department is responsible for adhering to specific timeframes for decision making, commencement and completion of Standards of Care (SOC) processes.

Human Services Quality Framework

The Human Services Quality Framework (HSQF) is the Department's quality framework. The HSQF was developed to safeguard the needs of clients. These six standards cover the core elements of quality service provision and provide a benchmark for measuring service delivery to promote consistency across the sector. Anglicare has a three-tier compliance approach to support services to monitor performance against policy, procedure and the HSQF standards, which support best practice and continuous improvement.

Anglicare's quality management system ensures the provision of safe quality care to clients. The 'Assess to Action' program supports staff to monitor performance against policy, procedure and relevant external standards, legislation, regulation, and contractual requirements and supports best practice. The first tier is self-assessment guided by an assessment tool. Findings may contribute to the continuous improvement plan. Advice, education, and support for services is available from the Quality Assurance and Improvement Team. The Quality Assurance and Improvement Team conducts internal audits as the second tier, and external audits are the third tier.

The Aboriginal and Torres Strait Islander Child Placement Principle

The Aboriginal and Torres Strait Islander Child Placement Principle was created to reduce rates of child removal, enhance child-community connection and preserve cultural identity (Arney et al., 2015). The principle states the preferred order of care arrangement for an Aboriginal and Torres Strait Islander child who has been removed from their birth family, as below:

1. The child's extended family (kin)
2. The child's Indigenous community (kith)
3. With Aboriginal and Torres Strait Islander carers
4. With non-Indigenous carers.

According to the principle, if no suitable Aboriginal and Torres Strait Islander carers can be found, as a

last resort, children are placed with a non-Indigenous carer, if connection between the young person and their family, community and cultural identity can be maintained

Acts and regulations:

- Child Protection Act 1999
- Child Protection Regulation 2011
- Child Protection (International Measures) Act 2003
- Childrens Court Act 1992
- Information Privacy Act 2009
- Working with Children (Risk Management and Screening) Act 2000
- Statement of Standards.



2. The Residential Care Model

2.1 Practice Principles

2.1.1 Improving Lives

All OOHC programs within Anglicare are committed to working within the practice principles of the Improving Lives Practice Framework. The framework has been co-developed between Anglicare and the Australian Childhood Foundation to ensure it meets the needs of the individuals and families that access OOHC programs, care teams, and the organisation. The Improving Lives Practice Framework integrates the following principles:

- Being Child Focused, Person-Centred and Family-Oriented
- Being Trauma-Informed and Recovery-Oriented
- Strengthening and Empowering Practice
- Valuing Diversity and Cultural Responsiveness.

The framework is underpinned by trauma informed relationships whereby the therapeutic relationship formed between young people and carers is one of the most powerful determinants of outcomes (Siegel, 2010). The framework emphasises physical, psychological and emotional safety for both clients and care teams, which builds on the strengths of the individual and community, creating an opportunity to rebuild a sense of control and empowerment.

2.1.2 Therapeutic Crisis Intervention

Due to the nature of the experiences of young people, prior to coming into residential care, residential services can sometimes be volatile spaces that require the residential care team to support young people through crisis. Within Anglicare, Therapeutic Crisis Intervention (TCI) is the endorsed practice.

The Therapeutic Crisis Intervention Program aims to provide residential care workers with skills and knowledge to be the catalyst through which the young person changes old habits, destructive responses, and maladaptive behaviour patterns. The techniques within TCI are designed to provide the skills, knowledge and confidence direct care workers need to deal with young people in crisis and be in control of their situation to bring about change and growth.

2.1.3 Hope and Healing Framework

In 2016 The Hope and Healing Framework for residential care was released (PeakCare Queensland, 2019). This framework provides a vision, principles and theory for offering 'trauma'-informed care. It outlines the phases of the care journey, including the transition out of care and the therapeutic focus associated with each phase of care.

The Hope and Healing Framework articulates the respective roles of the care team, provider organisations, care teams and child protection staff. The Hope and Healing Framework provides high-level guidance about the principles of therapeutic care and how it's operationalised while leaving enough scope for procedural differences or differences in practice models between agencies (PeakCare Queensland, 2019).

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

2.2 Service Types

Outsourced Service Delivery (OSD)

All Outsourced Service Delivery (OSD) funded programs have a Service Agreement and Funding Agreement that sets out the terms and conditions and specifications of the service. These are legally binding agreements and outline contractual obligations that specify or refer to Anglicare or Departmental documents, guidelines, policies, procedures, and quality standards that all care team members must comply with.

Individual Placement Support (IPS)

The Department can request packages be developed for individual children and young people and to purchase specific care options (e.g. 1:1 staffing models) and work to be completed with child/young person (e.g. assessments on living skills). Individualised Placement and Support (IPS) funded programs are developed on request from the Department and include an Individualised Placement and Support Agreement as well as a specific budget for service delivery.

2.3 Core Model Elements

The provision of care and support, and planning and transitions, are conducted in consideration of the young person's unique history of attachment and trauma, connections and relationships with family and community, and cultural background. Anglicare's Residential Care Services acknowledges the obligation and commitment to provide OOHC to First Nations young people that's consistent with the priorities set out in the Child Placement Principles. The core elements of the Residential Care Model are entry, assessment and planning, delivery, transition, and exit.

2.3.1 Entry

Anglicare's Residential Care Services upholds the best interest of children and young people with care arrangements by considering the young person's views and wishes, strengths and needs, individual trauma history, culture, disability and developmental needs, the views of the child's family, community of origin, and continuity of relationships as outlined in the Child Safety Practice Manual. This element covers intake, care arrangements, matching, and welcoming young people. For detailed guidance see the Operational Practice Guide – Residential and SILS, and the Direct Care Practice Guide – Residential and SILS.

2.3.1.1 Pre-Entry

All referrals for children and young people come from the Department. Planning for a young person to transition into residential care is best practice to ensure minimal stress for the young person and the young people already in the care arrangement. For planned care arrangement moves, this may include an opportunity to visit the home before the commencement of the care arrangement for the young person to familiarise themselves and meet other residents and care team members.

When a transition is managed proactively, a pre-care arrangement meeting is held with the Department to gather information to:

- Assist in matching the young person to the most suitable residential care environment;
- Understand the young person's specific needs – likes/dislikes, education, medical condition(s), family contact, trauma history, behaviour; and
- Plan for safety – young persons' entering, existing residents, care team members.

2.3.1.2 Transition

Consideration is given to providing the least overwhelming transition experience for the young person. Strategies may include, but are not limited to, a house tour and care team meet and greet when other residents are absent, an activity to facilitate introductions to residents, a sleepover prior to transition, and helping the young person set up and personalise their room. It's acknowledged that many care arrangements cannot be planned for a range of reasons; where possible, the team utilises similar strategies as above to support young people's transition.

2.3.1.3 Welcome

Once the young person has settled in, the team works through the house expectations, weekly planner and daily schedule, welcome book, young person's rights, complaints and feedback processes, and essential contacts. These activities aim to build relationships and establish rules and expectations before focussing on assessment and planning.

2.3.2 Assessment and planning

Formal care planning processes must occur once the young person is settled into the home and more about their interests, strengths and needs are known. Anglicare provides collaborative and holistic assessment and planning for children and young people living in residential care, in line with the Standards of Care, Out of Home Care Domains, Positive Behaviour Support, Managing High Risk Behaviour, Therapeutic Crisis Intervention (TCI), Hope and Healing Framework for Residential Care, and the Improving Lives Practice Framework for trauma informed care. Wherever possible, young people (where age and developmentally appropriate) should be afforded the opportunity to attend and be supported to participate in their care planning. The care team utilise a range of conversations and creative mediums to engage young people in planning conversations to include their views and voice in plans. The care team employs SMART goals in the planning process (see SMART Goal Setting Practice Guide).

Each young person in residential care must have a Therapeutic Care Plan, the foundational planning document informing all other assessment and planning activities. The Therapeutic Care Plan is linked to the Departmental Case Plan, developed by the Child Safety Officer (CSO) with case management responsibility for the young person and should be congruent with any of the following plans. Depending

on their circumstances, young people have additional plans including:

- Cultural Support Plan
- Individual Safety Plan
- Home Safety Plan
- Positive Behaviour Support Plan
- Individual Crisis Support Plan
- Transition to Adulthood Plan.

One-on-One Meetings

Meetings are held one-on-one with young people to discuss and support their progress toward goals contained in the above-mentioned plans. The purpose of these meetings is to review and update the young person's planner, discuss goals, views, wishes and needs and discuss their sense of connection to the household and care team. Plans are monitored by the Practitioner and young person on a six weekly basis and are formally reviewed every 12 weeks, at minimum. Anglicare's Residential Care Teams are purposeful in celebrating young people's successes and creative

in ensuring celebrations are meaningful to the young person.

Cultural Support Plan

Cultural Support Plans are developed by the Department, specifically for First Nations young people and is used to provide guidance and support to help young people to retain their connection to kin, country, community, and cultural supports. Key partners assist the development; the Department's Cultural Practice Advisor, ACCO representative, and any other person the child or family feel are important to be part of this plan.

Home Safety Plan

The combined effects of multiple young people with at-risk or challenging behaviour interacting in one home can create a unique set of risks to be managed and this requires planning. These plans consider and support the management of the added element of the collective behaviours of multiple young people who live in the same home.



Individual Crisis Support Plan (ICSP)

The purpose of an ICSP is to provide the care team with information regarding triggers for high-intensity behaviour and a range of strategies to assist the child or young person in returning to baseline behaviour. It's also intended to reduce the frequency and intensity of behaviour over time and eliminate the need for an ICSP. An individual ICSP is developed to address each at-risk or challenging behaviour aligning to the stress model of crisis (TCI) and should be used in conjunction with PBSP.

Positive Behaviour Support Plan (PBSP)

Positive Behaviour Support (PBS) is a process for responding to young people that assists them in developing more adaptive ways of interacting with the world, their peers, family, and care team. Positive Behaviour Support Plans (PBSP's) include primary prevention strategies that aim to change the environment and improve quality of life to reduce the need for the young person to engage in at-risk or challenging behaviours and secondary strategies that aim to alleviate the situation when behaviours are low risk and to prevent the behaviour from escalating; and non-aversive reactive strategies that aim to bring about resolution and return to safety including de-escalation strategies.

Transition to Adulthood Plan

Transition to Independence commences around 15.5 years, with the Department responsible for developing a Transition Plan. This is the opportunity for young people to identify their future goals and needs and to work towards these with the support of the Department and other key stakeholders, but most importantly, their family members. It's made up of numerous experiences, successes, attempts and challenges. A parallel planning approach assists young people to meet both their immediate day-to-day needs and short-and-long-term goals. The care team are well positioned to assist and support the young people in their care to meet these challenges and prepare for adult life. From the time the young person turns 15.5 years, the care team can support the young person by:

- Advocating with the Department for a Transition Plan to be developed and a meeting held
- Providing information about transition support, including services like Next Step Plus and Extended Care Plus services
- Providing information about financial resources such as Youth Housing and Reintegration Services, Transition to Independent Living Allowance, and independent living skills development tools.



The Transition Plan is part of the Departmental Case Plan specifically for young people aged 15 – 17 years; it's designed to support young people in developing life skills and achieving goals specific to transitioning out of the care system and into adulthood after turning 18 years. All young people aged 17.5 years should be connected with an Extended Care Service who will support them post 18 years and up to 25 years.

2.3.3 Delivery

Delivery involves day-to-day case work and support with a strong emphasis on the ethical and just delivery of services. Delivery involves meeting young people's daily care needs and with a holistic approach to the implementation of individual care plans, ICMPS, education and cultural support plans. It aligns with the Standards of Care, Out of Home Care Domains, Positive Behaviour Support, Managing High Risk Behaviour, Therapeutic Crisis Intervention (TCI), the Hope and Healing Framework for Residential Care, and the Improving Lives Practice Framework for trauma informed care. In meeting young people's daily care needs, there's a strong focus on developing positive health relationships, acknowledging that relationships are the foundation of healing, and providing opportunities for social learning and role modelling. Further detailed guidance can be found in the Operational Practice Guide – Residential & SILS, and the Direct Care Practice Guide – Residential & SILS.

House meetings

House meetings are held weekly and are the young persons' opportunity to participate in decision making, provide feedback, and create weekly plans about the house's operations including (but not limited to) meals, routines, safety, rules and expectations, activities and feedback.

Education and employment

Anglicare values and promotes young people's participation in appropriate education and or vocational activities. Suitable options are explored with the young person and stakeholders, and where possible, the young person's connection with existing activities is maintained. Anglicare engages in the development of Educational Support Plans (ESP) with schools and/or advocate for each young person where necessary. For young people who have missed much school, are disengaged, or are on reduced timetables and in alternate programs, the service develops an Activity Based Learning Program to support their education.

Child related costs

Child related costs refer to the expenditure related to meeting the needs of young people residing in OOHC. Expenditure relates to the young person's goals as outlined in the Departmental Case Plan and other aligned plans. Expenditure covers household expenses, including groceries, clothing, holidays, camps, activities, pocket money, gifts and celebrations.

2.3.4 Exit

Care arrangements may end for a variety of reasons, including:

- Planned move
- Change in level of support required by the young person
- Young person is reunified with parent(s)
- Guardianship/Permanent Care Order/Long Term Guardianship Order may be granted
- Young person is no longer of a care age and chooses to live independently
- Young person is supported to access youth housing e.g. In-Sync Anglicare's supported housing program
- Young person transitions to Semi-Independent Living Service
- Care arrangement breakdown: young person refuses to return to the house
- Department ends arrangement due to safety concerns
- Transfer to Aboriginal Controlled Community Organisation.

A young person's transition is planned wherever possible with the young person and key stakeholders. This includes discussion of routines, goal setting, and needs assessments where required. Anglicare's care teams can support young people by offering referrals and introductions to other Anglicare's support services in the Social and Community Services stream e.g. counselling, housing. Where possible, residential care teams complete Life Diary work for the young person to have something to take with them, including photos, scrapbooks, and records of time with the service. The care team creates opportunities to mark the occasion through a farewell meal and/or household activity. Anglicare promotes the young person's dignity by ensuring they have their clothing, belongings and appropriate luggage.

3. Context for Delivering Residential Care

3.1 Operating hours

Residential care is provided 24 hours a day, seven days a week, including when young people are not attending school, during school holiday periods and at all other times. Care is provided via staffing combinations, including rostered workers with a combination of sleepover shifts. On-call arrangements; rostered workers are on duty 24 hours a day.

3.2 The Care Team

The Service Manager oversees the service operations, ensuring the organisational strategic plan is enacted. They work with the Group Manager to provide leadership and support to the service in service delivery, client-centred culture development, human resources management, business performance and financial management, quality care governance, contractual compliance and risk management, innovation and best practice.

The Coordinator's role is to provide guidance, direction and supervision to a team of Practitioners and Residential Youth Workers to ensure that the support of young people is maintained, as per service agreements. This role also includes ensuring that the Residential Care Services program meets the standards set out to ensure ongoing licensing of the program.

The Practitioner's role is to ensure appropriate care arrangements for children and young people. Within the practitioner team are staff who provide intensive support to children and young people where required.

Residential Youth Workers work with and support young people individually or in groups by developing and facilitating programs that address social, behavioural, welfare, developmental and protection needs. This role can include several different duties and is often tailored to meet the needs of the child/young person in the home.

3.3 Diversity and Cultural Inclusion

Anglicare has an organisation wide Diversity, Equity, Inclusion and Belonging Strategy. Staff receive Diversity, Equity, Inclusion and Belonging (DEIB) training, which has been co-designed by Anglicare specifically for the context of our practice in the child

protection sector, including a specific module for leaders to ensure the concepts are embedded in our workplace cultures and foundational concepts around bias, power, privilege, language, intersectionality and positionality which can be applied across all elements of diversity. Staff also receive Cultural Capability and Awareness training led by a respected First Nations community member, with mandatory refresher requirements. Staff consider all information relevant to the individual needs of children and young people during referral, intake, assessment and planning, delivery and review, and exit processes, focusing on the unique lived experience and their intersectional identity. Service delivery governance, responsible for guiding frontline practice (specifically Care Arrangement Matching Procedure, Assessment and Planning, and Care Planning), requires staff to consider elements of diversity in collaboration with the children and young people's care team, including those who identify as Aboriginal and/or Torres Strait Islander, Culturally and Linguistically Diverse (CALD), diverse gender and sexual orientation, immigrant or refugee, living with disability and/or mental health.

Anglicare acknowledges that Aboriginal and Torres Strait Islander families and communities have endured significant human rights violations, which continue to impact their daily lives. Anglicare acknowledges the profound grief, suffering and loss caused by the removal of Aboriginal and Torres Strait Islander children from their families, their community and their culture, and Anglicare continues to be committed to ensuring Aboriginal and Torres Strait Islander children's cultural identity and relationships with their families and communities are maintained. Anglicare adheres to the Child Placement Principle when placing Aboriginal and/or Torres Strait Islander children. Cultural Mentors support non-Indigenous staff to better understand the needs of Aboriginal and/or Torres Strait Islander children in care and respond holistically to consider family, spiritual, community and individual needs. They work closely with Child Safety service centers to achieve the young person's cultural plans in consultation with the Department's Cultural Practice Advisor. They also assist other team members to better understand Aboriginal and Torres Strait Islander children and families and support them toward the best outcomes for safe care and connection. Young people can request a worker who identifies as Aboriginal or Torres Strait Islander. If Anglicare cannot provide an identified worker, access

to additional culturally appropriate services or other local Aboriginal and Torres Strait Islander Community Services is facilitated.

Anglicare supports self-determination for Aboriginal and Torres Strait Islander young people by partnering with Aboriginal Community Controlled Organisations proactively collaborating with service users and ACCO partners to transition First Nations families to ACCO's. The Cultural Practice Lead implements a cultural protocol practice tool connected to the Improving Lives Framework for practice to better equip staff to enable more meaningful self-determination for First Nations young people, their families, and their communities.

3.4 Participation of children, young people and families

In ensuring the participation of children and young people and their families, Anglicare:

- Conducts genuine, ongoing consultation and facilitates the participation of children, young people, and their families in the making of decisions that affect them;
- Provides children, young people and their families with information (in a manner and language that they can understand) that facilitates their participation;
- Conducts genuine, ongoing consultation and facilitates the participation of children, young people and their families in decision-making processes; and
- Supports young people to access the Community Visitor from the Office of the Public Guardian.

Anglicare creates opportunities to hear the voices of children and young people. Current methods of seeking feedback include, but are not limited to, house meetings, care planning, compliments and complaints processes and Client Voice surveys.

3.5 Workforce capability – staff development, support and supervision

Anglicare supports the care team to meet the requirements of their role successfully. This occurs through induction, internal and external training, professional development plans, and professional supervision.

Communities of Practice

The Anglicare Children, Youth and Families Practice Development team facilitates Communities of Practice (COP) for Residential Coordinators and another for Residential Practitioners. COP's focus on sharing practice wisdom, better practice and new knowledge on a specific topic. The COP occurs once every eight weeks.

Supervision

Anglicare provides a space for the care team to engage in safe, supportive supervision for critical reflection and practice improvement; self-care and professional safety planning; incident debriefing; and post crisis support. In keeping with the Improving Lives Practice Framework, it's expected that supervision is provided through a trauma-informed lens. Supervisors are provided with a day of Improving Lives training, focusing on the supervision relationship and are supported by Staff Supervision and Support Practice Guide.

Complex Case Panels

Anglicare established Complex Case Panels to promote internal reflection and planning for employees working alongside clients with complex support needs. The process seeks to leverage the panel members' knowledge, skills and expertise and the referring care team to support contemporary, high quality, evidence-based service delivery. Panel members work collaboratively with the team to develop and implement a risk management/action plan that provides clear direction, a fresh and creative perspective, decision making and recommendations for the next steps to support practice and encourage the development of best practice.

4. Data Collection and Reporting

Performance Management Framework and Performance Measures

The Department's Performance Management Framework for funded service providers sets out how the Department will monitor and assess all the outsourced service delivery contracts.

The Queensland Care Services Outcomes Framework

The Queensland Care Services Outcomes Framework is the Queensland Government's commitment to operationalising the National Framework discussed above. The Care Services Outcomes Framework provides domains, applications, outcomes, critical success indicators and measures of success for young

people in OOHC. The framework states the following vision:

Children and young people in out of home care are safe and healthy, have a sense of belonging and wellbeing, and achieve their potential.

It also provides a principle of cultural integrity in care. SNAICC (2011, as cited in Queensland Government, 2021) have stated that culturally responsive and safe care is about being part of a family, community and extended network and knowing where you belong. Culture and identity are dynamic and must be prioritised as part of every child's daily life.

5. Residential Care Program Logic

Objective/s

To provide a safe, culturally responsive and stable living environment for young people requiring OOHC that meets all their protective and care needs; whilst they're supported to develop independent living skills, supporting them to reach their full potential and keeping them connected to family community and culture.

Needs Statement

As of 30/6/23, there were 12,496 young people subject to a child protection order in Queensland (Queensland Government, 2023). Of these, 2,699 young people were aged 15-17 years. Young people in long-term OOHC, and those who experience multiple care agreements, "are at greater risk of adverse outcomes for mental health and wellbeing, suitable accommodation, employment and relational stability, as well as disproportionately high rates of substance abuse and over-representation in youth justice systems" (Malvaso et al. 2017). Evidence suggests that young people who are in, or transitioning from, OOHC are overrepresented in the statistics on homelessness, early school leaving, contact with the criminal justice system, unemployment, poverty and mental illness (Campo and Commerford, 2016). They're also more likely to become parents at an early age and are at greater risk of having their own child taken into care (Beauchamp, 2014). These young people also experience significantly shorter transition to independence than young people who were never in care and have less supports to assist with that transition (Department of Families, Housing, Community Services and Indigenous Affairs, 2010).

Inputs	Activities	Outputs	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> • Funding • Qualified and experienced staff and managers • Partnerships with organisations and stakeholders • Houses and facilities • Office infrastructure • Cars • Technology • Supervision and professional development • Practice Framework • Incidental resources (books, therapeutic tools) • Others 	<ul style="list-style-type: none"> • Pre-care arrangement meeting • Care arrangement and matching • Assessment and planning • Care planning • House meetings • Fire drills • One-on-one meetings with young people • Activities of daily living • Advocacy. 	<p>As per P2i reporting.</p>	<p>Young people are being supported to:</p> <ul style="list-style-type: none"> • Feel safe and nurtured (self-report) • Experience and environment that's physically, emotionally, socially and culturally safe • Connect to social, cultural and community activities • Become engaged in education, training or employment • Improve health and wellbeing • Develop resilience, and • Participate in decisions that have an impact on the young person • Be reunified with their families (no. & % of clients) • Transition to a family-based care (no. & % of clients) • Transition to a semi or independent living (no. & % of clients) • Access other appropriate care (no. & % of clients) • No. and % of young people who report satisfaction with the program (i.e., feel that it meets their needs and that it's an effective program etc.) • No. of care team members and other stakeholders who report satisfaction with the program, the processes and activities, etc. 	<p>Young people receive ongoing support to feel:</p> <p>Safe and Nurtured</p> <ul style="list-style-type: none"> • Young people feel safe in the home and with care team • Young people's physical, emotional and emotional needs continue to be met (self-report) • Young people have nurturing relationships with care team (self-report) • Young people have stability, less care arrangement moves <p>Connected</p> <ul style="list-style-type: none"> • Young people and care team have improved relationships with each other (self-report for children and young people and care team) • Young people are positively connected to family, culture, and community (data records and self-report) • Young people have increased social connection • Young people feel a sense of identity and belonging (self-report) <p>Healthy</p> <ul style="list-style-type: none"> • Young people are physically, emotionally and psychologically healthy (multiple data sources) • Leading an active and healthy lifestyle (observation and self-report) • Young people have an opportunity to receive support that helps them to heal from trauma (records, self-report) • Young people have improvements in their functioning in various areas <p>Achieving</p> <ul style="list-style-type: none"> • Young people are engaged in education, training or employment (data records and self-report) • Young people are meeting developmental milestones (data records) • Young people are engaged in and benefitting from leisure activities (observation and self-report) • Young people have improved life skills (observation and self-report) • Young people are progressing on care plan goals • Secure post care accommodation • Capacity to live independently • Regular use of life skills to maintain home <p>Clients receive ongoing support to build:</p> <p>Resilience</p> <ul style="list-style-type: none"> • Young people are able to access support if needed • Young people feel confident socially (observation and self-report) • Young people possess coping skills and an ability to manage stressors (observation and self-report) • Young people display positive and appropriate behaviour (observation and self-report) <p>Young people are being/were supported to:</p> <ul style="list-style-type: none"> • Transition to independent living (no. & % of clients) • Access other appropriate services. (no. & % of clients) <p>Stakeholders' satisfaction:</p> <ul style="list-style-type: none"> • No. and % of young people who report satisfaction with the program (i.e., feel that it meets their needs, that it is an effective program, etc.) • No. of care team members and other stakeholders who report satisfaction with the program, the processes and activities, etc. 	<p>12 month follow up</p> <p>Young people in leaving care have improved quality of life.</p> <p>Specifically, these young people report feeling, and perceived as:</p> <ul style="list-style-type: none"> • Safe and nurtured; • Connected; • Achieving; • Healthy; • Resilient; and • Have reduced involvement with the justice system. <p>Young people are being/were supported to:</p> <ul style="list-style-type: none"> • Be reunified with their families (no. & % of clients) • Transition to a family-based care (no. & % of clients) • Transition to semi or independent living (no. & % of clients) • Access other appropriate care. (no. & % of clients). <p>Stakeholders satisfaction:</p> <ul style="list-style-type: none"> • No. and % of YP who report satisfaction with the program (i.e., feel that it meets their needs, that it is an effective -program, etc.) • No. of care team members and other stakeholders who report satisfaction with the program, the processes and activities, etc.

5.1 Theory of Change Statement

Underpinning the activities of the Anglicare Family Intervention Service is a foundation of core principles and assumptions that are drawn from our Improving Lives Framework, practice experience, the family preservation literature and the Child Protection Act (1999) – Queensland.

To deliver quality services, Anglicare believes that:

- The welfare and best interests of children and young people is paramount
- FIS practices are child-centred, trauma-informed, and family-focused. FIS teams will be supported through tailored learning and development opportunities to meet the needs of the families receiving service
- Actions taken, whilst in the best interest of young people, seek to maintain family relationships and cultural connections
- Quality family support services respect and recognise the importance of the ethnic and cultural heritage, religious beliefs, and language of young people and their families. Where possible, the support of First Nations families involves consultation with Aboriginal Community Controlled Organisations as best practice
- Quality family support is needs-based, trauma sensitive and attachment focused. The staff clearly identify, emphatically understand and respond to the needs of each family, are sensitive to the effects of the trauma they have experienced, recognise the issues and impacts of intergenerational trauma, and seek to build capacity for caring and nurturing relationships to facilitate the healing process
- Families are supported to develop skills that assist children to feel safe and be protected from further harm. Emotional and psychological healing occurs in the context of a caring and nurturing environment
- Young people need to be cared for within a healthy environment that's characterised by positive parenting practices, including:
 - – Structure and routine
 - – Reasonable rules
 - – Expectations and age-appropriate limits
 - – Guidance, support and encouragement
 - – Positive reinforcement
 - – Fair, consistent and reasonable boundaries
 - – Demonstrating tolerance for typical and/or symptomatic behaviour.
- Family Intervention Services is a partnership embracing children, young people and their families, Department staff, other stakeholders and Anglicare FIS team – all planning and working in the child's best interest
- The provision of ongoing information, training, support and supervision is critical to a professional care team.

6. Conclusion

Residential care represents a vital care option on the continuum of care. The Anglicare Southern Queensland Residential Care Program is founded on being needs-based, trauma informed, and relationship focused. By providing care that focuses on these areas, young people can start to experience safety and positive caregiving, providing them with new pathways in the brain that helps them manage the

impact of past traumas and increase their resilience. Overall, the care and support provided in the program is aimed at improving young person's sense of safety and allowing them to begin to heal from past traumas. Young people are also supported to develop their skills and abilities to reach their goals and full potential and to have enhanced connection with their family, culture, community and support networks.

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Anglicare Southern Queensland acknowledges the Traditional Owners of the lands on which our services now stand. We pay our respect to Elders – past, present and emerging – and acknowledge the important role of Aboriginal and Torres Strait Islander people in caring for their own communities.