

Supported Independent Living (SILS) Model



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1. Introduction

1.1 Purpose

This document outlines the service delivery model of the Anglicare Southern Queensland's (Anglicare) Children, Youth and Families (CYF) Supported-Independent Living Service (SILS). It supports the provision of high-quality care to young people residing in Supported-Independent Living as funded by the Department of Child Safety, Seniors and Disability Services (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 Supported-Independent Living Service (SILS) provider under the Child Protection Act 1999. SILS provides support to young people, primarily aged 15 to under 18 years, in residential houses by paid or contracted workers who are not present on site 24/7; however, provide external support through regular visiting and eight-hour shifts. SILS offers an alternative to family-based care options in environments that support young people's development and provide young people opportunities to experience independent living with support to assist in maximising the prospect of successful integration into the community post their care experience. In supporting young people's transition to independent living, Anglicare SILS:

- Supports the development of young people's life skills and self-care
- Assists young people to develop or improve their social connections, skills and relationships, with family, peers and other social networks, as appropriate
- Increases young people's access to and knowledge of community supports, including future accommodation, housing, health and income support
- Facilitates young people's access to ongoing education, employment, and skills development opportunities.

Young people in transition-from-care programs have a range of needs to be addressed to manage the gap from being in care to becoming independent. In recognition of this, the Anglicare's SILS Program is needs-based and focused: from the underlying principles to the service delivery system, the case management system, and the individual intervention system. The basic assumption is that a quality SILS will understand and comprehensively respond to the individual needs of the young people in SILS care.

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 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 throughout the work, including for the safety and support network. The support needs of young people are identified in the Departmental case plan and are subject to regular review.

1.3 Governing Framework

The Child Protection Act 1999

The Child Protection Act 1999 provides the overarching legislative framework for protecting children in Queensland, including reporting concerns. Anglicare placement 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 placement services comply with relevant Departmental policies, procedures, program descriptions and related guidelines.

The Human Rights Act 2019

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 placement 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

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 Out of Home Care (OOHC) with the same opportunities as their peers.

Statement of Standards

The Statement of Standards provides a way to measure the quality of SILS for 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 care teams in monitoring performance against policy, procedure, relevant external standards, legislation, regulation, and contractual requirements and supports best practice. The first tier is a self-assessment guided by an assessment tool. Findings may contribute to the continuous improvement plan. Advice, education, and support for services are available from the Quality Assurance and Improvement Team. The Quality Assurance and Improvement team conducts internal audits as the second tier and external audits as the third tier.

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 placement 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 Semi-Independent Living Service 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, staff, 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 team, 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 SILS care, SILS can sometimes be volatile spaces that require care teams to support young people through crisis. Within Anglicare, Therapeutic Crisis Intervention (TCI) is the endorsed practice. The Therapeutic Crisis Intervention Program aims to provide 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

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. This framework articulates five key domains for therapeutic focus that include:

1. The young person (their rights, their voice and their development)
2. The young person's connections (service is offered in the context of community and culture)
3. The SILS care environment (interactions with other young people and care team, connected and safe relationships, routines and rituals, purposeful programming and physical space)
4. The SIL service provider (organisational procedures, staffing, rostering and collaboration with other services)
5. Working with the broader service system (health, education, disability and child protection).

The Hope and Healing Framework also articulates the respective roles of the individual team member, provider organisations, care teams and child protection staff. The 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).

In the context of residential care, the framework 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

2.2.1 Pre-Supported Independent Living

Pre-SILS programs can be developed for 15-17-year-old young people within the Residential Care Service identified as progressing toward transition but who require additional support. Pre-SILS prepares young people for permanency regarding their transition to adulthood. The program focuses on similar themes as the residential program however has an emphasis on life skill development, the responsibility of freedoms and choice, self-care, health and wellbeing,

community participation and relationships to support them with their post care experience. Pre-SILS may lead to a SILS care arrangement.

2.2.2 SILS

SILS provides an opportunity for young people to experience independent living with support to assist in maximising the prospect of successful integration into the community post their care experience. Young people receive youth work support, live in share house accommodation and are responsible for meeting most of their care needs (with support) and financially sustaining themselves.

2.2.3 Outreach support

Outreach supports provide a flexible model of support for young people who require some ongoing support but are not utilising SILS accommodation. Support can be provided in a range of modalities such as transport, contact support and supervision, education support, in-home/in-care arrangement support and therapeutic interventions.

2.3 Core model elements

The provision of care and support, and planning and transitions, will be 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 SIL services acknowledges the obligation and commitment to provide OOHC to First Nations young people that's consistent with the placement priorities set out in the Child Placement Principles. The core elements of the Supported Independent Living Model are entry, assessment and planning, delivery, transition and exit.

2.3.1 Entry

Anglicare's SILS upholds the best interest of 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 young person'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.

Planning for a young person to transition into the household is best practice to ensure minimal stress for the young person and other young people already in the house. This may include an opportunity to visit the home before the commencement of the care agreement for the young person to familiarise themselves and meet other residents and care team.

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

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

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.

Welcome

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

Anglicare's SILS aims to model the care arrangement on the relationships and processes a young person would experience when living independently. As such, on entry to the house the team and the young person complete a condition report and a tenancy agreement. These are important teaching aids in understanding and acquiring tenancy skills.

2.3.2 Assessment and planning

Formal care planning processes must occur once the young person is settled into the house and more about their interests, strengths and needs are known. Anglicare provides collaborative and holistic assessment and planning for young people living in

SILS, 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, and the Improving Lives Practice Framework for trauma informed care. 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 SILS must have a Therapeutic Care Plan. This is 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 will have additional plans including:

- Cultural Support Plan
- Home Safety Plan
- Positive Behaviour Support Plan
- Individual Crisis Support Plan
- Transition to Adulthood Plan
- Independent Living Skills Assessment and Goal Setting Tool.

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 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

It's 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 Anglicare's Cultural Mentor.

Home Safety Plan

The combined effects of multiple young persons with at-risk or challenging behaviour interacting in one home can create a unique set of risks to be managed and require 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 to eliminate the need for the ICSP over time.

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 behaviour 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 to be held;
- Providing information about transition support, including services like Next Step Plus and Extended Care Plus services; and
- 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 them 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 includes 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, and the Improving Lives Practice Framework for trauma informed care.

House meetings

House meetings are held weekly and are the young person's opportunity to participate in decision making, provide feedback, and create weekly plans about the house 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 will engage 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 a lot of school, are disengaged, or are on reduced timetables and in alternate programs, the service will develop an Activity Based Learning Program to support their education. This could include mainstream education, flexible or alternative education, distance education, tutoring, vocational course e.g., TAFE, job skill programs, Get Set for Work, employment service providers, traineeships and/or apprenticeships.

Tenancy support

As mentioned, above, Anglicare role models the relationship of landlord with the young person to assist young people to develop their independence and skills in accessing and maintaining tenancy. The SILS care team complete inspection checklists, notices to remedy and breach notices (where required) in line with real estate standards with a focus on maintenance and payments, as a young person would experience in the rental market within a supportive learning environment. This assists in educating young people around the expectations for private rentals. Breaches do not result in a care agreement end; they provide learning opportunities and inform case work with the young person. It's acknowledged that behavioural expectations are different from residential out of home care due to the focus on independence.

Finances

Young people are supported to independently budget and purchase toiletries, personal items, groceries and clothing. Where young people do not have an income, they're assisted to apply for the relevant source of financial support.

Young people may wish to establish a savings plan supported by the care team. Young people have benefited from savings to achieve a personal savings goals and purchases for their independence when transitioning from care. This is a teaching tool for developing financial literacy including budgeting, paying rent, saving, and prioritising expenses. It also provides them with a documented saving history to support applications for housing.

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, grooming, holidays, camps, activities, pocket money, gifts and celebrations.

Anglicare advocates for young people to access transition from care funds from the Department, to ensure they have access to all entitlements. It's suggested that this occurs at 15 years for a bedroom package, 16 years for driving lessons and 17 for white goods in line with the young person's wishes and goals.

Learner driver license support

Where it's a young person's goal, Anglicare provides support to obtain the learner driver license. Anglicare assists with the education and practice experience opportunities that they may not otherwise be afforded.

Outreach

Outreach support is provided to young people residing independently, who may have resided in SILS however, this is not a pre-condition. Where possible, the move from SILS occurs at the age of 17.5 years to allow for support before their 18th birthday or end of order. Support is strategic and task based and utilises the weekly planner.

2.3.4 Exit

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

- Change in the level of support required by young person
- Young person self-places with parent(s)
- Young person is no longer of a care age and is living independently
- Care arrangement breakdown: young person refuses to return to the house
- The Department ends arrangement due to safety concerns
- Young person is supported to access youth housing e.g. In-Sync Anglicare's supported housing program.

A young person's transition will be planned wherever possible with the young person and key stakeholders. This will include discussion of routines, goal setting, and needs assessments where required. As part of the ongoing role modelling of the landlord relationship the care team will complete an exit condition report.

The care team will create an opportunity 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, appropriate luggage and where necessary facilitate removalists.

3. Context for Delivering Supported Independent Living

3.1 Operating hours

Young people have access to support 24-hours a day, seven days a week. As the service's purpose is to develop independent living skills, the amount of direct case work and supervision of young people reflects this. Care teams work an eight hour shift each day, the timing of which is flexible reflecting that household needs are dynamic and may occur outside of business hours.

3.2 Staffing

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 youth workers to ensure that the ongoing support of young people is maintained per service agreements. This role also includes ensuring that the SILS program meets the standards set out to ensure ongoing licensing of the program.

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

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

3.3 Diversity and Cultural Inclusion

Anglicare has an organisation wide Diversity, Equity, Inclusion and Belonging Strategy. Anglicare 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 young people during referral, intake, assessment and planning, delivery and review, and exit processes, focusing on the unique lived experience of each young person 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 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 young people 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 will be facilitated.

Anglicare supports self-determination for Aboriginal and Torres Strait Islander young people by partnering with Aboriginal Community Controlled Organisations (ACCO's), 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 young people and their families

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

- Conducts genuine, ongoing consultation and facilitates the participation of young people, and their families in the making of decisions that affect them;
- Provides 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 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 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 care teams 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 a Community of Practice (COP) for Residential and SILS, and another for Coordinators. COP's focus on sharing practice wisdom, better practice and new knowledge on a specific topic. The COP occurs once every eight weeks. The Department also holds a community of practice for Supported Independent Living Services.

Supervision

Anglicare provides a space for care team members 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 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

4.1 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.

4.2 The Out of Home Care Outcomes Framework

The Queensland Out of Home Care (OOHC) Outcomes Framework is the Queensland Government's commitment to operationalising the National Framework discussed above. The OOHC 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. Supported Independent Living 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"> • Activities of daily living • Assessment, planning and case management • House meetings • Fire drills • Daily and weekly plans • Referral and access to health and wellbeing services • Supporting connection to family and social network • Supporting education, vocation, or employment • Developmentally appropriate skill building • Tenancy skills • Driving program. 	<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 an environment that is physically, emotionally, socially and culturally safe • Connect to social, cultural, and community activities and develop social relationship skills. • Re/connect with family members • Improve health and wellbeing • Achieve - become engaged in education, training or employment • Develop core life skills – money, meal prep, driving, access to health and wellbeing services, increase awareness of service system and access entitlements and records • Develop resilience, • participate in decisions that have an impact on the young person, and young people have a • plan for the future. 	<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 • Clients receive ongoing support to build: <p>Resilience</p> <ul style="list-style-type: none"> • Young people can 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) • Stakeholders’ satisfaction • 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>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 • Secure accommodation • Ongoing engagement in education or employment • Physical and mental health • Own children (where relevant) not in contact with Child Safety.

5.1 Theory of Change Statement

Underpinning the activities of the Anglicare SILS Program is a foundation of core principles and assumptions that are drawn from practice experience, the OOHc literature and the Child Protection Act (1999) – Queensland.

To deliver quality services, Anglicare believes that:

- The welfare and best interests of young people residing in SILS are paramount
- SILS support and care management practices are client-centred, trauma-informed, and family-focused. Care teams will be supported through tailored learning and development opportunities to meet the needs of young people in their care
- Actions taken, whilst in the best interest of young people, seek to maintain family relationships and cultural connections
- Quality SILS 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 young people is transferred to ACCO's as best practice
- Quality SILS support is needs-based, trauma-sensitive and attachment-focused. The care team clearly identify, emphatically understand, and respond to the needs of each young person, are sensitive to the effects of the trauma they've experienced, recognise the issues and impacts of intergenerational trauma, and seek to develop caring and nurturing relationships to facilitate the healing process and promote independence
- Young people residing in SILS are supported to feel safe and be protected from further harm. Emotional and psychological healing and the development of skills required for a successful transition to adult living occurs in the context of a caring and nurturing environment
- Young people need to be cared for within a healthy environment that is characterised by positive practices, including:
 - Structure and routine;
 - Reasonable expectations and age-appropriate limits;
 - Guidance, skill development, support and encouragement;
 - Positive reinforcement;
 - Fair, consistent and reasonable boundaries, natural consequences; and
 - Demonstrating tolerance for typical and/or symptomatic behaviour.
- Regardless of the young person's unacceptable behaviours, they're entitled to be listened to and treated with respect. Young people need to receive appropriate positive guidance to help them develop self-regulation techniques. Behaviour management strategies are consistent with the Statement of Standards s122 of the Child Protection Act 1999) and the Department's Positive Behaviour Support Policy and Procedures
- Young people are given age and developmentally appropriate opportunities to grow in identity, intimacy and independence
- They should be able to engage in the full range of acceptable activities available to their peers in the general community
- Positive experiences and participation in activities are essential for the young person's wellbeing
- Opportunities to participate in critically important 'therapeutically based activities' are unconditional
- Continuity in the lives of young people in care is critical for psychological wellbeing. All efforts are taken to maintain continuity of relationships with family, friends, schools and communities to which the young person has previous links.
- Residential care is a partnership embracing young people and their families, Department of Child Safety staff, other stakeholders, and Anglicare OOHc care teams – all planning and working in the young person's best interest
- The provision of ongoing information, training, support and supervision is critical to a professional care team.

6. Conclusion

Supported Independent Living represents a vital care option on the continuum of care. The Anglicare Southern Queensland Supported Independent Living Service is founded on being needs-based, trauma-informed and relationship-focused. By providing support that focuses on these areas, young people can develop new skills and have new opportunities in an environment of safety and encouragement, providing

them with new pathways in the brain that will help them manage their experiences of past trauma and increase their resilience. Overall, the support provided in the program is aimed at preparing young people for the most successful transition to independent living, reach their goals and full potential and to have enhanced connection with their family, culture, community and support networks.

7. References

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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.