



Australian
Childhood
Foundation

Centre for
Excellence in
Therapeutic Care

Delivered in Partnership with Southern Cross University

Practice Guide

The 10 Essential Elements of Intensive
Therapeutic Care in NSW

Published: February 2019

Centre for Excellence in Therapeutic Care





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The Centre for Excellence in Therapeutic Care is a partnership between the Australian Childhood Foundation and Southern Cross University. Its function is to support the evolution of the newly reformed Intensive Therapeutic Care system being rolled out in NSW. The Centre integrates up to date research evidence with cultural knowledge, practice wisdom and the voices of young people in care to produce reports, practice resources and training to support the provision of high quality, evidence informed therapeutic care. The Centre works in collaboration with the Intensive Therapeutic Care Agencies, the Department of Family and Community Services (FACS), Education, Youth Justice, Peak Bodies and other important stakeholders throughout NSW. Given the nature of the resources it produces, they may also be relevant to other organisations and systems of care in Australia and internationally.

Purpose of this guide

This guide has been developed to describe the 10 Essential Elements that form the basis for Intensive Therapeutic Care (ITC) service provision in NSW.

The 10 Essential Elements have been developed as an evidence informed approach to the provision of high

quality therapeutic care within the NSW ITC service system.

The guide provides a background to and overview of the 10 Essential Elements and considerations for practice.



Introduction

Intensive Therapeutic Care (ITC) is a service system that helps children and young people who are recovering from the most severe forms of trauma, neglect, abuse or adversity. ITC services look after children and young people over 12 years with complex and high needs who are either unable to be supported in foster care or require specialised and intensive supports to maintain stability in their care arrangements.

The ITC service system is in line with the NSW Therapeutic Care Framework and is replacing residential care across NSW over a two year period from 1 July 2017.

The ITC service system will more effectively and holistically address the needs of children and young people, improve outcomes and achieve permanency. This will be accomplished through the provision of a consistent approach to therapeutic care, a strong focus on recovery from trauma, clear pathways to permanency and a focus on stepping down to less intensive placement options wherever possible. The consistent approach to the provision of therapeutic care is supported by a centralised referral pathway (Central Access Unit) and an ITC Service Model based on the 10 Essential Elements of Intensive Therapeutic Care as summarised in Table 1. This guide will provide a detailed overview of each element as defined by the Department of Family and Community Services, NSW.

Table 1. 10 Elements of Intensive Therapeutic Care in NSW



The Centre for Excellence in Therapeutic Care (CETC) has been established to support the organisations involved in the provision of ITC services and the key stakeholders and systems around the services in the operationalisation of the 10 Essential Elements. The Centre offers access to

- expert advice and consultancy services
- a knowledge bank of evidence-based therapeutic care
- knowledge sharing across the sector
- learning and development activities

- functions as a Community of Practice for Therapeutic Specialists and leadership teams in ITC service providers.

ITC service providers are expected to monitor and report on their performance against the 10 Essential Elements.

The CETC has responsibility for supporting the implementation of the 10 Essential Elements in practice and undertaking a review of the over the first three years of their implementation.



Evidence Guide for the 10 Essential Elements

(Verso Consulting, 2016).

Verso Consulting was contracted by the NSW Department of Family and Community Services (FACS) to advise on the design of the Intensive Therapeutic Care System and conceptualise the essential common elements that underpinned an evidence informed approach to the provision of Intensive Therapeutic Care. Verso Consulting reviewed two previous national and international studies to inform the conceptualisation of the 10 Essential Elements:

- Therapeutic approaches to social work in residential child care settings (Northern Ireland)
- Evaluation of the Therapeutic Residential Care Pilot Programs (Victoria).

These studies both examined therapeutic residential care programs that drew from a range of theoretical approaches (five programs in Northern Ireland, twelve in Victoria). The Northern Ireland study

“...highlighted a number of similarities across the models in terms of core concepts and essential skills. Apart from the differences in language, there were more similarities than differences... (Macdonald et al, 2012, p55)”.

The scope and methodology of the Victorian evaluation enabled further investigation and confirmation that “*there is one model of therapeutic residential care*” being implemented across the system. It also concluded that “*staff training in the theory and practice of working therapeutically is a program priority.*” Each of the nine Essential Elements identified in the Victorian report are referenced (implicitly or explicitly) in the Northern Ireland study. Verso Consulting (2011) also authors of the Victorian evaluation, further refined and extended the Essential Elements from the Victorian evaluation in the context of their work to design the ITC system. In doing so they identified an additional Essential Element (Governance and Therapeutic Practice Improvement), reflecting a growing knowledge and understanding of therapeutic care as it is deployed in diverse settings and jurisdictions.

The following table (Table 2) details the 10 Essential Elements, a description of how each should be operationalised and the activities and outcomes that are expected.

The Practice Guides and resources developed by the CETC will provide support to ITC service providers in their implementation of these elements.



10 Essential Elements Of Intensive Therapeutic Care, NSW



1. Therapeutic Specialist

Description

Therapeutic specialists have proven to significantly effect client outcomes and are intrinsically linked to each element of a therapeutic program. Their impacts are multi-dimensional and pervasive. Their importance is not only in relation to their specialist knowledge, assessments and therapeutic planning but equally in terms of the quality of their relationships with staff, children and young people, families and other Agencies.

The Therapeutic Specialist will not generally work directly (clinically) with the child or young person, but rather will have a focus on equipping and supporting staff in their provision of therapeutic care, including facilitating Reflective Practice sessions, and collating and reviewing outcomes measures and ongoing quality improvement.

The therapeutic specialist will provide knowledge of the application of relevant theoretical approaches that underpin the provision of therapeutic care services to vulnerable children and young people.

The therapeutic specialist will provide expert case consultation and advice to other professionals, particularly around trauma, attachment and development assessments.

They will offer leadership and direct service in the clinical assessment and treatment of children, young people.

The Therapeutic Specialist provides an important contribution to assessing appropriate placements, and considering the optimal client mix in each unit to best support maintenance of a safe, healing environment for all residents.

Therapeutic Specialists carry a primary responsibility for developing Treatment Plans and informing Care Plans, and where required facilitating other targeted plans such as Behaviour Management Plans and Medication Plans.

The therapeutic specialist will promote the active participation of children and young people in developmentally appropriate decision-making about the operations of the therapeutic unit and their own treatment plan.

Outcomes

Recruitment and Management:

- The therapeutic program will consistently engage a Therapeutic Specialist as part of therapeutic care program team.
- Each program will provide appropriate supervision structures for the Therapeutic Specialist



1. Therapeutic Specialist

Outcomes

Assessments and Plans:

- Therapeutic Specialist will develop Treatment and safety plans and facilitate development of other plans
- Therapeutic Specialists will link and refer young people to other services including Health, Education, Mental Health, Behavioural Management specialists consistent with Treatment and other plans
- Therapeutic Specialist/s will contribute to placement/exit decisions

Supporting Staff:

- Therapeutic Specialist will utilise staff observations and reflections to collate, report and analyse Outcomes Measures relating to young people
- Therapeutic specialist will provide psycho education about trauma and trauma informed care to staff
- Therapeutic Specialist will support staff to consistently provide practice responses that have been developed to bring healing or to mitigate behaviours that are damaging to the young person and/or others
- Therapeutic Specialist will provide support to staff to problem solve through continual (daily) Reflective Practice enabling development of alternate approaches to achieve desired outcomes
- Therapeutic Specialist will provide support to staff to engage in reflection on the progress the young person is making, and the need for new approaches to be adopted and the development of agreed practices
- Therapeutic Specialist will provide support to staff to self-manage (including the tendency to respond in a punitive manner under pressure, vicarious trauma and/or become reactive to their own history) so they can remain consistent in their application of responses that have been developed to bring healing or to mitigate behaviours that are damaging to the young person and/or others
- Therapeutic Specialist will provide support to staff to respond to crisis situations (incidents) in relation to the young person and to reflect on the triggers and other dynamics associated with the incident



2. Trained Staff and Consistent Rostering

Description

Becoming trauma-informed is a process through which we use knowledge about the prevalence and impact of trauma, abuse and neglect to reexamine how we see, interpret, and interact with children and young people. Trauma-informed care is a principle-based culture change process, and being trauma-informed requires viewing the world through a new lens. Training enables staff to gain a deeper and broader understanding of the issues affecting children and young people and the theory behind their practice.

2. Trained Staff and Consistent Rostering



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Training for staff working in Therapeutic Care program comprises two equally important strands:

- (1) Training in the theoretical principles of Therapeutic Care
- (2) Training in competency based requirements, including cultural proficiency

These strands are supported by regular refresher training in the theoretical underpinning of Therapeutic Care as well as ongoing professional development and reflective practice sessions, both in terms of the theoretical base and skill/competency components of the role.

Consistent staffing and team members are core features of Therapeutic Care programs that provide the predictability and stability that residents require.

Strategies that enable the therapeutic care provider to ensure the predictability required to achieve the desired outcomes include:

- rostering a mix of part-time and full-time team members
- including case managers in weekly staff roster to facilitate good connection and understanding of residents' changing needs
- rostering at appropriate staffing levels (ratios) to respond to care and treatment plan goals of all residents, including accommodating 1:1 care needs
- maintaining a bank of skilled and trained staff (known to residents) who can backfill planned and unplanned absences
- managing handovers in a manner that increases communication and reduces associated stress
- managing handovers in a manner that enables reflections from the shift to be captured and facilitates the documentation of information about each young person.

Consistent staff and rostering will also facilitate development of predictable and reliable daily routines and planned activities.

Outcomes

- Completion of mandatory training course based in theoretical principles of Therapeutic Care by all staff
- Therapeutic Care provider prescribed training in therapeutic practice, consistent with theoretical base adopted
- Participation in cultural competence training to ensure appropriate skills to work with Aboriginal children and young people and those from culturally and linguistically diverse backgrounds
- Regular refresher training in theoretical principles of Therapeutic Care

2. Trained Staff and Consistent Rostering



Outcomes

- Documented supervision and support processes for therapeutic residential care workers
- Ongoing theory and competency based professional development
- Supervision and leadership training for those in supervisory and management positions
- On-going opportunities for staff to develop and maintain self-care, resilience and wellbeing skills and practices including professional learning about vicarious trauma
- Reduced staff turnover
- Consistent rostering – same staff on same shifts
- Inclusion of case managers on weekly rosters
- Adequate staffing levels (ratios) to support care and treatment plans goals of all residents
- Adequate trained staff levels to backfill leave and other absences
- An absence of untrained and unknown staff, including staff employed on a casual basis being rostered (agency/brokered)
- Consistent daily/weekly routines and activities and meet the needs of young people as individuals and foster positive peer relationships
- Consistent handover notes/records



3. Engagement and Participation of the Young People

Description

Participation is a process where someone influences decisions about their lives and this leads to change. It is not just about listening to children and young people's views; it is about them influencing what is decided and how things are done.

On receiving the referral to the therapeutic program, staff will review the provided history and assessments, and engage with the young person to explore their expectations regarding Therapeutic Residential Care. The discussion may reflect on the young person's goals and how they may benefit from being in the unit. The discussion may include supporting the young person to imagine what it would be like to live in the therapeutic unit.

Children and young people already resident in the Therapeutic Residential Care units will be engaged in democratic processes regarding 'their home'. This will often be in the form of a community meeting. These meetings assist in developing pro-social behaviours and also provide a forum to develop and maintain consistent boundaries, to help name feelings and to underline the availability of help and support. Participation in community meetings and other democratic processes related to everyday life (potentially including Care Team meetings) are a characteristic of Therapeutic Residential Care.

Children and young people are also engaged in developing and implement their own Care and Treatment Plans, including Exit and Post Exit Plans.



3. Engagement and Participation of the Young People

Outcomes

Referral and transition Process:

The young person will be engaged prior to their entry to the unit to understand/frame their expectations

- Engaging with existing residents prior to new young person entering to understand/frame their expectations
- Supporting both the new and existing young people to prepare for the transition, and through the transition

Participation of young people:

- Engaging young people in developing and implementing their own Care and Treatment Plans
- The rationale of their Care and Treatment plan is clearly communicated to children and young people and opportunities to provide feedback is provided
- Engaging young people in discussions and decisions relating to everyday life
- Evidence of young people participating in house/community meetings
- Engaging young people in developing and implementing their own Exit and Post Exit Plans

Advocacy:

- children and young people have access to advocacy
- Children and young people's voices are heard in any evaluation of the program



4. Client Mix

Description

The importance of the overall mix of children and young people when assessing the suitability of a potential new child or young person in the therapeutic program is a critical element of the success of a therapeutic program. The objective of client group matching is to create a mix that maximises the opportunities for all children and young people to experience on-going safety and benefit from the therapeutic approach.

The objective of client group matching is to create a mix that maximises the opportunities for all young people (current residents and the new young person) to benefit from the Therapeutic Approach, informed by the needs of the young people.

Consideration of Client Mix requires a well-developed process, and participation of key staff who bring knowledge and understanding of the young people already resident (including their vulnerabilities and triggers).



4. Client Mix

Outcomes

Adhere to agreed/contracted timeframes Planned transitions of young people

- Establish a Client Mix panel that is convened to consider children/young people and their potential fit with existing residents
- A documented process to consider placements and Client Mix, including best interests of existing residents
- Reflective processes to review decisions and enhance operation of Client Mix panel



5. Care Team Meetings

Description

When it comes to helping troubled children and young people no single practitioner, profession or service has all the answers. Where the needs are complex and challenging, a multi-system approach is necessary. Working together to remove or reduce the key risk factors, strengthen the protective factors and take a holistic approach to address the issues related to the young person's wellbeing. This is known as the 'care team'.

Care Team Meetings are held on a regular basis (one to four weeks) with contributions being made to the individual cases of young people by relevant stakeholders.

The review process for each young person may take between half an hour and an hour depending on the complexity of the young person's background and current issues.

Stakeholders involved in these meetings may include:

- Therapeutic Specialist
- House Manager/Team Leader
- Internal (NGO) Case Manager
- Child Protection Case Manager
- Teacher/education support
- Parent/Family
- Drug and Alcohol worker
- Mental Health Support Worker
- Police
- Young Person

It should be recognised that the needs of the child or young person will change over time, and therefore the composition of the Care Team will change accordingly.



5. Care Team Meetings

Outcomes

- Regular Care Team meetings (at least monthly)
- Regular review (at least annually) of Care Team composition
- Constructive engagement with members of each young person's broader Care Team – between Care Team meetings if required
- Evidence of improved outcomes for each young person



6. Reflective Practice

Description

The delivery of a therapeutic residential service incorporates an intellectual dimension which requires staff to employ sharp analytical and reflective skills to unravel presenting complexity, uncertainty and risk. Learning from experience, and recognising that each child and young person's situation is different, necessitates that the use of reflective practice is an ongoing practice characteristic which should permeate all therapeutic practice. No two children are the same and one size does not fit all in terms of practice interventions.

Reflective Practice is a process by which Therapeutic Residential Care staff develop their skills and practices through becoming aware of their actions and responses, and their impact on the young people while they are working (practicing).

Staff also reflect on the young people's actions, interactions and triggers within a framework that attributes meaning to the young person's behaviour. Within this practice framework, staff take dedicated time to evaluate their observations/learnings by talking and asking their colleagues and the Therapeutic Specialist to contribute to their observations and reflections.

Staff are coached and supported to develop this approach as a consistent practice and way of thinking; participating in team meetings is central to this process. Other team members participate in these meetings through Reflective Practice thus creating an environment where day to day reflective practice thrives.

In Reflective Practice meetings, the Therapeutic Specialist uses their expertise to create an egalitarian and an informed learning environment that reinforces the value of each team member's reflections and contribution. In this way what is learnt through practice is strengthened and reinforced and new ideas can be proposed for the benefit of the individual staff member, the team as a whole, the young person and the residents as whole.

It is important to note that Reflective Practice should be given its own regular planned time and be differentiated from other team/staff meetings.

Staff use the Reflective Practice meeting and its processes to reflect on questions provided through daily observations and information collected through previous Reflective Practice meetings to aid their understanding of the young person's progress and to accurately determine what interventions are effective and those that are not.



6. Reflective Practice

Description

The data also provides insights into the symptom severity of the young person at the centre of the Reflective Practice meeting, which in turn informs Outcome Measure reporting, analysis and subsequent practice refinement.

Outcomes

- Primarily focus on one child/young person per Reflective Practice session
- Evidence of data collection and analysis
- Therapeutic Specialist prepared summary of current and longitudinal information and Outcome Measures on focus child/young person • Reflective discussion facilitated by Therapeutic Specialist
- Reflective Practice meetings informing collation of Outcome Measures for young people



7. Organisational Congruence and Commitment

Description

The challenge for all therapeutic programs is to translate their values and principles into daily organisational practice in a manner that is accountable, professionally responsible, and in the best interests of those served.

Therapeutic programs need to create the conditions for all staff, at all levels, to respond effectively to needs and complexity and ensure organisation and system cultures (policies, practices and procedures at all levels) are congruent with the children's best interests and sensitively applied in practice.

Organisational congruence and commitment to a therapeutic approach - from care worker through to board member - provides a range of wider benefits. While these benefits go "beyond" the wellbeing of the children and young people in care, they materially contribute to wellbeing, through stability and consistency.

Reported benefits of organisational congruence include:

- A higher level of staff satisfaction – staff feel empowered to operate in a therapeutic mode and are confident that they have management support
- Strong relationships with external stakeholders/agencies are fostered through deliberate, consistent and constructive engagement at all levels (management, Therapeutic Specialist, staff)
- Positive and collaborative relationships with District FACS (Placement & Support, and Child Protection)



7. Organisational Congruence and Commitment

Outcomes

- Evidence of organisational Therapeutic Statement
- Articulation of the link between the staffing model and the therapeutic intent and rationale of the therapeutic service model
- High level of job satisfaction among Therapeutic Care Program staff demonstrated by reduced turnover
- Evidence of management support for therapeutic approach
- Inclusion of organisational therapeutic statement in all position descriptions
- Inclusion of organisational therapeutic statement and approach in induction and orientation processes for all staff and board members – not only those directly involved in the Therapeutic Care Program
- Inclusion of outcomes and risk analysis in management and board standard reports
- Active and constructive engagement with interfacing agencies and organisations in relation to creating a consistently therapeutic environment for young people



8. Physical Environment

Description

'We shape our buildings . and they shape us..' This sage comment attributed to Winston Churchill (Proshansky, Ittelson, & Rivlin, 1970, p. 18), also applies to the physical arrangements of residential care settings.

Identification of “physical environment” as an essential element goes beyond the limitations of the facility, and more broadly encompasses how the young people experience the physical environment.

Characteristics that facilitate positive experience of the physical environment include:

- Purpose built/adapted premises that allow for private spaces
- Space for indoor recreation activities
- Design that assists in development of personal responsibility and hygiene practices
- Opportunity for young people to personalise their bedroom, and collaboratively personalise shared areas
- Spaces for residents to safely withdraw
- A place where staff can observe, neither intruding nor being isolated

The physical environment and the physical arrangements contribute significantly to the creation of a home-like environment that provides a sense of normality and ensures physical and emotional safety.



8. Physical Environment

Outcomes

- A safe physical environment
- A “home-like” environment
- Client’s own personalised space
- At least two indoor shared recreational spaces
- A place where staff can observe, neither intruding nor being isolated



9. Transition Planning, Exit Planning and Post Exit Support

Description

To support successful support a young person transitioning from OOHC, staff need to recognise the importance of preparing young people for leaving care. Enabling young people to actively participate and involve themselves in decision-making can help them in managing their future. Practical and emotional support throughout the process should begin early and include the young person. Most importantly, professionals need to work in strengths-based ways to support the aspirations of young people during this transitional period of their lives.

There are different approaches and circumstances that drive the timeframe for transitioning out of a Therapeutic Residential Care program – whether to an alternate care type, family restoration or exiting care.

In any of these scenarios, a plan to exit Therapeutic Residential Care should be developed in collaboration with the child or young person.

Of particular importance is consideration of the ongoing impact of historical trauma and poor attachment and the healing role played by strong relationships with residential carers. While these relationships are not familial, for many of the young people they are the only stable and trusting relationship that they have ever had with an adult.

In relation to exiting care, the impact of exiting into an environment without supports and the absence of attached relationships is cause for careful Exit and Post Exit planning.

It should also be noted that age is not always a good indicator for Exit Planning as chronological age may not be an indicator of emotional age.

Outcomes

- Early commencement and implementation of Transition/ Exit Planning to manage related anxiety
- Engagement of young person in developing their Transition, Exit and Post Exit Plans
- Post Exit support (formal or informal) including transition to other programs



10. Governance and Quality Therapeutic Practice

Description

Governance is a system through which programs are responsible for continuously improving the quality of their service and ensuring high standards of care by creating an environment in which excellence in therapeutic care will flourish.

Therapeutic Residential Care programs sit within a complex array of statutory and contractual responsibilities, as well as practice and philosophical alignment to a therapeutic approach.

Structures around governance and ongoing therapeutic practice improvement are required to maintain consistent practice and congruence between NGOs and all aspects of interaction with FACS and other interfacing agencies (eg Health, Justice, Education and others related to care and treatment plans).

Governance sessions should be characterised by a Reflective approach.

Outcomes

- Active program support from FACS Placement & Support and Child Protection
- CSO willingness to actively participate in regular Governance and Quality Practice sessions (at least six monthly)
- Active engagement of relevant interfacing agencies to participate in Governance and Therapeutic Practice Improvement sessions (at least six monthly)
- Regular self-assessment against this Evidence Guide (at least six monthly)
- Adherence to statutory and contract requirements, including maintaining OCG accreditation and Outcome Measurement processes

Outcome Measurement collected and reviewed to inform:

- outcomes for children and young people
- organisational performance



Useful links and resources

Verso Consulting. (2016). Therapeutic Residential Care System Development: Evidence Guide https://www.facs.nsw.gov.au/_data/assets/file/0005/381893/TRCSD-Evidence-Guide-13jm-120716-accessible.pdf

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