

:practice

Care Teams

Collaborative processes for
creating healing and change



© 2022, Centre for Excellence in Therapeutic Care 2nd Edition

The Centre for Excellence in Therapeutic Care is a partnership between the Australian Childhood Foundation and Southern Cross University. 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.

Macnamara, N., Mitchell, J. and Tucci, J. (2022). Practice Guide: Care Teams – Collaborative processes for creating healing and change. Centre for Excellence in Therapeutic Care: Sydney NSW 2nd Edition.

The Centre for Excellence in Therapeutic Care is a division of the Australian Childhood Foundation.



● ● Table of Contents

Purpose of this guide	4
Key Messages	5
Introduction	5
Complex needs require complex, holistic responses	5
Systems considerations in collaborative practice.....	6
A Care Team Approach	7
Effective Care Teams are more than a meeting	9
Functions of the Care Team.....	10
Building Blocks of a Care Team approach.....	12
Child-Centred.....	13
Collaboration.....	13
Information Sharing.....	14
Cultural Safety.....	15
Positive Contribution.....	16
Flexibility, Creativity and Responsiveness.....	16
Learning, Exchange and Reflection	17
Talking to children and young people and families about Care Teams	18
The Care Team Meeting	19
Preparing for a Care Team Meeting.....	19
Participation of children and young people.....	21
Participation of families	22
References	24



● Purpose of this guide

Care Teams are an important part of working holistically and in a child centered way to meet the needs of children and young people in care. This guide has been developed to support the practice of collaboration and participation through Care Team processes of which Care Team Meetings are a part.

● Key Messages

- The complex needs of children and young people need to be matched with similarly complex solutions to their care and support needs involving multiple stakeholders and systems
- A Care Team approach provides a systems framework to drive a whole-of-practice approach to understanding, supporting and working through the needs of children and young people in a way that is child-centred, holistic and connected
- A Care Team approach provides a 'shared lens' that can be systematically applied to better connect and integrate an array of service providers and points of service delivery capable of matching flexibly to the needs and preferences of children and young people over time and at various stages of their care
- The core function of the Care Team is the establishment of holistic arrangements that are explicitly geared to the needs of children and young people, inclusive of their wishes and goals and their family, are culturally strong and focus on making a real and sustainable difference
- Care Teams support the development and implementation of the therapeutic care plan comprising interventions or strategies with children and young people that are replicated or at least congruent across environments
- A Care Team approach promotes horizontal rather than hierarchical relationships so that people treat each other on equal terms, within which all parties feel responsible for the success of their common purpose: the best interests of the child or young person

- Care Teams Meetings are an essential element when working with children and young people and a vehicle to enable the collaborative process of planning for and meeting the needs of children and young people
- Effective Care Teams are more than a meeting – it is a practice or approach that is underpinned by principles and theory and a commitment to consilience, or a coming together of perspectives, ideas, goals and ambitions that have, at its heart, the needs of children and young people
- Care Teams do not need to have regular formal meetings to undertake their work – instead they must have regular discussions and conversations, and these must occur as frequently as is needed to ensure good day-to-day care and support of the child or young person



● ● Introduction

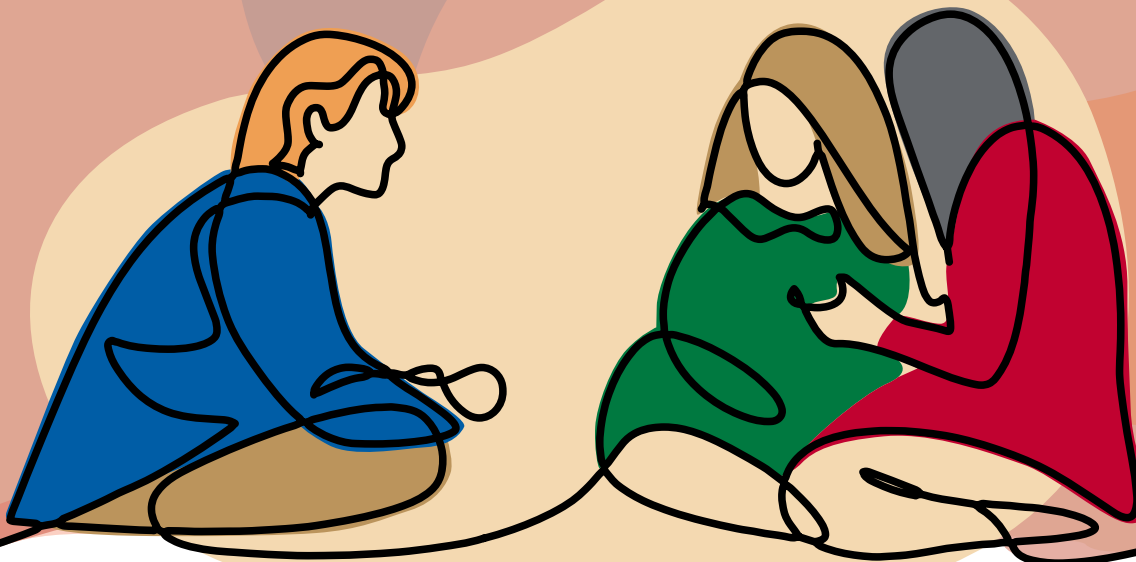
Complex needs require complex, holistic responses

The complexity of care and support for children and young people who have experienced developmental trauma and have complex needs is now well recognised. Children and young people in care have multiple, overlapping needs. They have a need for safety and protection. They have a need for stability. They have educational needs. They have developmental and relational needs. They have cultural needs. As a result, there can be many different professionals and services working with them.

Many children and young people with complex needs have experienced significant placement instability and histories of unsuccessful interventions often resulting in exclusion from school and other programs/ services. Having multiple services involved to address their needs is unlikely to be effective if their involvement is not predicated on sound assessment, agreed ways of understanding the needs of children and young people and high levels of collaboration. The dynamic, sometimes volatile nature of young people's lives also requires agility and responsiveness from involved services to mobilise in agreed ways around them at these times in ways that protect, support and stabilise them.

Trauma theory provides a useful framework for considering how best to meet the complex needs of children and young people:

- Children and young people who have experienced trauma require predictable, consistent (or at least congruent) responses across all the environments in which they interact – the care environment, education, community, recreation, family, counselling and support services, police and others
- Children and young people need attuned, responsive relationships within which their needs are understood using a 'shared lens' for making sense of what is happening for them and what responses will be helpful
- Chaotic, confused, poorly coordinated or contradictory responses to young people work against the building of safety – the first building block for change with children and young people



Systems considerations in collaborative practice

Complexity may be a feature not only of the child and young person's needs, but also of the systems and organisations they encounter.

Such complexity can require consideration of the following when seeking to develop collaborative practice approaches.

Lack of understanding of agency roles

There are many obstacles to effective collaboration among different stakeholders including funding and service delivery silos that can result in competing interests (Pavkov et al., 2012). As Bendall et al (2018) reflected:



The siloed nature of health and human services delivery in Australia, along with limited resources and capacity and competition for policy prioritisation and funding has presented many road blocks to services working together in a collaborative way.

Within this context, professionals can show a lack of understanding of each agency's role which can create a tendency for role confusion, responsibility shifting and or blaming failures/ challenges on other agencies.

Different disciplines use different theoretical frameworks

Challenges to collaboration can also exist across disciplines, Bunger (2010) found that difficulties may arise when social workers collaborate with, for instance, medical providers or psychiatrists, because the different disciplines lack a shared theoretical framework and may also be at different levels in the hierarchy. She suggested two strategies to address these potential conflicts. One is to negotiate procedures for working together. The other involves matching or aligning treatment approaches. According to Bunger, using or having consistent, congruent or complementary treatment philosophies is a way to reduce potential conflicts and enhance coordination, if providers approach treatment from a similar framework.

Informal relationships can broker collaboration

Collaboration requires a level of trust and familiarity that can be achieved over time through personal or long-standing relationships that professionals form with each other. Such relationships have the inbuilt foundations for effective collaboration - facilitating the exchange of information which benefits service coordination, particularly over time. Personal relationships between providers are therefore, according to Bunker, a key driver of successful collaboration.



A Care Team approach provides a systems framework to drive a whole-of-practice approach to understanding, supporting and working through the needs of children and young people in a way that is child-centred, holistic and connected.



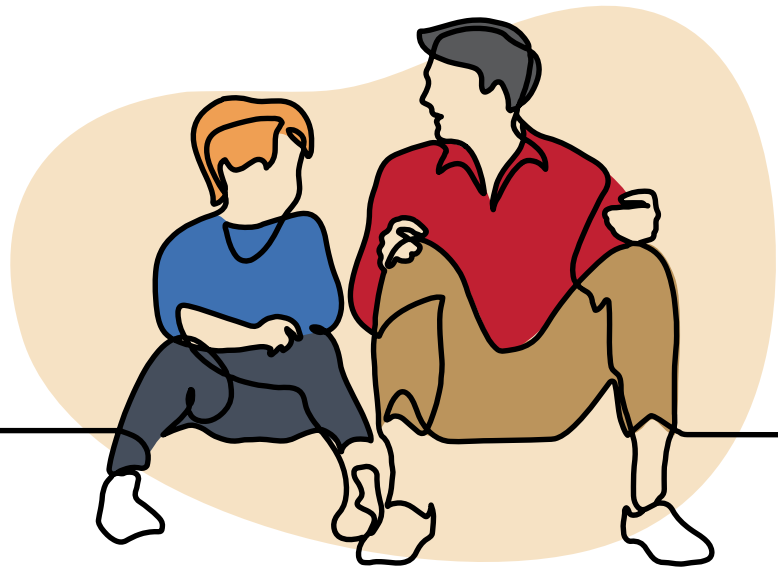
● ● Practice Reflections

In what ways does the concept of complexity assist in thinking about the what supports effective collaboration?

How do the principles underpinning a trauma-informed approach help in thinking about the critical elements of collaboration practice?

Reflecting on Care Teams you are involved in how would you rate their ability to use trauma-informed practice? How can this be strengthened if required?

In your context, what are the key systems considerations that you need to take account of when collaborating?



● ● A Care Team Approach

A Care Team is a trauma-informed approach that is an antidote to fragmented and uncoordinated care and support. Care Teams increase co-operation, communication and service integration across the traditional silos and unlock resources that are often inaccessible to the child or young person. They provide a framework or ‘shared lens’ that can be systematically applied to better connect and integrate an array of service providers and points of service delivery, capable of matching flexibly to the needs and preferences of children and young people over time and at various stages of their care.

To sum up, the Care Team approach is a method by which children and young people experience cohesiveness and connectedness of the care and other systems, which provides the foundation for care and support capable of addressing promotion of social and emotional well-being in general and trauma prevention and treatment in particular. A Care Team approach represents a systemic willingness to know about the pain and suffering caused by trauma and begin addressing it in a holistic way that is healing rather than retraumatising.

A Care Team approach represents collective action by people genuinely concerned and knowledgeable about the child or young person to organise important relationships around them to coordinate the actions and responses to their needs (Mitchell, Tucci and Macnamara, 2020). The child/young person is viewed holistically. The therapeutic care plan is then correspondingly all-embracing. The approach promotes horizontal rather than hierarchical relationships so that people treat each other on equal terms. The Care Team approach has integration of services at its heart and is a planned and coordinated way of supporting children and young people.

The make-up of a Care Team will vary according to the issues and needs of the each child and young person. A Care Team is a network inclusive of child or young person, family (where appropriate) direct carers, Therapeutic Specialist, Case Worker, school, counsellor, health professionals, youth justice and any other significant adults who collectively take responsibility for the child or young person’s life. Direct carers are full members of the Care Team and are actively involved with other members in planning for the support of the child or young person.

The Care Team’s role is to promote the child or young person’s experience of safety and stability and support the achievement of their developmental needs. A Care Team must thus be flexible, agile and responsive to their changing needs.

A Care Team approach is based within a set of relationships within which all parties feel responsible for the success of their common purpose: the best interests of the child or young person. When a Care Team is fully relationship-based it will map out the key partnerships that are required between roles and build the team around them. This shifts the focus of organising from individual roles, to relationships between roles, and forces the team to map out the key relationships required for the collaboration to function effectively. Things like goal setting and resource allocation then work through the partnerships, not the roles.

Five qualities that characterise high-functioning Care Teams



Honesty

Care Team members put a high value on effective communication within the Care Team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continued improvement and for maintaining the mutual trust necessary for a high-functioning Care Team.



Discipline

Care Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. At the same time, Care Team members are disciplined in seeking out and sharing new information to improve individual and Care Team functioning, even when doing so may be uncomfortable. Such discipline allows Care Teams to develop and stick to their agreements even as they seek ways to improve.



Creativity

Care Team members are excited by the possibility of tackling new or emerging problems creatively. They see even unanticipated bad outcomes as potential opportunities to learn and improve.



Humility

Care Team members recognise differences in background, expertise or professional training but do not believe that one member is superior to the others. They also recognise that they are human and will make mistakes. Hence, a key value of working in a Care Team is that fellow Care Team members can rely on each other to help recognise and avert failures. In this regard, effective Care Teams work is a practical response to the recognition that each of us is imperfect and no matter who you are, or how experienced or smart you are, you will fail at times.



Curiosity

Care Team members are dedicated to reflecting upon the lessons learned in the course of their daily activities and using those insights for continuous improvement of their own work and the functioning of the Care Team.

(Macnamara, 2020)

Effective Care Teams are more than a meeting

The main difference between a Care Team approach and other approaches to collaboration such as case conferences, professionals' meetings, stakeholder meetings or planning meetings is the development of the Care Team as an *active working group* which promotes an attitude of partnership, collaboration and information-sharing.

A Care Team thus differs from processes that may support the care environment specifically (eg House Meetings, Team Meetings, Reflective Practice) which are more likely to be internal meetings of staff and may or may not involve the child or young person.



● ● Practice Reflections

How does a Care Team approach differ from other processes of planning for children and young people within your agency?

How does the idea that a Care Team is an **approach or practice** rather than a meeting shape or influence your practice? What possibilities for collaboration does this open up?

Functions of the Care Team

The core function of the Care Team is the establishment of holistic arrangements that are explicitly geared to the needs of children and young people, inclusive of their wishes and goals and their family, are culturally strong, draw on theory, evidence of what works, practice wisdom and focus on making a real and sustainable difference (Macnamara, 2020).

Critically, Care Teams must have a focus that is broader than the care environment, paying attention to all dimensions of a child or young person's needs and how these can be met in a way that is congruent across areas of their life. This includes celebrating strengths and successes, supporting them to heal from past trauma, sustaining the care arrangement, building sustaining educational engagement, maintaining existing positive connections and relationships, and building new, safe and sustainable relationships. This is achieved through the Care Team having responsibility for setting the direction of and implementing the therapeutic care plan that is inclusive of the child or young person's needs and wishes across all domains and environments – care, education/vocational, family, culture, community and other recreation/interests. It must also be cognisant of and congruent with other plans that may be relevant to the child or young person including the overarching statutory Care Plan, Behaviour Support, Health, and Risk Management Plans (where relevant).

Care Teams use their understanding about the child or young person, sourced from the comprehensive assessment undertaken by Therapeutic Specialists, to develop a common language or 'shared lens' to explain and interpret their behaviour and needs. There must be an agreed, trauma-informed theory of change within the Care Team to inform plans, actions, interventions, expectations and the identification of indicators of success. Care Teams support the implementation of interventions or strategies for children and young people that are replicated or at least consistent across environments. In so doing, children and young people are given the experience of safety that is built into predictable structures and routines applied consistently at home, school, with family and during their involvement in recreation or other similar activities.



Within the Care Team approach, the Therapeutic Specialist has a pivotal role in providing clinical leadership to the process of assessment, planning and review, and the provision of guidance to the development and implementation of strategies and interventions contained within the therapeutic care plan to support the child or young person. The Therapeutic Specialist must also ensure that the child/young person remains at the centre of the decision-making processes of the Care Team and foster a shared understanding, a common language and a consistent, holistic approach.

The key functions of the Care Team are to:

- work collaboratively to put the best interests of the child/young person first
- promote the meaningful participation of children and young people and family members in planning processes that address all aspects of their life
- get to know the child or young person well enough to know how best to involve them in decision-making processes and ensure their wishes and views are taken into account
- develop the skills for providing trauma-informed practical care and support
- establish or maintain the child/young person's connections to their Aboriginal community and culture
- ensure children and young people from diverse cultural and religious backgrounds have their cultural and religious needs met
- respect each other and acknowledge the knowledge and expertise of other Care Team members
- share relevant information to monitor goals, objectives and progress of therapeutic care plans
- develop, implement, monitor and review therapeutic care plans that address the needs of a child or young person across all key environments and relationships with interventions which have clear, achievable goals, timelines, responsibilities and outcomes
- recommend service provision options, or changes, as necessary to implement the plan
- consider and review the child/ young person's current and longer-term care and needs and how these will be met
- develop strategies and plans to mitigate risk issues
- ensure adequate supports are in place to support the successful engagement of the child or young person in key environments (eg placement and school) and relationships
- ensure all therapeutic needs of children and young people are, and continue to be met
- plan for and support transitions for children and young people (eg placement moves, reunifications, leaving care, school transitions)
- acknowledge and celebrate successes with the child or young person, no matter how small

Building Blocks of a Care Team approach

An effective Care Team approach is underpinned by the following critical elements, as illustrated in the diagram below.



Child-Centred



The current service response is characterised by program specification within agency-silos. Programs are not connected under an overarching program logic or outcomes framework. The focus is on delivering a service, rather than improving life outcomes

(Tune, 2015)

The Care Team approach holds the child or young person at the centre of its thinking, planning, decision-making and actions at all times. The Care Team should be guided by the question, ***“what do we need to do to support the child or young person’s development, well-being, identity, learning, relationships, interests, stability and healing?”***



Collaboration

Collaboration is an important tool to avoid fragmentation, which is a serious challenge when caring for and supporting children and young people with complex needs.

A hierarchy of collaborative practice is conceptualised as ranging from simple communication to full service integration. In summary, the levels of collaborative practice include:

1. Mere **communication** across disciplines and agencies
2. Some level of **co-operation**, which may focus on a particular situation or case
3. Interagency and multidisciplinary **coordination**, where key stakeholders share information
4. Forming a **coalition** as a means of capturing motivated and informed key stakeholders in collaborative working relationships with a specific focus on agreed goals; and
5. **Service integration** described as the penultimate in collaborative practice where both formally mandated practice, service system design and skilled and motivated individuals work together to enhance service delivery (Horwath and Morrison, 2007 as cited in Macnamara, 2020)

Service integration is the goal of the Care Team approach. For this level of collaboration to be achieved a high level of trust, strong relationship-based networks and attention to critical 'people issues' are required.

Dispute resolution processes between Care Team members should be clearly articulated.

Practice Considerations

- What processes for supporting collaborative work between Care Team members will be established?
- What role will the Therapeutic Specialist play in supporting Care Team members to enact the therapeutic care plan across different settings?

Information Sharing

A significant reason for information sharing within Care Teams arises out of the increasing complexity of issues that the Care Team is seeking to address. There is a growing recognition that no single agency has adequate information to address the issues alone (Conklin, 2001) and therefore interventions must involve collaboration between different organisations and different disciplines. Sharing of information is critical when you are working both short and long term with clients. Effective information sharing:

- promotes the 'shared lens' necessary for congruence and consistency of response and support for children and young people across environments, agencies and individuals
- improves the efficiency and quality of service delivery to children and young people ensuring that information needed to make the best assessment of their needs is available and underpins tailored responses
- reducing burden on the child or young person having to tell their story multiple times
- improves safety and risk management

The research consistently identifies shared understandings and trust, or at least the management of mistrust, as among the most important determinants of whether staff from different organisations are prepared to share information (Dawes, Cresswell, & Pardo, 2009; Gil-Garcia, Chengalur-Smith, & Duchessi, 2007; Lips et al., 2011; Willem & Buelens, 2007).

Information sharing in Care Teams must take account of the following practice considerations:

Consent, confidentiality and privacy considerations

- How will you manage issues of consent and privacy with the child or young person to share information within the Care Team?
- What role will the child or young person have in the sharing of information within the Care Team?
- How will you manage issues of consent with family members who are part of the Care Team to share information that may relate specifically to them (for example, parental AOD or mental health issues)?
- What sensitive information about the child, young person or family members should be shared with some, but not all Care Team members and what is the rationale for this (for example, what information should be shared with a teacher about a child or young person's family where the family has no involvement with the school)?
- How are Care Team members addressing issues of confidentiality and privacy in their relationships with children and young people and/or their family? Is this approach consistent within the Care Team?

Processes for timely information sharing

- Given the dynamic and sometimes volatile situations that children and young people can find themselves in, how will information be shared with the Care Team in a timely way to ensure that their current needs and challenges are responded to effectively by the Care Team?
- How will new information be shared in a timely way that enables the Care Team to incorporate this into the therapeutic care plan?





- The frequency of Care Team meetings and the location of meetings should be planned - choosing the same time and place where possible will be helpful to productivity and effectiveness

Documentation of information

- How will the therapeutic care plan be recorded and shared with the Care Team?
- How will information discussed within the Care Team be recorded and shared?
- What role will the child or young person have in what is documented and shared within the Care Team?
- How will information deemed sensitive and not for distribution to all Care Team members be documented to address privacy considerations mentioned earlier?

Cultural Safety

The need for Care Teams to practice cultural safety is vital in ensuring the meaningful care and support of Aboriginal children and young people. The concept of cultural safety is particularly relevant to Care Team members seeking to promote cultural integrity and the promotion of social justice, equity and respect.

Cultural safety advocates that Care Team members work to establish a safe place for children, young people and family members which is sensitive and responsive to their social, political, linguistic, economic and spiritual concerns (Kirmayer, 2012). Cultural safety is more than an understanding of a child or young person's ethnic background (Evans et al., 2017) as it requires the Care Team members to reflect on their own cultural identity and on their relative power as service providers (Taylor & Guerin, 2010).

To work in a culturally safe way requires understandings and practice adaptations that recognise:

- the innate value and continuing strengths of Aboriginal cultures that have provided love, nurturance and care for their children in Australia for tens of thousands of years
- that many issues affecting Aboriginal families, including poverty, substance misuse and domestic violence, are connected to the legacy of intergenerational trauma caused by experiences of colonisation, including forced child removal. Responses must engage deeply with processes of individual and community healing

- that Aboriginal peoples have a wealth of cultural knowledge and connection that makes them best placed to lead and inform responses to the child and family welfare issues that are impacting their communities; and
- the need to redress the power imbalance in decision-making by providing accessible and culturally safe forums where children, young people and their families and Aboriginal organisations feel comfortable actively participating and working in partnership with the Care Team

(SNAICC, 2019)

Positive Contribution

It is critical to support a Care Team approach by:

- Establishing and maintaining effective and healthy working relationships and Care Team interactions
- Respecting team ethics and demonstrating trust and mutual respect for members of the Care Team
- Having transparent and shared expectations around communication, decision-making and participation in Care Team processes
- Being an effective and engaged participant in discussions and interactions among Care Team members demonstrating open communication and attentive listening
- Demonstrating respect for the knowledge and skills of each Care Team member including the child or young person and family members

A Care Team is subject to all the rules of forming and maintaining a team. A clear establishment phase during which all Care Team members agree on the scope and structure (administration) of the arrangements is important. This phase must include discussions about agreed values and the “rules of the game”, as well as a clear vision or an agreement about the outcomes you collectively hope to achieve. This is essential given the multi-agency, multi-disciplinary nature of integrated service delivery and the involvement of children, young people and their family members. An important aspect of this discussion is hearing individual perspectives – taking time to understand and respect any differences – and the development of a ‘shared lens’.

Roles, responsibilities and boundaries for all members of the Care Team should be clearly articulated. Such clarification is important to avoid duplication and working at cross-purposes or outside the scope of the therapeutic care plan.

Flexibility, Creativity and Responsiveness

The Care Team develops, implements and reviews an agreed therapeutic care plan, including tailored responses across environments for which members of the Care Team are jointly responsible. This will often require flexibility and creativity and a willingness to ‘do things differently’ and try new approaches.

Care Teams should establish a range of information sharing processes and collaborative working relationships between Care Team members together based on the needs of the child or young person. This will change over time according to their changing needs. This requires the Care Team to remain agile and flexible and able to adapt to and tailor support and interventions to match to the needs presented by the child or young person across time and spaces.



Learning, Exchange and Reflection

The Care Team provides an opportunity for key people to collaborate on a regular basis to reflect, share their thinking and understanding and coordinate each person's role in supporting the child or young person.

The Care Team approach allows for the group to think together about the child or young person, and to process some of the difficult emotions and anxieties aroused when working with them. In this way the Care Team can promote proactive rather than reactive responses. It also provides an opportunity to identify positive changes in the child or young person's life, no matter how small, that may otherwise be missed. Care Team processes can also make sure that the actions and goals of the therapeutic plan are enacted and achieved.



● ● Practice Reflections

Using the levels of collaborative practice described above, what level of collaboration would you assess them to be using? What, if anything, would need to change to assist them to move towards service integration?

Other than meetings, what processes for information sharing and collaboration have been established by Care Teams that you are involved in?

How will you address the cultural safety of the Care Team for children, young people, families and Aboriginal agencies? What will you take into account in addressing cultural safety?

How can Care Teams support Care Team members to try new things and 'do things differently'?

Is there a role for training of the Care Team to support a 'shared lens'? Does everyone understand trauma-informed practice?

Talking to children, young people and families about Care Teams

It is likely that children, young people and/or their families have not participated in a Care Team before. They may have attended periodic planning or review meetings previously but not have not been an active participant in ongoing, holistic processes of planning and review that are the work of an active Care Team.

You may wish to develop an information sheet about Care Teams for children, young people and their family members, using language that is clear, developmentally appropriate and free from jargon. This information sheet should include answers to the following key questions:

- What is a Care Team and why do I have one?
- What does a Care Team do?
- Who is on my Care Team?
- How can I have a say in my Care Team?
- Can my family be part of my Care Team?
- What will happen at a Care Team meeting?
- What if I don't want to attend the Care Team meeting?
- Can I have a support person at my Care Team meeting?
- What sort of things will my Care Team talk about?
- Will I have a say in what is talked about in my Care Team? How will this happen?
- What if I don't want some things talked about in my Care Team?
- Who can I talk to if I am not happy about decisions my Care Team is making?



● ● Practice Reflections

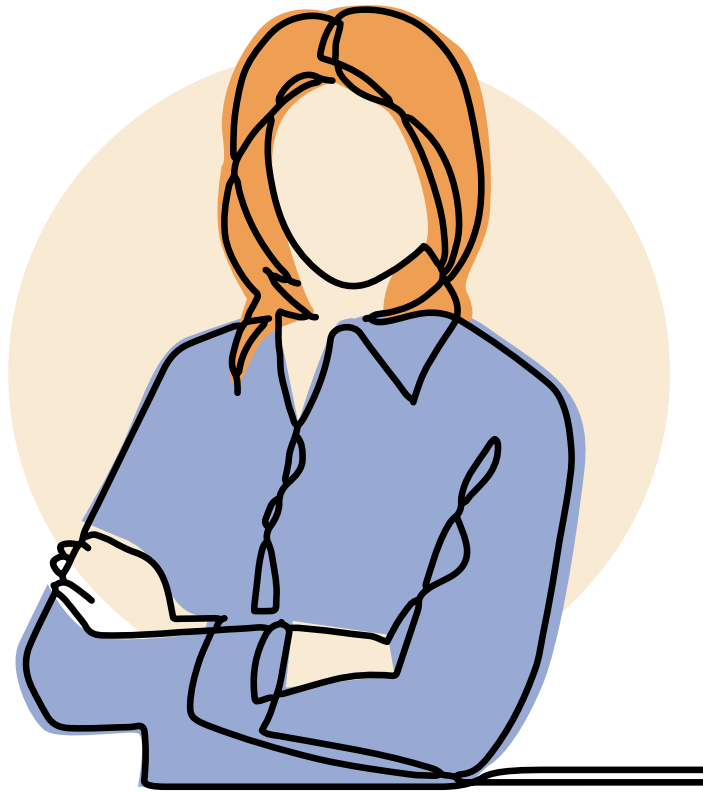
How could you co-design this information sheet with the input of children and young people?

What messages might they think are important to communicate about Care Teams?

● ● The Care Team Meeting

Care Team Meetings are a vehicle for the Care Team working together. Care Teams can include the following aspects:

- **Facilitated by the Therapeutic Specialist and or case manager**
- **Inclusive of stakeholders such as:**
 - House Manager/Team Leader
 - Case Manager
 - Child Protection Case Manager
 - Teacher/education support
 - Parent/Family
 - Child or young Person
 - Drug and Alcohol worker
 - Mental Health Support Worker
 - Police
- **Held at a minimum monthly, with a more formal review at least quarterly, to:**
 - formulate and review Therapeutic Care Plans and Case Plans quarterly
 - review progress directly related to the goals of the Therapeutic Care Plans and Case Plans for each child or young person
 - critically review interventions and therapeutic approaches.
- **Evidenced by:**
 - Regular Care Team Meetings
 - Documented minutes of Care Team Meetings, including details of participants
 - Participation and/or attempts to engage with range of key stakeholders for each young person
 - Regular review of care team composition
 - Care Team review of critical incidents



Preparing for a Care Team Meeting

- If this is the first time the Care Team is meeting it will be important to establish clear expectations and processes that will support the Care Team developing a partnership approach underpinned by effective collaboration and information-sharing processes that are not reliant solely on Care Team meetings.
 - How will you build relationships between Care Team members if they don't already exist?
 - How will trust, respect and positive intentions be promoted within the Care Team?
 - How will the Care Team embrace the five qualities of effective Care Teams - honesty, discipline, creativity, humility and curiosity?
 - How familiar is the Care Team with trauma-informed practice? Is there a need to do some training or have discussions about this?



- What other processes for collaboration and information sharing will be developed and supported by the Care Team in implementing the therapeutic care plan?
- What processes will you use to allow everyone to express their perspectives and views and for these to be listened to and valued?
- How will you support the Care Team to develop a 'shared lens' about the child or young person and their needs?
- How will the Care Team establish its set of ground rules to guide the interactions of its members underpinned by a problem-solving approach? What processes will be established for dealing with disagreements?
- Ensure that you have considered both the content and the process of the Care Team meeting. The content of a meeting refers to the "what" – the subject matter that is discussed. The process of the meeting refers to the "how" of the meeting: how people are communicating, how they treat each other or how they listen.
 - Is the agenda for the Care Team meeting clear to all Care Team members, including the key issues to be discussed?
 - How will Care Team members be supported to speak openly and honestly, including the child or young person and family members?
 - Does the meeting need to be held in two parts to accommodate the needs or interests of the child or young person or other Care Team members with regard to confidentiality, privacy or comfort in speaking in front of others? For example, does the child or young person want family members to be present for the whole meeting or would they like time where they can discuss issues without family present? Are there professionals or agencies involved in the Care Team for whom some sensitive information is not relevant or appropriate to share?
 - The level and type of involvement of the child or young person needs to be carefully considered taken into account their age, developmental capacity and support available to assist them in the process
 - How will the child or young person or family's own world view or perspectives be understood to avoid misinterpretation or misunderstanding by other Care Team members?
 - How frequently does the Care Team need to meet? This will be dependent on the changing needs of the child or young person. Remember if you establish effective processes of collaboration and timely information sharing within the Care Team it may reduce the amount of time the Care Team has to formally meet

- The meetings should be held in a comfortable, neutral location where the child or young person and/or family members will feel able to participate
- Care Team meetings are a step in an ongoing process for the Care Team. Remember, you don't have to accomplish all possible goals in the Care Team meeting, it may be more useful to use other Care Team processes to address some issues – For example, developing collaborative relationships with shared approaches between specific Care Team members dependent on their roles. Set achievable goals for meetings



Care Teams do not need to have regular formal meetings to undertake their work – instead they must have regular discussions and conversations, and these must occur as frequently as is needed to ensure good day-to-day care and support of the young person. Care Team members must have enough face-to-face contact with each other to enable all members to work together effectively, especially at the beginning of the placement. However, some discussions and conversations can be quite effectively carried out over the telephone or via email, especially when Care Team members have developed good working relationships with each other.

(Department of Health and Human Services, undated)

Participation of children and young people

The participation of children and young people is crucial to ensure their views and wishes are considered in planning and decision-making processes. As such children and young people are expected to be involved in their Care Teams in a way that is developmentally appropriate, carefully planned and in accordance with their wishes and capacities.

Practice considerations:

- Ensure the child or young person understands what the Care Team is about, who will be involved, how and in what manner information is shared and what the meeting itself will be discussing
- Provide practical and emotional preparation including understanding reports, attending part or whole meeting, understanding and contributing to agenda setting, building skills, trust and participation over time, and/or co-chairing meetings
- Support children and young people who cannot attend meetings to influence agendas and make their wishes known through an advocate / representative, or through writing or creative expression
- Ensure children or young people have a person they trust or with whom they have an established relationship present in the meeting
- Identify any issues with the child or young person that may be difficult or distressing for them to talk about or hear in the Care Team meeting and develop strategies for how this might be managed
 - Support the child or young person to develop strategies for identifying the build up of strong feelings, how these will be managed and what support will be needed by them to do so
 - Arrange for the child or young person to leave the meeting during certain discussions, ensuring that their views are understood. Have someone available to support them during this time



- Prepare members of the care team about the child or young person's attendance and consider how they will ensure that the meeting provides opportunities for the child or young person to participate
- Some children and young people will not want to meet with the whole Care Team at once or may not want to be involved in the meeting process at all. How can you ensure you have their views and wishes?
 - Configure the Care Team meeting in two parts so that they feel able to attend the meeting with Care Team members they feel comfortable with
 - Arrange for one of the members of the Care Team with whom the child or young person has a trusting relationship to meet individually with them to discuss the issues being considered by the Care Team and obtain their views and wishes
 - Have someone support them to write a letter or record their views and wishes and table this at the meeting
- Talk with the child or young person about possible times when the Care Team may have to make a decision in their best interests that they may not like and prepare them for this possibility
- Explore with them, possible times when the Care Team may have to discuss how to act in their best interests without them being present for that particular discussion. For example, some matters may relate to system problems or resourcing difficulties about which the child or young person should not have to worry. However, any direct impacts or consequences that they may experience as a result of such discussions should subsequently be explained and discussed

For more information about the participation of young people read [Research Briefing: Enabling young people's participation in residential care decision-making](#).

Participation of families

Despite being in out of home care, the child or young person's parents and extended family members still have a key role to play in their life, regardless of whether they will ever return to live with them. An ongoing positive connection to their family is vitally important for a child/ young person's identity, social and emotional development, and the development of a sustainable network of relationships that will support them beyond their care experience. As such, it is important to encourage parents and any other significant family members (such as a grandparent, uncle and aunt) who are closely involved in their life, or could become more involved in their life, to actively participate in the Care Team.

Practice considerations:

- Ensure family members understand what the Care Team is about, who will be involved, how and in what manner information is shared and what the meeting itself will be discussing
- Encourage the parents and/or extended family to be part of the Care Team, unless this is not safe or practical
- Parents and other family members should be seen as important members of the Care Team, as they are holders of important family and cultural knowledge and expertise to offer into discussions, decision making and planning processes
- Encourage and value the contribution family members can make to their child's care when they share family stories, key information about childhood illnesses or other important information that relates to the child/ young person's sense of belonging, connection and identity
- Some parents or family members may not be able to participate in face-to-face Care Team meetings because of geographic separation, mental illness or other reasons. Assist them to participate through other Care Team processes for information sharing and collaboration such as telephone or video conferencing or by passing on information individually through another member of the Care Team



● ● Practice Reflections

What does 'meaningful participation' of children and young people mean to you in the context of a Care Team approach?

What would it be like for a young person to co-facilitate their Care Team meeting? In what circumstances could this happen? How could you prepare a young person for this role? What difference might it make to the outcome?

What do you think are the indicators of a successful Care Team approach? How would you measure this?

How will you seek feedback from Care Team members about their experience of the Care Team process?



References

Bendall, S., Phelps, A., Browne, V., Metcalf, O. et al. (2018). Trauma and Young People: Moving toward Trauma-Informed Services and Systems. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.

Bunger, A. C. (2010). Defining service coordination: A social work perspective. *Journal of Social Service Research*, 36(5), 385–401.

Conklin, J. (2001). Wicked problems and social complexity. *Dialogue Mapping: Building Shared Understanding of Wicked Problems*.

Dawes, S. S., Cresswell, A. M., & Pardo, T. A. (2009). From “need to know” to “need to share”: Tangled problems, information boundaries, and the building of public sector knowledge networks. *Public Administration Review*, 69(3), 392-402.

Department of Health and Human Services (undated). Child Protection Manual <https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/care-teams> viewed 10 June 2020.

Evans, K., Nizette, D. & O’Brien, A. (2017). *Psychiatric and Mental Health Nursing*, 4th edn. Chatswood: Elsevier Australia.

Kirmayer, L. J. (2012). Rethinking cultural competence. *Transcultural Psychiatry*, 49, 149–164.

Lips, A. M. B., O’Neill, R. R., & Eppel, E. A. (2011). Cross-agency collaboration in New Zealand: An empirical study of information sharing practices, enablers and barriers in managing for shared social outcomes. *International Journal of Public Administration*, 34(4), 255-266.

Mitchell, J., Tucci, J. and Macnamara, N. (2020). What are the Key Elements of Therapeutic Care? in Mitchell, J., Tucci, J and Tronick, E. (Eds). *The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care* London: Jessica Kingsley.

Macnamara, N. (2020). Therapeutic Care Teams: Horizontal Teams in the Vertical World of Out-of-Home Care. in Mitchell, J., Tucci, J and Tronick, E. (Eds). *The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care* London: Jessica Kingsley.

NSW Government, Office of The Children’s Guardian (2017-2019) Review of Residential Care. https://www.kidsguardian.nsw.gov.au/ArticleDocuments/316/Review_ResidentialCare2017-18.pdf.aspx?Embed=Y

Pavkov, T. W., Soloski, K. L., & Deliberty, R. (2012). The social construction of reality in the realm of children’s mental health services. *Journal of Social Service Research*, 38(5), 672–687.

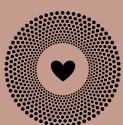
SNAICC (2019) *The Aboriginal and Torres Strait Islander Child Placement Principle: A Guide to Support Implementation*.

Taylor, K. & Guerin, P. (2010). *Health care and Indigenous Australians: Cultural Safety in Practice*, 2nd edn. South Yarra: Palgrave Macmillan.

Willem, A., & Buelens, M. (2007). Knowledge sharing in public sector organizations: The effect of organizational characteristics on interdepartmental knowledge sharing. *Journal of Public Administration Research and Theory*, 17(4), 581-606.

cetc ● centre for
excellence in
therapeutic care

cetc@childhood.org.au
www.cetc.org.au



**Australian
Childhood
Foundation**

The Centre for Excellence in Therapeutic Care
is a division of the Australian Childhood Foundation.