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A Case for Change – Developing a Framework for Therapeutic Out of Home Care in NSW

October 2016

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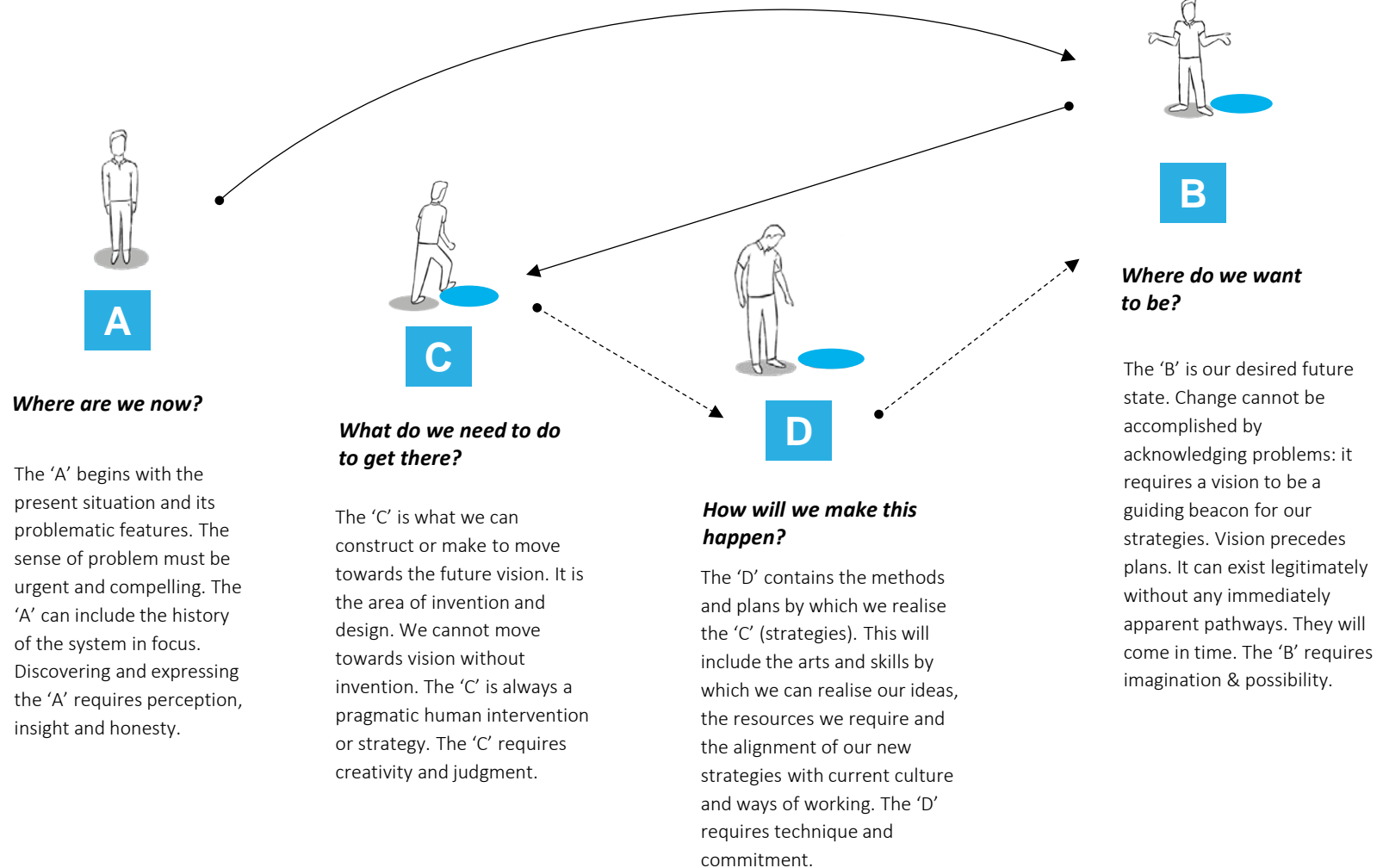
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AcdB – How this document is structured

The AcdB model illustrates the four major topics we must cover in order to design and plan change. Together the four topics constitute an 'argument' for change. All change begins with argument, not analysis. Analysis takes us back to the past.



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Summary of *A Case for Change*

A WHERE ARE WE NOW?

SITUATION

Children and young people in Out-of-Home Care (OOHC) have often experienced trauma, abuse, or neglect before being placed into OOHC.

- Lower well-being outcomes (i.e. health and education), can result in enduring consequences across major life areas and developmental stages, and often extend across generations. This includes flow-on effects ranging from over-representation in the criminal justice system, to homelessness and poor employment prospects.

Therapeutic Care is a beneficial Framework that addresses the needs of children and young people in OOHC and has the potential to improve their long-term outcomes.

- Therapeutic Care incorporates the latest developments in trauma theory, child brain development, and attachment theory to help the sector better understand the complex impact trauma has on a child or young person in the long-term.
- Therapeutic Care models can support service provision by creating reparative environments that are structured to address the complex needs of those who have suffered from trauma.
- Early evaluations have demonstrated better outcomes for children and families, as well as benefits for the wider community and government.

CHALLENGES & OPPORTUNITIES

There is currently no NSW Framework to support Therapeutic Care being consistently adopted across the sector in NSW.

- Absence of a shared definition for Therapeutic Care means that there is no common understanding of how to implement it.
- Some individual agencies are applying Therapeutic Care programs, but there is no agreed standard on what constitutes best practice and how to utilise a range of Therapeutic Care interventions.
- There is a gap in terms of how to connect the needs of a child or young person with the appropriate level of Therapeutic Care.
- There is limited capacity to measure the outcomes of different Therapeutic Care programs and interventions, or to compare these approaches with other interventions.

The current OOHC system doesn't have the inbuilt flexibility needed to underpin cohesive Therapeutic Care service provision and provide the desired whole service system congruence.

- The net effect of this is an inability to create seamless pathways, customised to the needs of a child or young person.
- Current funding models don't enable sufficient flexibility to support children and young people moving across different modes of care to suit their changing needs.

FOCUSING QUESTION

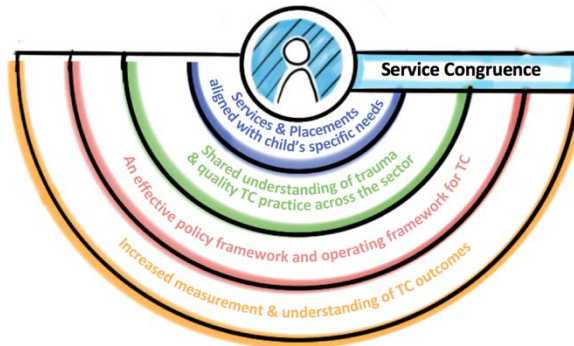
How can we create a sustainable Framework for Therapeutic Care that will underpin the provision of services in NSW and ultimately improve outcomes for children and young people in OOHC?

B WHERE DO WE WANT TO BE?

PURPOSE

Therapeutic Care for the right child or young person, in the right way, at the right time

FRAMEWORK



OUTCOMES



THE SECTOR

- Increased capability and quality within the sector.
- Better capability for matching the right intervention to the right child or young person, and for evaluating the outcomes.
- Flexibility for agencies to choose their own evidence-based program of Therapeutic Care within a common Framework.
- Better alignment of policy, funding and contracting, and individual outcomes for children and young people.



THE CHILD

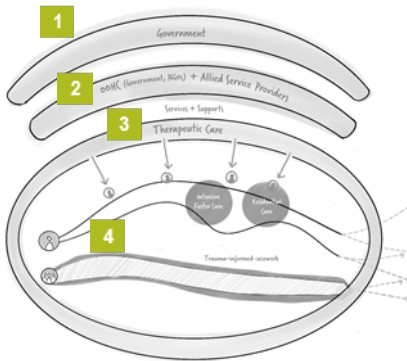
- Provision of the most appropriate and least intensive form of care that facilitates the healing of trauma.
- Improved individual outcomes relating to safety, permanency and well-being.
- Improved experience of care for children and young people, and improved communication with carers and care teams.



COMMUNITY & GOVT

- More positive engagement for the child or young person with their cultural heritage and with their community.
- Ability to evaluate outcomes.
- A collaborative, whole of government approach.
- Better social return on investment and reduced costs of downstream service provision (i.e. health and justice).

C WHAT WE NEED TO DO TO GET THERE?



1. Endorse and socialise an agreed Framework for delivering Therapeutic Care in NSW.
2. Create an effective operating Framework for Therapeutic Care in NSW.
3. Build the capability of the sector and of members of care teams to deliver effective Therapeutic Care.
4. Provide the right intervention at key moments in the child or young person's journey.

D HOW WILL WE MAKE THIS HAPPEN?

- Government and peak bodies endorse the definition and principles of Therapeutic Care.
- Create a sector-wide communication plan.
- Develop a more flexible approach to funding.
- Design an approach for capability building across the sector.
- Identify workable metrics for long-term evaluation of outcomes.

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A-SPACE

Where are we now?

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What is Therapeutic Care?



Researchers are increasingly identifying the need for more trauma-informed responses to help children and young people recover from the complex impacts of trauma, abuse, neglect and exposure to many forms of severe adversity (e.g. a range of developmental, behavioural or mental health needs).

Trauma-informed casework and care

All casework and care with children and young people living in out-of-home care needs to be trauma-informed. The impact of trauma and adversity on children and young people, including on their brain development, needs to be understood and planned for by workers and carers, and measures taken to address these impacts.

Therapeutic Care

Therapeutic Care is a growing field of research and practice that embeds the latest developments from trauma theory, child brain development and attachment theory into service delivery. Therapeutic Care environments may also consider other proven and promising approaches that can lead to change, growth and healing for particular children and young people in care (e.g. Circle of Courage, Sanctuary Model, Positive Peer Culture, Teaching Family Model and Project Re-Education).

Therapeutic Care is a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others; and other forms of severe adversity.

This is achieved through a care environment where responses to the child or young person are consistent and predictable; and the individual programming for each child or young person is developed with clinical input and is evidence driven, culturally responsive and provides positive, safe, reparative and healing relationships and experiences, to address the complexities of trauma, attachment and developmental needs.

Children and young people who have experienced high levels of trauma and disruption in their lives, and who have more complex needs require a more intensive, holistic care approach including the guidance of therapeutic specialists.

This more intensive approach is referred to in this report as 'Therapeutic Care'.

Sector



The term 'Sector' is used in this report to refer to both government and non-government organisations or agencies, and wider staff groups (e.g. caseworkers, team leaders, supervisors, managers, clinical supervisors, etc), including the wider set of contributors such as health, education and disability services who provide direct care to children and young people in out of home care.

Flexibility

The term 'Flexibility' is used in this report to refer to the ability to change (i.e. step up or step down) the level of Therapeutic Care being provided by initiating lesser or additional intensive forms of Therapeutic Care when required, and determined by the needs of a child or young person in out of home care at any given time along the continuum of care. More broadly, exploring and developing alternate therapeutic care approaches to address individual needs as they arise.

Level of trauma



*These are based on real cases presented by service providers.

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Therapeutic Care in practice

Case Study: working with siblings*

In 2015, FACS worked alongside an agency on a planned removal of seven siblings aged 2 – 15. While it was in the children’s best interest to remain together, both agencies planned for realistic and achievable placements for all siblings. The youngest sibling was immediately placed with a foster carer and four siblings were placed in one residential placement managed by the same agency. With intensive case work, in conjunction with FACS, a foster care placement was then identified. To achieve this special placement a variety of therapeutic services were engaged. This included targeted recruitment for an experienced carer, coupled with extensive training on individually tailored therapeutic care and behaviour support. The agency also acquired a house suitable for the carer and siblings, and supported the transition between the residential placement and foster care.

The two eldest siblings who had been exposed to long-term trauma were placed in a second residential placement with the aim to remain placed together and are transitioning to a kinship placement. This was possible because they received one-to-one interventions including behaviour support and counselling. Agency workers were trained on specific behaviours and therapeutic needs, including ongoing support by clinical specialist, and round the clock trauma-informed support from the care team. To help all of the siblings the agency worked on healthy family contact arrangements and continues to address the long-term trauma inflicted.

Case Study: Intensive Foster Care *

Damien, Tia and Keesha (8, 6 and 4 years respectively) entered OOHC in June 2015. They had experienced significant trauma and neglect and presented with developmental delays and attention deficit hyperactivity disorder. Damien had taken on many of his mother’s parenting responsibilities and viewed himself as his siblings’ caregiver. An initial assessment identified the children would benefit from a time-limited, therapeutic,

*continued... Intensive Foster care**

Intensive Foster Care (IFC) placement before stepping down to a less intensive option.

The children were placed in a IFC placement with new IFC carers who recently retired and had lots of parenting experience (4 adult children of their own and 7 grandchildren). The female carer had also been a primary school teacher for 30 years. The carers expressed the IFC training and assessment process prepared them well for their first placement, particularly the training in providing trauma-informed care, and understanding the agency’s practice framework (i.e. the Sanctuary Model).

The therapeutic specialist worker spent lots of time with the carers and children during the first few weeks of placement learning about the children’s trauma history and individual needs, completed several assessments, and also coached the carers on the impact of trauma and neglect and how to respond therapeutically to the children’s trauma-based behaviour. In conjunction the therapeutic case worker focused on establishing the care team which included the carers, therapeutic specialist worker, assistant principal from the children’s school, the children’s speech therapist and psychologist. With support from the therapeutic specialist worker, the care team developed individual therapeutic care plans (ITCP) for each of the children. The care team then met each week to support the carers to continue providing therapeutic, trauma-informed care, to oversee the implementation of the ITCPs, and to act as the children’s ‘collective parent’. Key focuses were supporting Damien to let go of his ‘parenting role’ and supporting therapeutic contact between the children and their mother.

A few months after placement the children’s mother was expecting another baby. Damien was excited but also worried he would end up having to care for another baby. The carers and care team worked with Damien towards overcoming his fears and to accept his role as a brother rather than caregiver. Emotion coaching also helped Damien to understand and manage his anxiety.

*continued... Intensive Foster care**

The children have now been in their IFC placement for approximately 12 months. They have experienced significant developmental gains, remained engaged at school, participated in community activities, and developed a stronger relationship with their mother. As a result of these positive gains the care team has been working towards transitioning the children from IFC to general foster care, with the same carers receiving reduced agency support.

Case Study: Jane*

Jane has a history of trauma, and in 2008 was diagnosed with Anorexia Nervosa. She has been in OOHC since 2009, with multiple admissions to hospital due to low weight. When Jane arrived at the agency, aged 12, the hospital couldn’t maintain her treatment without a “parent” performing restricted practices for re-feeding Jane was not engaged in school and had very limited social connections.

The key objective for Jane’s agency was to keep her alive. Jane was supported by a multidisciplinary team that included a FACS officer, agency psychologist, a team of residential youth workers and management, an external psychologist, and an external specialist paediatrician. The residential workers and management were critical in reinforcing her case plan goals around the clock, and providing reflective practice to ensure Jane was progressing.

This therapeutic approach supported Jane to achieve her weight restoration goal, and her body started to heal and grow in a more typical manner for a young woman her age. Jane now only attends health appointments every second month and she has also become more engaged in her education.

Jane has achieved so much. She has applied for university, is engaged in extra-curricular activities, has two part-time jobs, obtained her drivers licence and purchased her own car. She is now focusing on her most recent goal of developing her social connections.

How does this apply to the practice of OOHC in NSW?

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Modes of care in NSW

Last century, Australia moved away from institutional out of home care (OOHC) models. These systems were replaced with general and specialist foster care models with a focus on meeting the complex needs of children and young people in care. However, for a small percentage of children and young people in care with especially complex needs, a residential facility with full-time specialist carers, trained staff, and a range of treatment options is often the most suitable care option.

The continuum of care in NSW currently includes:

Relative/Kinship and Foster Care

This model is home-based care provided by both relative/kinship and foster carers. Caregivers of children and young people with more severe trauma impacts, including other forms of severe adversity (e.g. a range of developmental, behavioural or mental health needs) are typically reimbursed at a higher rate than conventional carers, in recognition of the complex needs of the child or young person that they care for, and the additional supports required. This level of care is referred to as Intensive Foster Care (IFC).

Residential Care

The aim of the model is an intensive care placement for young people in statutory care, based in a residential care setting. This mode of care intends to address the complex needs of the child or young person resulting from the impacts of trauma, abuse, neglect, separation from families and significant others; and other forms of severe adversity. This can be achieved through the creation of positive, safe, healing relationships and experiences, informed by a sound understanding of trauma, attachment, and development needs.

At this point in time, there is variable application of this model in OOHC in NSW.

The role of OOHC providers in NSW

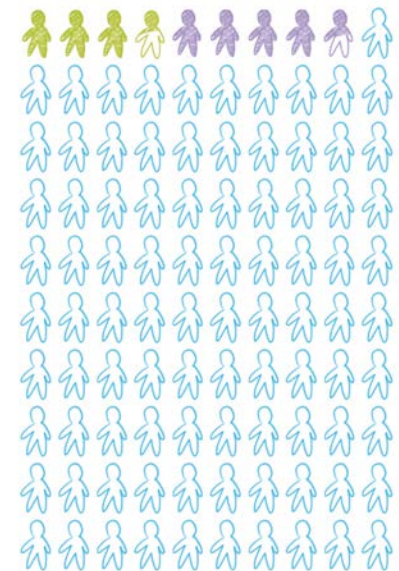
The placement and management of children and young people in OOHC is transitioning from the Department of Family and Community Services to a range of non-government agencies, each with different approaches, facilities, resources and capabilities. This has highlighted the need to have a service system that holistically responds to the needs of children and young people. This starts with the need to create an agreed definition and set of quality standards around the practice of Therapeutic Care, and to establish a common framework to underpin the delivery and funding of Therapeutic Care programs and interventions.

Who else plays a role in providing care?

Care teams consist of a number of different stakeholders with diverse contributions. As well as carers, caseworkers, and specialist staff in residential facilities, care teams can also include ancillary service providers, and professionals from areas such as health, education, juvenile justice and disability services.

As at 31 March 2016, there were 18,527 children and young people in OOHC and 2,500 on Guardianship Orders. 615 (3.3%) children and young people were living in residential care, while 812 (4.4%) were in Intensive Foster Care.

3.3% of children in Residential Care 4.4% of children in Intensive Foster Care



18,527 in OOHC

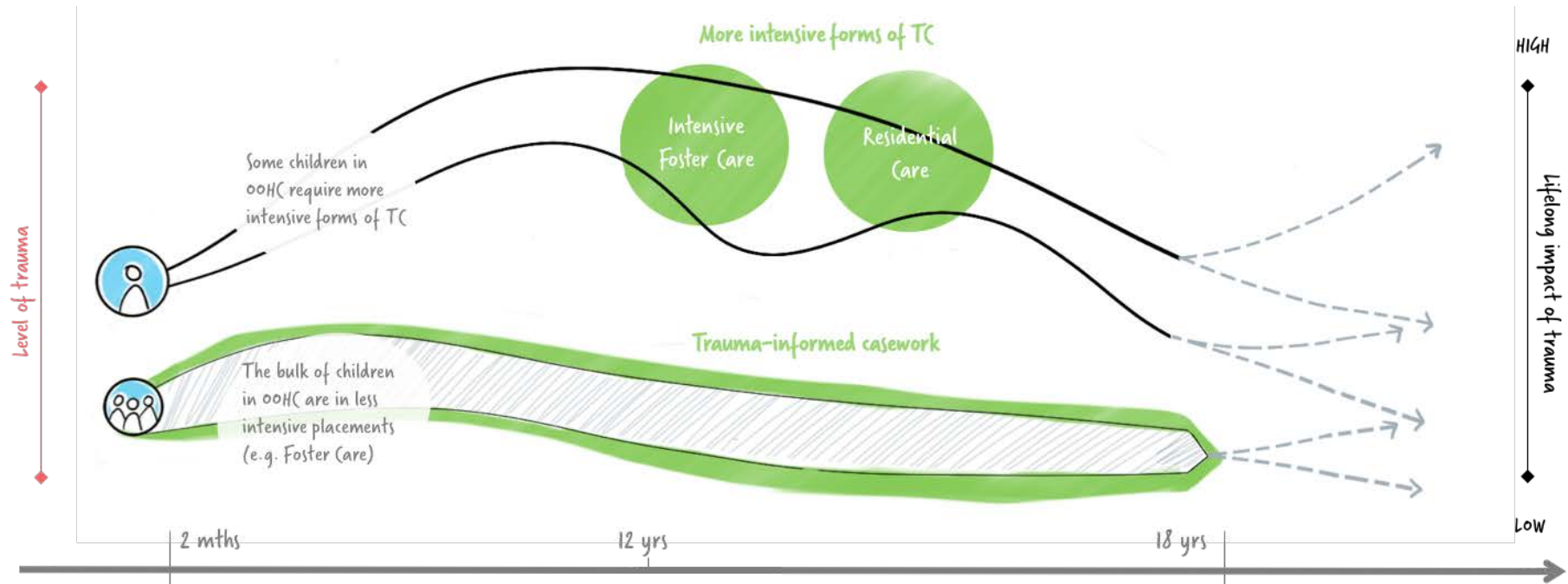
1. Preliminary 31 March 2016: KIDS – CIW data extracted 11 April 2016
2. Preliminary 31 March 2016: KIDS – CIW data extracted 11 April 2016
3. Preliminary 31 March 2016: KIDS – CIW data extracted 11 April 2016
4. Preliminary March 2016: OOHC Actuals placement report 2 May 2016

NOTE: Residential Care number includes Intensive Residential Care.
RC figure is a count of placement type and IFC is a count of verified service type.

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A child's journey through care

A child or young person may experience different modes of care during their time in OOHC



Pre-care

Children and young people in OOHC placements are a vulnerable group, many of whom have experienced trauma, abuse, neglect; and often are faced with other forms of severe adversity. All OOHC casework should therefore be trauma-informed.

Children and young people with higher care needs and levels of trauma require more intensive forms of care. This care can either be provided in their foster care placement, or in a residential care facility with a special focus on intensive care and a range of services on hand.

In OOHC

Children/young people over the age of 12 who require more intensive treatments may be placed in residential care. Ideally they should be enabled to return to a home-based placement (e.g. relative/kinship or foster care) as their care needs and trauma impacts reduce. This can be the result of additional supports and services provided.

Every child or young person's pathway is different. Some children and young people require more intensive forms of care throughout their OOHC journey. The pathway is not always linear, and their needs should be continually assessed to allow flexibility, to 'step up' or 'step down' between types of care, as their needs change.

Post-care

The success or otherwise of Therapeutic Care programs and interventions in OOHC can make a big difference to the lifelong impacts of trauma. It can also greatly influence a person's ability to participate fully in society, and whether or not they will enter into other systems such as health, justice and disability services.

Importance of delivering culturally sensitive TC

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In taking a holistic approach to Therapeutic Care, we must consider the cultural context of children and young people. A culturally sensitive perspective affects how we understand underlying issues such as attachment, and recognises that cultural connection is critical to identity and wellbeing.

Children and young people develop their identity, values and cultural awareness through meaningful relationships, particularly with their families and communities. Continuity of these relationships with family/kin/community help children and young people to feel valued and connected, promoting wellbeing. Culture also shapes the way that we engage with others and our environment.

It is important to acknowledge the pain and suffering separating Aboriginal and Torres Strait Islander children and young people from their families and communities has caused, especially those from the Stolen Generations and to their families and descendants. For this reason, preservation or restoration to family, kin or community is always the preferred outcome for Aboriginal children and young people if it can be safely achieved.

“We share a common sorrow gained through years of dispossession, oppression, forced removal of children and disadvantage. We need to work together to overcome the impacts of trauma and to find our own ways to heal together, and to help our children recover from intergenerational trauma.” *

“When Aboriginal people and kids are heard then together we can find stronger ways that meet kid’s needs in culturally safe ways... Involving Aboriginal people and Aboriginal ways means we can find real lasting solutions that ease the trauma and loss for our kids and builds resilience for the future.” *

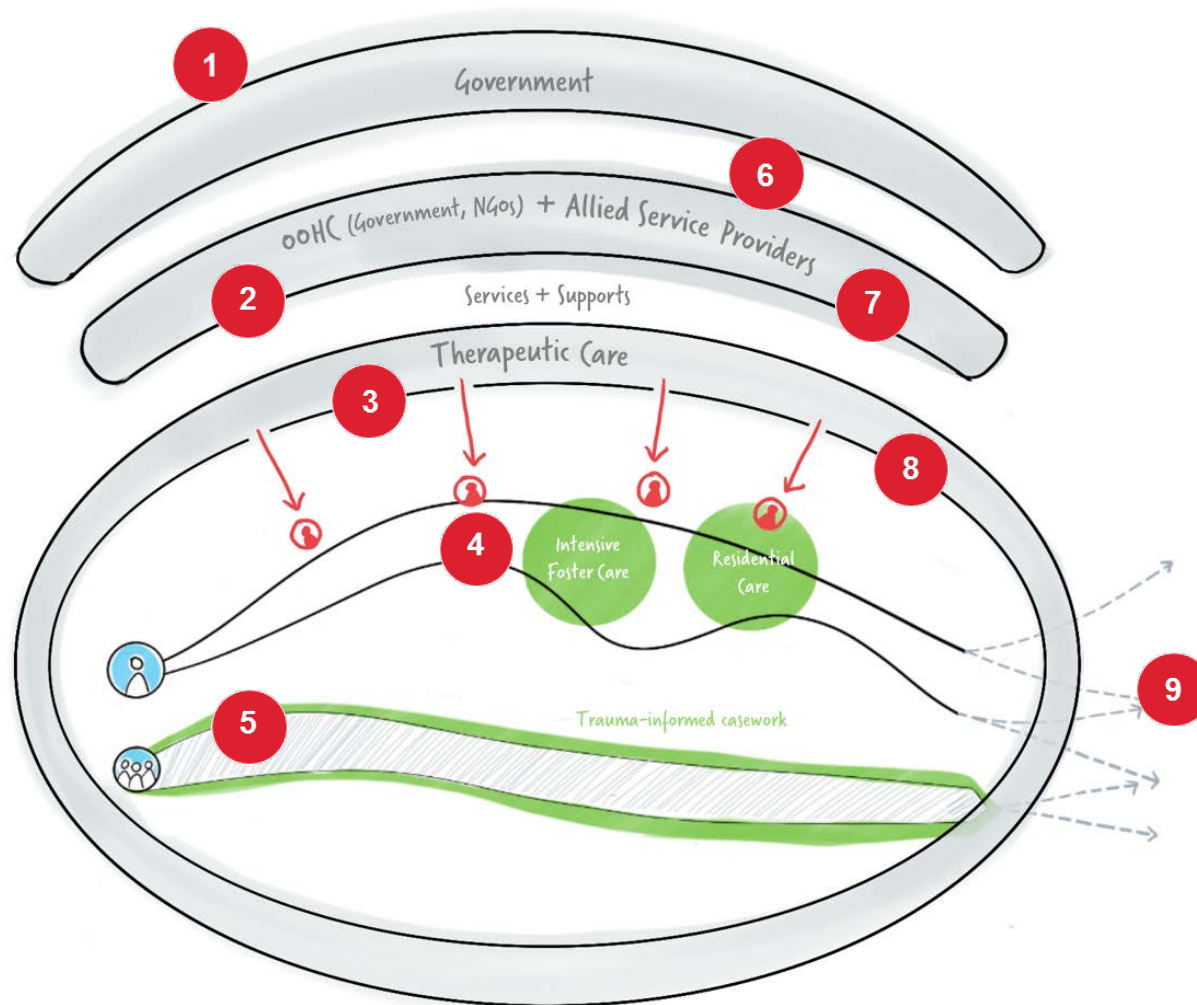
* Aunty Sue Blacklock (Winangay Chair), Member of the Order of Australia (AM); ACCP Ambassador for Children.



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What are the opportunities & challenges for change?

1. There are no consistent definitions or principles that clarify what Therapeutic Care is.
2. There is no well-defined Framework to guide the choice of programs and effective practice of Therapeutic Care.
3. The sector needs to build the capabilities and qualifications of care teams to deliver Therapeutic Care.
4. Need for better processes to connect the needs of a child or young person with the appropriate level of Therapeutic Care.
5. OOHC carers have limited capability and supports to address the impacts that trauma and other forms of sever adversity can have on children and young people.



6. Current funding models don't enable sufficient flexibility to transition children and young people between different modes of care, or between agencies providing different types of care.
7. Opportunity for better collaboration and knowledge sharing across the wider spectrum of services and providers.
8. There is limited capacity to measure the outcomes of Therapeutic Care.
9. Need for better continuity of support for children and young people leaving OOHC, and moving into other systems.

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B-SPACE

Where do we want to be?

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Our desired framework

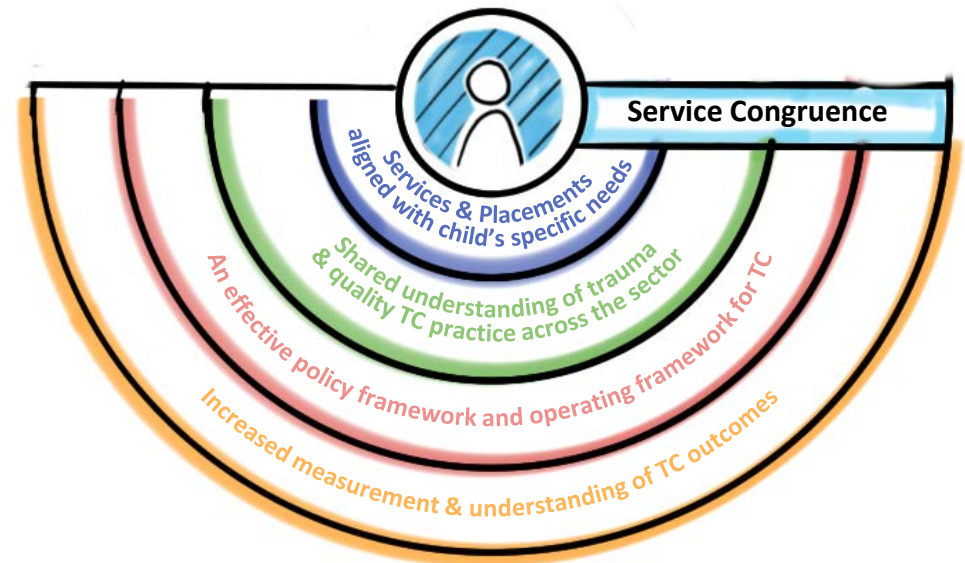
The ideal Framework for Therapeutic Care must include a number of important features:

- Service system and organisational congruence is central to maintaining the fidelity of a Therapeutic Framework.
- A suite of interventions so children and young people can be supported in the most appropriate placement suited to their individual needs. Particularly recognising the significance that family, community and culture play in providing children and young people with a sense of belonging and resilience.
- A system that ensures that children and young people experience the least intensive form of care that facilitates the healing journey and transition to adulthood.
- A strong focus on the right Therapeutic Intervention, for the right child or young person, at the right time.
- A flexible model of funding that allows the above decisions to be made.
- Quality practice across the sector, maintained through the observation of measurable outcomes and clear examples of best practice.
- Appropriate levels of information exchange across the sector, including information provided to carers who must provide trauma-informed responses around the clock.
- Flexibility for agencies to use their own models of evidence-based Therapeutic Care, aligned to the Framework's 16 principles.
- All of these elements, in appropriate combinations, will lead to reparative care that addresses trauma and the complex needs of children and young people.

OUR AGREED DEFINITION OF THERAPEUTIC CARE

Therapeutic Care for a child or young person in statutory out of home care is a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others; and other forms of severe adversity.

This is achieved through the provision of a care environment that is evidence driven, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, adversity, attachment and developmental needs.



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Desired outcomes for...



THE SECTOR

1. Increased capability and quality within the sector and among general and specialist OOHc care providers.
2. Better capability for matching the right intervention to the right child or young person, and for evaluating the outcomes.
3. Flexibility for agencies to choose their own evidence-based program of Therapeutic Care within a common conceptual framework.
4. Better alignment of policy, funding and contracting models, and individual outcomes for children and young people.



THE CHILD

1. Provision of the most appropriate and least intensive form of care that facilitates healing of the child or young person's trauma.
2. Improved individual outcomes relating to safety, permanency and well-being, through individualised Therapeutic Care that is clinically informed and culturally responsive.
3. Improved experience of care for children and young people, and improved communication with carers and care teams.
4. Children and young people will be active participants (where possible) in developing their care and case plans, and given information about the outcome of decisions concerning them.
5. Diversity (i.e. culture, disability, language, religion, and sexuality) is taken into account when working with children and young people, and when considering various theories and approaches.



COMMUNITY & GOVERNMENT

1. More positive engagement for the child or young person with their cultural heritage and with their community.
2. Ability to evaluate outcomes.
3. A collaborative, whole of government approach.
4. Better social return on investment and reduced costs of downstream service provision (i.e. health and justice).

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Guided by a core set of TC principles

CHILDREN AND YOUNG PEOPLE FOCUSED

1. Children and young people will be active participants in the development of their care and case plans (where possible). These plans should be based on in-depth assessments that are trauma-informed and responds to their complex needs.
2. Therapeutic Care programs need to be planned and based on appropriate assessments of the child or young person, taking into account their own views and preferences.
3. In residential care, the mix of young people in a service maximises the opportunity to address shared client needs.
4. Children and young people should be encouraged to engage with their family and/or significant others, and to maintain social, community, and cultural connections. This is a particular priority for Aboriginal and Torres Strait children.
5. Therapeutic Care should address aspects of the child or young person's life including community, education, recreation and health.

ENVIRONMENT

6. The physical environment provided to children and young people in OOHC must be safe, nurturing, and predictable to enable effective reparative care.
7. Care teams should aim to create a 'home-like' care environment, which creates positive, healing relationships and experiences.

ORGANISATIONS

8. Organisations should have a clearly articulated statement that outlines the values and culture behind their Therapeutic Care program, informed by relevant trauma and attachment theories; and clearly defines their program logic/ theory of change. This statement should be understood and agreed to throughout the organisation.
9. All care team members should have relevant experience and qualifications, or be working towards those relevant qualifications. They should also receive therapeutic training that addresses the rationale and theoretical underpinnings of practice.
10. Therapeutic Foster Carers should be trained, supported and adequately assessed to ensure their capacity for providing a consistent, healing response to children and young people.

11. Therapeutic Specialists will support staff and carers in providing a safe and healing care environment for children and young people.
12. For residential care, appropriate staff-to-child ratios coupled with consistent rostering of staff should be used to create a stable environment for children and young people.

SYSTEM

13. A shared understanding of Therapeutic Care helps organisations and their external stakeholders to act congruently and with a shared purpose.
14. Congruent action should also be taken across agencies and government bodies such as child protection, health and education – to provide children and young people with an integrated response to their needs.
15. A good system requires robust central-level and district-level governance. The roles and responsibilities of all stakeholders, including government, should be clearly articulated and understood to enable agencies to fulfil program requirements.
16. Outcomes for children and young people need to be measured and evaluated.

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C-SPACE

**What we need to do to
get there?**

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What we need to do to get there?

1. Socialise and embed the agreed Framework for delivering Therapeutic Care in NSW

- Communicate and promote an understanding of the distinctive elements and core principles of Therapeutic Care.
- Create a suite of recognised programs and interventions, within the agreed Framework, for agencies to apply Therapeutic Care.

2. Create an effective operating Framework for Therapeutic Care in NSW

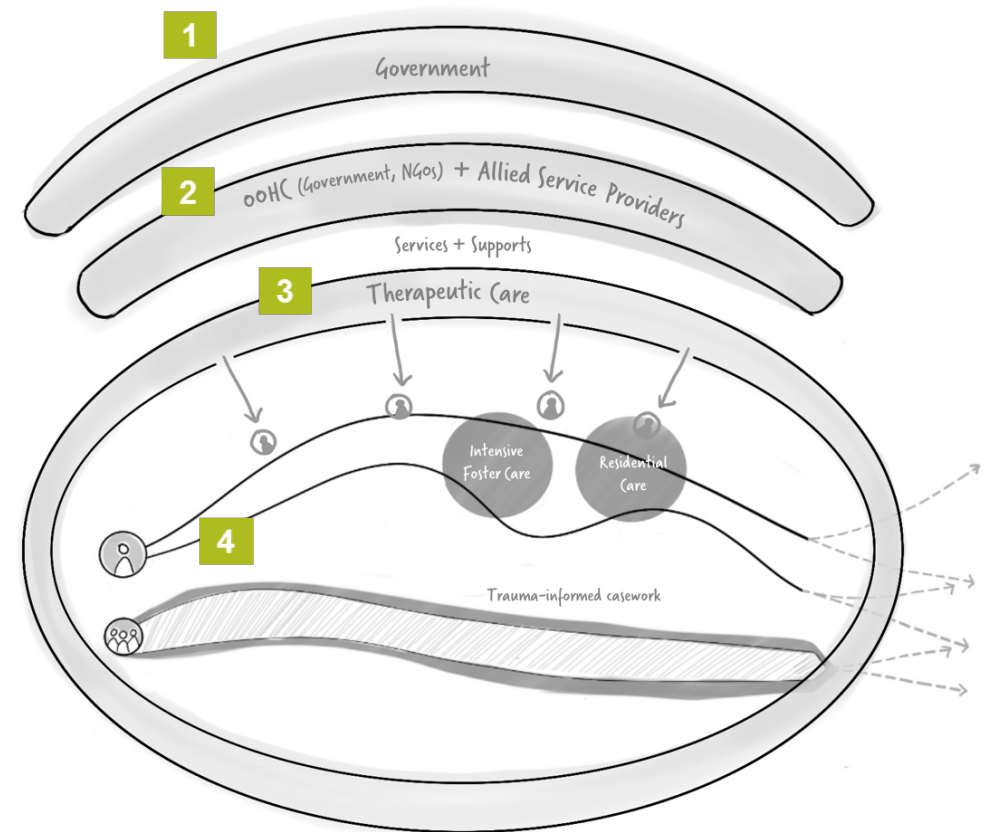
- Examine/ re-design funding and service models to create a seamless journey through different modes of care.
- Set up metrics for longer term evaluations of individual and system outcomes.

3. Build the capability of the sector and of members of the care team to deliver effective Therapeutic Care

- Equip carers to understand Therapeutic Care needs and apply suitable responses.
- Build the capability of agencies and care teams to implement the Therapeutic Care Principles into their practice, and recognise the role of key partners such as education and health.
- Increase understanding and information exchange across the sector to ensure the best programs and interventions (i.e. proven and promising approaches) are developed, explored and applied.

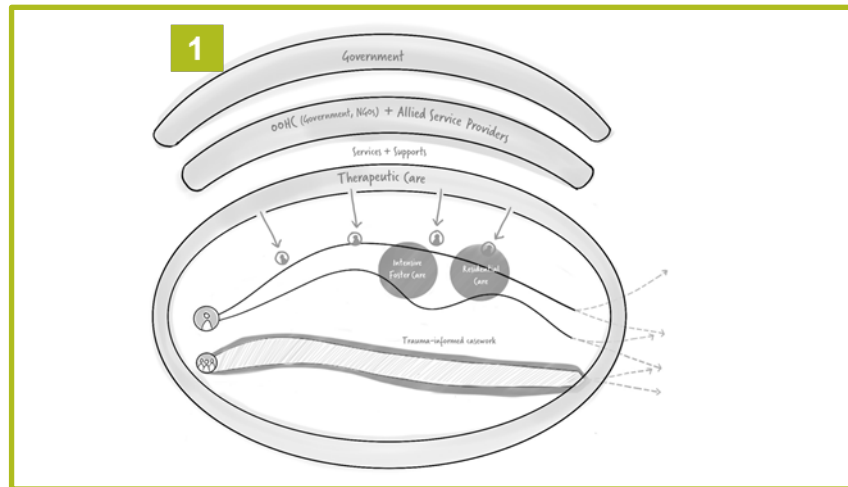
4. Provide the right intervention at key moments in the child or young person's journey

- Intervene early to reduce the impacts of trauma and other forms of adversity, and promote healing.
- Better capability for matching the right intervention to the right child, at the right time, and for evaluating the outcomes.
- Enable flexibility for children and young people to easily 'step up' and 'step down' through different intensities of Therapeutic Care responses.
- Improve the transition into adulthood, including planning for the child or young person's exit from OOHC.



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What do we need to do to get there? (contd.)

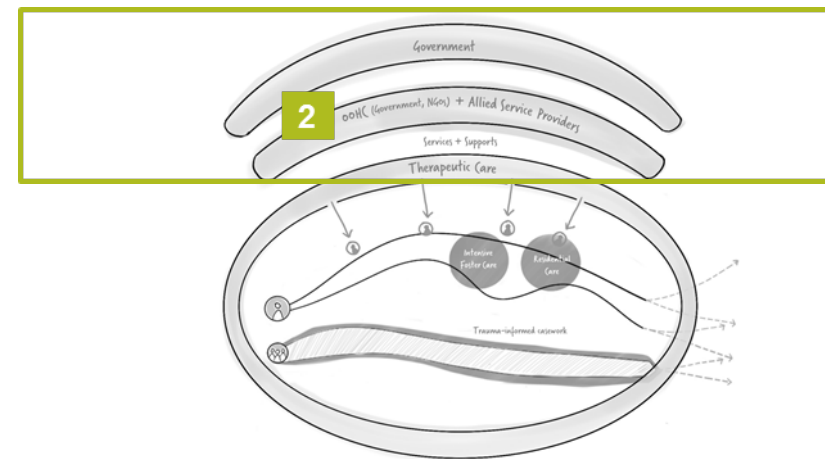


1. Socialise and embed an agreed Framework for delivering Therapeutic Care in NSW

The effective implementation of Therapeutic Care in NSW requires a shared Framework that clarifies its core principles and distinct elements. Core components of this Framework have been developed as part of the work undertaken to produce the Framework and supporting reports.

Within this Framework, individual agencies should have the ability to choose from a range of programs and interventions of Therapeutic Care that best suit the needs of the children and young people who are engaged with their service and in their care, taking into account the nature of the facilities that they administer, the capabilities of their staff and the mission of the organisation.

Socialising a general Framework and broad principles of Therapeutic Care across the sector, as well as identifying a range of recognised programs that agencies may choose from, will be an important first step to creating whole of system congruence and providing clarity about what qualifies as Therapeutic Care from the policy and funding perspective.



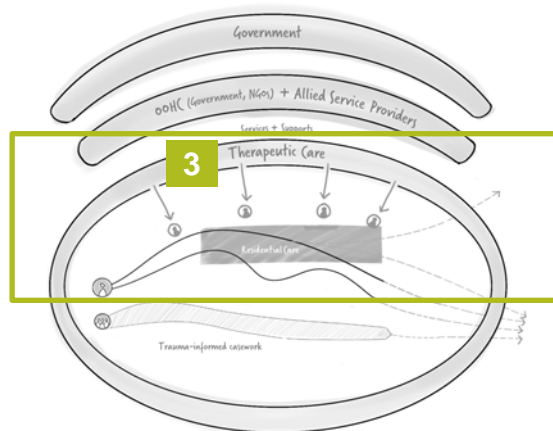
2. Create an effective operating model for Therapeutic Care in NSW

A child or young person's journey through OOHC is rarely linear. A primary goal of Therapeutic Care is to provide a range of different therapeutic interventions appropriate to different stages of the journey, and levels of need. Children and young people need the flexibility to easily 'step up' or 'step down' in the types of care being provided, recognising that there will be different rates of progress. This will require more flexible operating and funding models, that create the right incentives for a seamless journey.

Another missing component at the system level is the lack of appropriate mechanisms to evaluate the impact of different models of Therapeutic Care. As a result, a lack of data such as cost-benefit ratios and information on how children and young people with specific needs benefit from different kinds of therapeutic interventions over the long-term. Enabling better measurement of outcomes will be an important part of creating better systems of care and better outcomes for children and young people.

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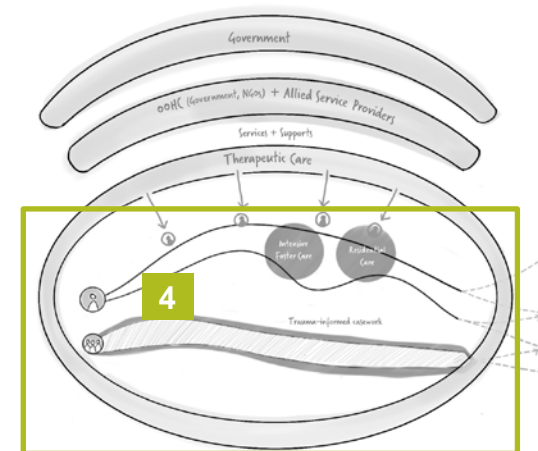
What do we need to do to get there? (contd.)



3. Build the capability of the sector and of members of the care team to deliver effective Therapeutic Care

Achieving effective and consistent Therapeutic Care practice will require ongoing education and capability building for all those involved in providing care, including foster carers, relative/kinship carers, residential care workers, caseworkers, clinical specialists, ancillary service providers and policy makers. This should be initiated primarily at the agency level, with support where appropriate from government and peak bodies, and should align with recognised sector-wide minimum standards and qualification requirements.

Across the sector there is also a need to foster avenues for better information sharing as children and young people transition through different care models, as well as effective communication about best practices and new insights about how to achieve the best outcomes.



4. Provide the right treatment at key moments in the child or young person's journey

The earlier a child or young person experiences trauma, the more likely it will result in long-term effects. Training relative/kinship and foster carers to apply low-intensity Therapeutic Care early in the child or young person's journey can therefore play an important role in reducing impacts later in life. Other key moments include transitions between different models of care (e.g. from Residential Care back into a Foster Care placement) and also preparation for transitioning out of care.

Addressing the diversity of experiences a child or young person faces through their journey in OOHC, effectively requires appropriately matching the needs of a child or young person at a particular point in time, with the right type and intensity of treatment and care. This includes ensuring that the right tools are available for assessing the child or young person's needs, and that the operating model is flexible enough to ensure they receive the least intensive form of care appropriate to their current care needs and healing journey.

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D-SPACE

**How will we make
this happen?**

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How will we make this happen?

We are
here
Consultation
period

