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| Program requirements for Four-bed therapeutic care |
| Interim addendum to the Program requirements for residential care in Victoria – November 2023 |
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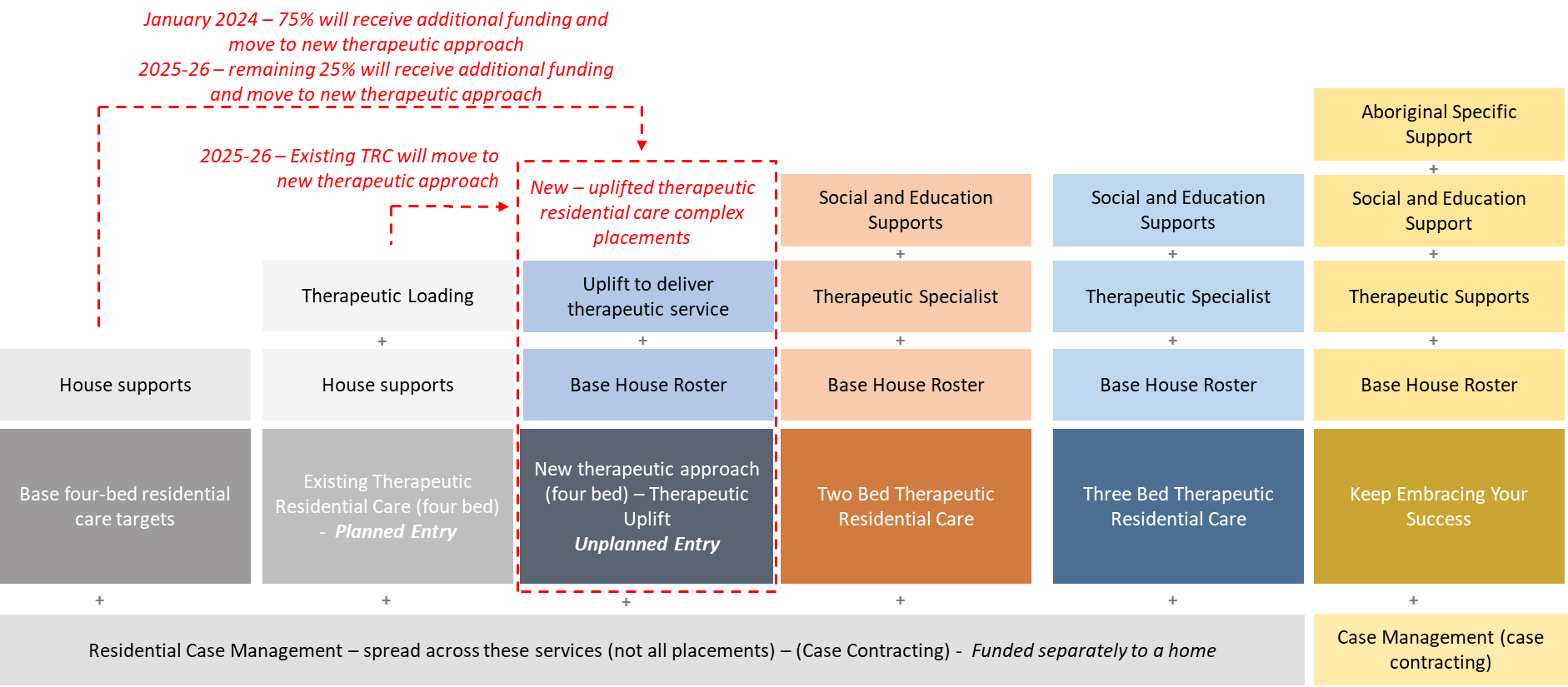
# Background

Through the 2023-24 State Budget, the Victorian Government is investing $548.4 million over four years to improve outcomes for young people in residential care. This includes funding to enable access to therapeutic supports for all young people in residential care by 2025-26.

From January 2024, 75 per cent of base four-bed residential care targets[[1]](#footnote-2) (excluding those that already have a therapeutic loading attached) will receive additional funding for therapeutic supports. The remaining 25 per cent of base four-bed residential care targets (excluding those that already have a therapeutic loading attached) will receive the additional funding for therapeutic supports in 2025-26.

Victoria has strong practice and leadership in the delivery of Therapeutic Residential Care (TRC). However, there are elements of the existing TRC model that need updating to align with current evidence, best practice, and the current operational context.

The Department of Families, Fairness and Housing (the department) is committed to working with key stakeholders, including residential care providers, to review the existing TRC model and consider learnings from the new models of therapeutic care to develop consolidated therapeutic care program requirements that will outline core elements of therapeutic care, including staff training requirements, that will apply across all residential care homes. This vital work requires time to get it right for young people.

The following diagram demonstrates the current and new models of residential care and the changes that will be made between January 2024 and 2025-26:

This *Program requirements for Four-bed therapeutic care: Interim addendum to the* *Program requirements for residential care in Victoria* (interim addendum) has been developed to articulate the additional requirements that apply to the base four-bed residential care targets that have received the additional funding for therapeutic supports (Four-bed therapeutic residential care) while the work to develop a fully refreshed model of therapeutic care is completed.

## Purpose of the interim addendum

This interim addendum outlines the service expectations for Four-bed therapeutic residential care while more detailed requirements are developed.

Community Service Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) delivering the Four-bed therapeutic care model must meet the overarching program requirements for residential care outlined in the [*Program requirements for residential care in Victoria*](https://providers.dffh.vic.gov.au/program-requirements-residential-care-victoria-oct-2016-word) in addition to the specific requirements outlined in this interim addendum. This includes homes with other bed configurations that use four-bed residential care complex targets, for example two-bed homes that use four-bed residential care complex targets.

CSOs and ACCOs must have operations and procedural documentation that specifies how the *Program requirements for residential care Victoria* and this interim addendumare implemented.

This interim addendum has been developed through the review of current therapeutic models of care, findings of recent literature, and informed by consultation with young people through forums such as the Ministerial Youth Advisory Group, and key stakeholders, including current residential care providers in Victoria.

# Introduction

Young people in residential care are among the most vulnerable young people in the state. Most have experienced abuse and neglect resulting in complex trauma and their placement in Care Services[[2]](#footnote-3). International and national research indicates the trauma from abuse and neglect experienced by young people negatively impacts on their development and behaviour.

The department’s Framework for trauma informed practice includes the following definition of trauma:

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| Trauma can be defined as the experience and effects of overwhelming stress. Trauma overwhelms a person’s ability to cope when faced with a threat. Trauma arises from activation of the instinctive survival response, sometimes referred to as flight/fight/freeze to overwhelming threat. As such, it originates as a response in the nervous system.  Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being’.  Collective trauma can be experienced by whole communities of people. For example, this is seen in groups of people with shared experiences (such as surviving a natural disaster, forced adoption or institutional abuse). It is also seen in indigenous populations and people from refugee backgrounds who have been exposed to violent dispossession and physical, cultural and spiritual genocide over long periods.  Trauma can be experienced through a single incident (single-incident trauma) or through repeated exposure to harmful incidents (complex trauma). Complex trauma is chronic, cumulative and has its origins in people’s relationships. This includes trauma that occurs early in life and impacts development and attachment relationships. Both single incident and complex trauma can severely disrupt a person’s identity, relationships, health and wellbeing.[[3]](#footnote-4) |

Therapeutic residential care can address these harmful effects and support recovery from trauma and achievement of good life outcomes.

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| Therapeutic residential care is an intensive intervention for young people, which, in Australia, is a part of the out-of-home care system. It is a purposefully constructed living environment which creates a therapeutic milieu (social environment) that is the basis of positive, safe, healing relationships and experiences designed to address complex needs arising from the impacts of abuse, neglect, adversity and separation from family, community and culture. Therapeutic care is informed by current understandings of trauma, attachment, socialisation and child development theories; which are translated into practice and embedded in the therapeutic care program. [[4]](#footnote-5) |

As part of the development of the refreshed model of therapeutic care, the department will work with key stakeholders, including residential care providers, to articulate and document consolidated core elements of therapeutic care in Victoria.

# Additional program requirements

## Staffing

The department intends to consult with residential care providers to formalise a base roster for Four-bed therapeutic care as part of the work to develop consolidated therapeutic care program requirements. In the interim, the staffing model, which has been adapted from the [*Program requirements for the delivery of therapeutic residential care in Victoria*](https://providers.dffh.vic.gov.au/program-requirements-delivery-therapeutic-residential-care-victoria-word)*,* includes:

* two additional residential care staff per home
* a therapeutic specialist (0.5 FTE) per home – see [Requirements for the therapeutic specialist](#_Requirements_for_the)
* a stand-up night staff.

## Therapeutic specialist

### Qualifications and experience of the therapeutic specialist

CSOs and ACCOs must specify the role, responsibilities, qualifications and experience of the therapeutic specialist in staffing documentation, including:

* Therapeutic specialists will have a recognised and appropriate tertiary qualification in Psychology, Social Work, Allied Health or a related discipline. Post-graduate training in relevant child, adolescent and family clinical practice is strongly preferred.
* Therapeutic specialists will have a thorough understanding (based on advanced training/qualifications and a body of knowledge on recognised theoretical approaches) of the impact of trauma, disrupted attachment and abuse/neglect on a child or young person’s development and wellbeing
* Therapeutic specialists will have the ability to synthesise evidence and best-practice frameworks, devise formulations, and make robust care and support recommendations, with the ability to effectively communicate this with carers, professionals, and other stakeholders
* Therapeutic specialists will have substantial experience in working therapeutically with young people and demonstrated capacity to persevere to achieve positive outcomes when working with young people who have experienced trauma and have complex needs and presentations
* Therapeutic specialists must demonstrate a thorough understanding of Aboriginal and CALD (Culturally and Linguistically Diverse) cultures to provide culturally sensitive and effective care for young people in residential care
* Therapeutic specialists will have a well-developed understanding of Care Services and the Child Protection placement and support system in Victoria and a commitment and track-record of working in close partnership with internal teams and a broad range of external services. Experience in Child Protection and Care Services systems, and in working with young people in residential care is desirable
* The therapeutic specialist will be required to work under the supervision of appropriately qualified and experienced managers within their employing organisation (refer to [Therapeutic Specialist’s Clinical Governance Arrangements](#ClinicalGovernance)). Supervision must support the continuing development of therapeutic knowledge and practices that are responsive to evolving clinical developments.

### Clinical governance

Therapeutic specialists are usually employed by an organisation with specialist expertise in the provision of therapeutic services to young people. This enables therapeutic specialists to have access to appropriate clinical supervision and a clinical framework focused on highly-skilled assessments and a balanced approach to reflective practice.

The therapeutic specialist role works best with the support of a clinical team and resources around them as the role must add value over and above the residential and case management aspects of the Four-bed therapeutic care model. An externally employed therapeutic specialist also provides substantial opportunity for CSOs and ACCOs to have independent input into program design and monitoring to maintain program integrity and consistency.

CSOs and ACCOs must meet the following requirements when appointing therapeutic specialists:

* Therapeutic specialists will be contracted from a specialised provider external to the four-bed therapeutic care program or by other agreed arrangement between the department and the CSO or ACCO as outlined below
* the therapeutic specialist provider will deliver clinical support, resources, and a clinical framework to the therapeutic specialist so their focus remains on providing a good assessment of young people’s trauma and attachment experience and their developmental needs, and that they are able to provide a balanced approach to reflective practice
* Therapeutic specialists are required to work under the clinical supervision of appropriately qualified and experienced practitioners provided by the sub-contracted organisation.

The department recognises that there may be circumstances where arrangements other than subcontracting may be proposed by organisations in relation to the engagement and employment of the therapeutic specialist. Where this is the case, CSOs and ACCOs will need to submit to the department their proposal that should include the clinical governance, employment and supervisory framework for the therapeutic specialist and the appointee’s credentials.

Any alternative proposals regarding the therapeutic specialist governance must be submitted in advance of implementation of these alternative arrangements and receive department approval (from the Service Agreement lead) in writing prior to implementation.

During implementation phase, all providers are requested to advise the department, through their Service Agreement lead of the engagement of the therapeutic specialist and compliance with this section.

### Role of the therapeutic specialist

The therapeutic specialist role is an essential, funded element of all Four-bed therapeutic care homes. The therapeutic specialist plays an important role in ensuring the home is a therapeutic, trauma informed environment. The key purpose of the role is to ensure:

* Each young person receives care that meets their individual needs, promotes healing from trauma and supports their wellbeing
* Residential care staff are equipped and enabled to meet the needs and promote healing for each young person, including the provision of reflective practice
* Young people are referred for additional supports as required, and support is provided in an integrated way with professionals working together to support the child or young person
* Each young person receives behavioural management support to promote positive interactions within the home
* Young people are supported with high quality, individualised assessment, treatment planning and transition support planning.

The therapeutic specialist will attend department forums and/or community of practice discussions where available and/or as required. The department notes that these will be further explored and outlined in partnership with residential care providers, the Centre for Excellence in Child and Family Welfare and the Statewide Principal Practitioner Children and Families, Office of Professional Practice.

Program documentation must clearly outline the role and responsibilities of the therapeutic specialist including:

#### Entry

* Support the transition of the child or young person’s entry into the home[[5]](#endnote-2), including ensuring the child or young person has information about the home as well as the existing young people are supported to understand and where possible, be part of the transition of the new child or young person into the home.
* Within the first six weeks of placement, assess the child or young person’s individual strengths and needs, including:
  + Reviewing the available information
  + Getting to know the child or young person to understand their strengths and needs
  + Gathering any missing information, including any previous assessments conducted
  + Conducting Strengths & Difficulties Questionnaire (SDQ) and Health of The Nation Outcomes Scale – Children and Adolescents (HoNOSCA) assessments
  + Identifying any additional assessments required and linking young people in with other services as needed
  + Sharing the assessment and any recommendations with Child Protection
* If there is a NDIS Plan which includes funded behaviour supports, work with the NDIS Behaviour Support Practitioner to ensure that staff are able to implement supports in the home that are disability and trauma informed.
* If the young person has a disability and there is no NDIS Plan, support with Child Protection, the care team and case manager to complete a NDIS access request, where required.
* Review and/or develop a Behaviour Support Plan (BSP) as needed. BSPs should be developed in line with the *Practice guide: behaviour planning to best support children and young people in out of home care[[6]](#footnote-6)* and aim to address key behaviours of concern through a range of proactive strategies that build on a young person’s strengths and increase their life skills.
* Lead the development of an Individual Therapeutic Treatment Plan, in consultation with the case planner, which should align with the child or young person’s Case Plan (including the Care and Placement Plan and Cultural Plan), and must:
  + apply across all spheres of the young person’s development including physical, emotional, social, educational/vocational, recreational, cultural and spiritual
  + address the therapeutic needs of each child or young person identified through the assessment which responds to their particular characteristics and needs so they can heal, develop and grow
  + recognise that for Aboriginal young people, the maintenance of connections or reconnection with their culture and identity through contact with their family and community, is a key factor to their health and wellbeing
  + clearly define the child or young person’s specific goals, in consultation with the young person, family/carer and care team
  + outline how all interactions can be used as opportunities for therapeutic gain and positive engagement
  + include clear strategies to establish consistency, stability and safety for the child or young person based on their developmental needs and known history, informed by the balance between empowerment and limit setting that is individually appropriate for them
  + where young people are ready, include psycho-educational strategies for young people about the trauma they may have experienced and the ways in which it is currently affecting them in order to better understand and respond to their emotions and behaviour
  + be built upon and reinforce the child or young person’s own strengths, resources and coping skills
  + includes the role and responsibilities of other professionals contributing to the plan and other service systems to ensure that services are complementary, integrated and utilise consistent therapeutic approaches.
* Work with residential care workers to ensure young person successfully transition and settle into the home.

#### During placement

* Review and update the assessment annually or when significant change.
* Lead implementation of, and review and update at least every six months, the:
  + Individual Therapeutic Treatment Plan
  + Behaviour Support Plan, as applicable.
* Work as part of the care team to support the child or young person to achieve their goals.
* Support implementation of plans led by other professionals in the home where relevant, including and not limited to the NDIS Behaviour Support Plan, Cultural Plan, Individual Education Plan.
* Provide updates to Child Protection as required to inform ongoing risk assessment and review of Case Plan goals.
* Support and guide residential care staff to respond to young people’s specific needs and behaviours and understand the process of recovery and the therapeutic responses they will need to provide, including through modelling positive therapeutic responses.
* Facilitate reflective discussions with staff and staff teams to problem-solve and collaboratively develop and review strategies and approaches that promote young people’s healing and progress towards desired outcomes.
* Assist residential care workers to have sensitive, reparative interactions with young people through reflective practice to enhance understanding of the interpersonal aspects of providing therapeutic care and workers capacity to self-manage their own responses so they can remain consistent in their approaches.
* Support staff to respond to crisis situations/incidents, including (and where appropriate) in a manner consistent with the[*Framework to reduce criminalisation of young people in residential*](https://providers.dffh.vic.gov.au/framework-reduce-criminalisation-young-people-residential-care#:~:text=The%20Framework%20to%20reduce%20criminalisation%20of%20young%20people,departments%2C%20Victoria%20Police%20and%20residential%20care%20service%20providers.) *care*, and to reflect on the triggers and other dynamics associated with the incident.
* Guide broader CSO or ACCO staff to develop consistent approaches to planning and working with individual young people.
* Promote the active participation of young people in developmentally appropriate decision-making about the operations of the home and their own therapeutic treatment plan.
* Be present in the home and check in with young people on how they are doing.
* Support establishment and maintenance of:
  + the therapeutic trauma-informed environment
  + routine and structure in the home
  + a culturally safe environment
  + inclusive practice within the home
  + LGBTIQ+ inclusive practices in the home and actively connect young people with communities where needed.
* Develop service partnerships and linkages to promote joint therapeutic work, particularly with relevant Aboriginal services.
* Support access to additional supports as required, such as education and health supports.
* Support connection of young people with cultural community.
* Support family work, led by Family Preservation Response, as appropriate to enable connection and/or reunification with family in line with the young person’s case plan.

#### Exit

* Support the planned transition from Four-bed therapeutic residential care to longer term and less intensive placement arrangements.
* Whether the exit is unplanned or planned, support transition planning for young people leaving the home. This includes:
  + Considering continuity of supports in health, education and/or community supports during their transition.
  + Considering any referrals for additional supports that may need to be made and work with the case planner to ensure a referral is made, where appropriate.
  + Consider the sharing of relevant information and documents
  + Considering the child or young person’s emotional and coping skills and how the child or young person can be supported through the change
* Continue to participate in care team meetings to support the effective transition post exit, as appropriate (for example at one week post exit, two weeks post exit and three months post exit).

## Reporting and monitoring

The purpose and objectives of the therapeutic specialist role in the Four-bed therapeutic service is outlined above – see Role of the therapeutic specialist.

To support the ongoing evaluation and monitoring of this, it is important that all information is inputted into CRIS and CRISSP according to current business processes. In addition, all client incidents occur during service delivery must be reported in the Client Incident Management System (CIMS), as outlined in the [Program requirements for residential care in Victoria Oct 2016](https://dhhsvicgovau.sharepoint.com/sites/ChildrenandFamiliesBranch-DHHS-GRP/Shared%20Documents/Care%20Services/Residential%20Care/Therapeutic%20Residential%20Care/Defining%20a%20therapeutic%20approach/Stage%203%20–stakeholder%20engagement,%20draft%20development%20and%20approval/Draft%20addendum%20and%20approvals/Program%20requirements%20for%20residential%20care%20in%20Victoria%20Oct%202016).

Data will be extracted from CRIS and CRISSP, as well as CIMS, to monitor performance including:

* Daily average occupancy
* Number of planned exits
* Reduction in critical incidents.

The department intends to consult with residential care service providers regarding reporting and monitoring requirements as part of development of the refreshed model of therapeutic care. This will include consideration of broader measures that would capture outcomes for children, such as placement stability and increased educational engagement.

## Implementation considerations and planning

As noted, Victoria has a strong practice and leadership in the delivery of therapeutic residential care and the Victorian Government has invested to build on this and to ensure that all young people access therapeutic residential care (by 2025-26).

The department notes that implementation will be based on this interim addendum, while further work occurs to develop consolidated therapeutic residential care program requirements. This further work, in consultation young people and providers, will include:

* a review of the current TRC program requirements (which will be subsumed as part of the new consolidated therapeutic residential care program requirements)
* formalise a base roster for the new Four-bed residential care model, to ensure base rostering requirements are articulated across all models of residential care
* consideration of feedback and learnings from the implementation of the new uplifted residential care complex placements, including how the interim addendum requirements have been applied in practice and
* other considerations, such as staff training.

The department also notes that implementation planning will need to reflect local area needs and contexts, and to build on good local practice. The department recognises that some CSOs and ACCOs may experience particular implementation challenges or barriers to meeting the requirements set out in this interim addendum, particularly in the initial stages of implementation. CSOs and ACCOs should work with the department (local Agency Performance and System Support team in the first instance) to obtain advice and support to overcome implementation issues and identify potential alternative strategies or approaches, where necessary and appropriate, to support successful implementation and delivery of therapeutic residential care.

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1. Targets are defined as the unit price per placement for the respective Care Services model and is the expression utilised in service agreements with service providers. [↑](#footnote-ref-2)
2. Commission for Children and Young People, *Out of sight: systemic inquiry into children and young people who are absent or missing from residential care* (Melbourne: Commission for Children and Young People, 2021). [↑](#footnote-ref-3)
3. Department of Families, Fairness and Housing (DFFH) (2022). *Framework for trauma-informed practice.* Available at: <https://www.dffh.vic.gov.au/sites/default/files/documents/202302/Framework-for-trauma-informed-practice.pdf> [↑](#footnote-ref-4)
4. National Therapeutic Residential Care Alliance, as quoted in McLean, S. (2018). *Therapeutic residential care: An update on current issues in Australia*. Child Family Community Australia. Available at: https://aifs.gov.au/resources/policy-and-practice-papers/therapeutic-residential-care-update-current-issues-australia#this [↑](#footnote-ref-5)
5. Note that entries can be unplanned and the same day as the referral is activated. The process is different to the current entry process into existing Therapeutic Residential Care units. [↑](#endnote-ref-2)
6. The Practice guide: behaviour planning to best support children and young people in out of home care is available at <https://providers.dffh.vic.gov.au/practice-guide-behaviour-planning-best-support-children-and-young-people-out-home-care> [↑](#footnote-ref-6)