Residential Care
Joint Submission

Contents

Purpose Statement

This submission has been jointly prepared for the consideration of the Commission of Inquiry as it charts the future of child protection in Queensland for the next ten years. It has been prepared by experienced staff from Anglicare Southern Queensland, Churches of Christ Care Pathways and Mercy Family Services. All agencies have extensive traditions in out-of-home care service provision, with a focus on residential care.

The purpose of this submission is to provide information in the support of the need for residential care as part of the placement system available for children and young people requiring out-of-home care in Queensland now and in the future. This information includes material from the literature in respect to residential care and is supported by several case studies demonstrating the positive outcomes that are achieved for children and young people in our agencies' care. We acknowledge these case studies contain information that could be identifiable and therefore this submission is confidential.

Who we are

Anglicare

Anglicare Southern Queensland provides care and support for approximately 16,500 people and their families living throughout the state.

At Anglicare, we endeavour to help you and those closest to you to improve your wellbeing and maintain your independence, as well as ensuring healthy lifestyle choices. Across Anglicare, we deliver a diverse, comprehensive range of services including:

- disability support
- fully accredited residential aged care and independent living
- in-home nursing and community care
- out-of-home services for children and young people in care
- mental health counselling and recovery
- family counselling and support
- youth homelessness services
- accommodation support
- employment pathways.

Our service delivery model is strengthened by our service culture and commitment to ensuring services are person-centred and you and your family are actively involved in planning and the delivery of the services. Anglicare Southern Queensland's collaborative and integrated approach to service delivery will ensure the optimum delivery to those in our community.

Our organisation operates within the broader context of Diocesan and church networks and services for families, facilitating strong connections with parishes, schools and other faith-based organisations. These broader services complement Anglicare Southern Queensland's diverse range of service offerings along the continuum of care, including our support programs for children, youth and families; programs for adults (such as disability support, homelessness services, support for people living with HIV/AIDS, counselling and mental health services); and palliative care.

Churches of Christ Care

Established in 1930, Churches of Christ Care is one of the largest, most diverse not-for-profit organisations in Queensland. A division of Churches of Christ in Queensland and working with Churches of Christ in Vic/Tas, Churches of Christ Care provides a range of care services to vulnerable persons at different stages of their life journey.

Churches of Christ Care operates more than 150 care and internal support services throughout Queensland and Melbourne, Victoria, with the support of 2,900 staff and over 600 volunteers. It is active in the areas of early childhood services, child protection, community housing, retirement living, community aged care and residential aged care.

Churches of Christ Care's services are funded by a mix of government subsidies, grants, fundraising activities, and fees and charges for services such as early childhood, retirement living and residential aged care. Community housing projects have been made possible through funding from the Australian Government's Nation Building – Economic Stimulus Plan.

Churches of Christ Care is built on a foundation of Christian values, commitment to quality care, and trust and respect for clients and the community. Services are offered to all those in need regardless of their religious background.

Our Child, Youth and Family Care services include a broad range of early childhood services and our child protection services, Pathways. We are one of Queensland's largest providers of out-of-home care services, providing services in Mount Isa, Townsville, Bowen, Mackay, Bundaberg, Maryborough Fraser Coast, Caboolture, Brisbane, Ipswich, Logan and the Gold Coast.

Our Pathways programs provide foster/kinship care, respite care, assessment and intervention services, and residential and supported independent care, to over 2,600 children and young people under child protection orders each year. Over 950 dedicated and compassionate foster carers work closely with Pathways staff to provide a vital safety net to these children and young people who have often come from backgrounds of abuse and neglect.

Mercy Family Services

Mercy Family Services exists to empower and strengthen disadvantaged and vulnerable children, young people and families. Mercy Family Services is sponsored by the Brisbane Congregation of the Sisters of Mercy, a Catholic order founded in Ireland in 1831 by Catherine McCauley to raise the visibility and wellbeing of the poor, and educate young women so they could support themselves in employment.

Since 1861 the Sisters have been serving the community of Brisbane in areas such as teaching, nursing and services for families including children's homes. To ensure their work continued, the Sisters formed Mercy Family Services in 1996. Firmly based in the traditions of The Sisters of Mercy, Mercy Family Services delivers quality innovative services so that children, young people and families feel valued, connected, strengthened and are given hope for the future.

Now working from nine centres in Brisbane, Goodna, Caboolture, Logan City, Toowoomba and Warwick, Mercy Family Services' award winning, world-class research and innovative programs offer a continuum of care as follows:

- Family support including programs for parenting, mental health support, and managing the different stages of a family's life cycle
- Emergency placements for children under 12 years of age
- Foster and kinship care programs which run at capacity
- Adolescent residential placement averaging above 90% capacity
- Therapeutic residential care program
- Independent living program
- Unaccompanied Humanitarian Minors
- Casework to families and unaccompanied minors in community detention
- Refugee and migrant settlement projects
- Education programs on Australian legal domestic rights and responsibilities for refugee and migrant families
- A range of community-based activity and skills development programs to support refugees.

Mercy Family Services provides 13 residential care services with a total of 53 placements, including a specialist, six placement, therapeutic residential. In addition, we provide 10 supported independent living placements and outreach support (eight young people) and an education support program (10 people).

With over a 150-year tradition of compassion, innovation, and dedication to improving young lives, Mercy Family Services' has the strength of our vision and commitment to excellence which is the foundation to continue making a difference for our community.

Key learnings from the literature

- Models other than family based care for children and young people in the out-of-home care system are a legitimate requirement for a continuum of care, with residential services being one of these, Ainsworth, F., & Hansen, P. (2005). A continuum in this context is not a linear process of entering into the system at family based care until this option has failed and then entering into residential settings. A continuum is about a system that has various placement options that can cater to the complex and diverse needs of the 8000 children in care in Queensland; with children being referred, based on an assessment of their current needs matched to the available placement options. It is argued that the care continuum itself should be re-evaluated and residential care be considered as an option when children first enter care, where they can be assessed and receive appropriate treatment services (Osborn, A., & Bromfield, L., 2007).

- Conventional home-based (foster and kinship) care is not suitable for some children and young people with complex behavioural problems and high levels of placement instability. Residential care should be considered a viable option for these children and young people. (Bath, 2008a). Residential care should be used selectively for children and young people with high support needs; sibling groups; young people moving on to independent living; and children and young people following a foster placement breakdown. The agencies submitting are able to site case examples of children and young people being placed with their service who have experienced over 15 placement breakdowns in the immediate six months prior to entering the residential placement. As a result of being placed within a suitable residential care model, the children and young people have been able to grow and develop and the presenting behaviours reduced to the point whereby other placement options are more appropriate.

- Quality residential care needs to be adequately resourced and targeted towards children and young people with specific needs (for example, treatment for sexualised behaviours); and staffed by skilled and knowledgeable direct care staff and caseworkers, with a clear therapeutic objective (Ainsworth, F., & Hansen, P., 2005). This point would support the adoption of a minimum qualification for residential care staff, enhanced by a specialised in-service training curriculum, inclusive of universally adopted competency based training such as Therapeutic Crisis Intervention (Cornell University, 2013); Youth Mental Health First Aid (Mental Health First Aid Australia, 2013) and Transforming Care (Atkin, S., Boswell, D., Kitchener, S., Boustead, B. & Picot, V., 2008). It must be acknowledged that for this system to be successfully implemented, sufficient resources to provide training, staff training attendance and follow up supervision must be made available. Victoria has implemented a residential care training initiative which supports the sector and is under the auspices of the peak body, The Centre for Excellence. Anecdotally, it appears that this initiative has demonstrated some positive elements such as shared training events, minimised duplication and shared resources. It is essential that key differences in both demographics and geography are taken into account if such a scheme should be considered for Queensland, especially the complexity of service provision in regional and remote locations.

- *"Therapeutic residential care (TRC) is becoming an increasingly relevant out-of-home care option for children and young people with multiple and complex needs. It is a new and developing approach in Australia, one aimed not simply at containment of the "hard cases"—as is often the case in traditional residential care—but rather at actively facilitating healing and recovery from the effects of abuse, neglect and separation from family."* (McLean, S., Price-Robertson, R., & Robinson, E. 2011).

Case Studies

Case Study 1: TRACC Springwood

Young person's profile:

- An indigenous child, [redacted] years of age, was referred by Placement Services Unit to TRACC Springwood in 2010 due to several placement breakdowns in Foster Care. The referral did not paint a positive picture for the child due to previous foster carer's input.
- The child had some family contact and this was limited due to the child's family living in diverse locations throughout South East Queensland and the Widebay/Burnet region.
- The child required a stable placement, consistent routine, a daily assessment of behaviour and emotions (which was more consistent than the initial referral provided), stable education, an established family connection with kinship being the main objective or possible Specialist Foster Care, and an established cultural connection.

Outcomes:

- The child remained at TRACC Springwood for over two years in a stable placement.
- The child remained in the same school for over two years.
- The child established a connection to his indigenous culture with support from staff to explore cultural events and activities such as Murri Church, FLY Program and NAIDOC Week. The residential also created activities that promote and encourage children to participate in aboriginal paintings/artwork, stories etc.
- The residential was able to report and update CSSC on the child's progress around several domains which are based on the Statement of Standards and Charter of Rights. Reports collected data on health, emotional stability, behaviours, education, social connection/interactions, child's feedback, family connection and culture, to name a few.
- Whilst in the placement, contact was maintained with established family connections. The child was also supported to reconnect with his mother, siblings and stepfather. Contact with his mother has not been established since child was in care around three or four years of age.

As of December 2012, the child has been reunified with his family and is now living with them in the Widebay/Burnet region.

Setting conditions:

- The child was able to maintain a stable placement due to the approach from staff that have been trained in frameworks such as Therapeutic Crisis Intervention (Crisis Theory), Transforming Care (Attachment and Trauma) and a range of other models and theories to assist children to develop in a safe and predictable environment.

- The child was able to make positive connections with other children in the placement and staff; experience enriching activities which often encouraged and developed positive connections, take safe risks (try out new things), and learn to share, care, and consider others.

- The child was able to express feelings and behaviours in safe ways. Often high emotional or physically aggressive behaviours can break down placements. In residential settings the threshold for behaviours allows staff to introduce co-regulation skills, reflection and resiliency. Children feel safe (with a therapeutic alliance with staff) in time to move from acting out behaviours and emotions, to talking it out. These skills are imperative in the healing process for resiliency, development and social development.

Why the residential placement was in the best interest of the child:

- The residential placement was in the best interest of the child as it catered for the child's needs. If not for the residential placement, the child would potentially be in multiple placements due to previous experiences and behaviours which manifest over time.

- Without the residential placement there would not have been consistent information to make decisions upon that affected the child's wellbeing. This is beneficial due to the team that wraps around the young person and it is more of a collection response rather than from one source – which in this case, painted a negative picture in the referral.

- Child was able to connect with family and be reunited. This takes a team approach, resources and reporting. The range of behaviours that come from a child transitioning in this time of confusion requires the skills and support of a professional team who can keep the goal in perspective.

- The child was able to express feelings, talk about his experience and learn self regulation skills to assist in his development. Having one-on-one time was beneficial at times and allowed for greater reflection and understanding of the child's own world and how they can positively affect their own journey irrespective of their past experience.

- Residentials give the required time, resources and experiences that allow children to deal with their emotional and behavioural wellbeing in a safe, non-judgemental and therapeutic manner with ongoing support, encouragement and people available who care.

Case Study 2: Churches of Christ Care

Young person's profile:

- The young person is a male, aged ■ yrs, with autism (high functioning), attending mainstream school with some special education classes. He is on a Child Protection Order related to neglect and risk of sexual abuse. He is not subject to any Youth Justice Orders. He is in a residential placement due to a foster care placement breakdown related to escalating problematic behaviour; for example, throwing items within home and school, teachers being frightened of him, and a carer incident where the young person used a butter knife on the carer to threaten her. He has been placed within the residential care setting since May 2011.

Outcomes:

- Upon placement, the CSSC and Pathways worked proactively to prioritise the young person's educational needs, changed schools and then partnered with the school to assist the young person to be successful. Generally, he attended full-time school with one day work experience, and has been offered a traineeship, where he attends half mainstream subjects and half special education.

- His problematic behaviour within the school setting and residential reduced considerably; however, he still has some escalations, but the frequency and intensity have reduced. He has developed strong relationship with staff, the CSSC, a counsellor and other supports (transitions worker).

- The service operates using the Therapeutic model – Sanctuary; this has assisted the young person to build his emotional intelligence, and prioritise safety within a living setting.

- This young person experiences successes in multiple areas of his life due to the support of the CSSC and Pathways. The young person maintains contact with his family but due to the risks, it is supervised by staff.

- The young person has had four Child Safety Officer changes since being with the residential service; however, this has not had a detrimental effect because the service was doing the case management. The limitation at this time for our case management relates to scoping and a targeted approach to securing a family based care option.

Outcomes:

- The young person remained in a stable placement

- The young person has remained in a school setting and working towards vocational goals.

- The young person learned to manage his feelings in a manner that no longer posed safety risks to others.

Setting conditions:

- The young person was able to maintain a stable placement due to the approach from staff who have been trained in frameworks such as Sanctuary, Therapeutic Crisis Intervention (Crisis Theory), Transforming Care (Attachment and Trauma) and a range of other models and theories to assist children to develop in a safe and predictable environment.

- The programming of the residential was able to be modified to meet the complex issues of his autism including additional communication strategies related to routine and structure, enhancing staff knowledge of autism, assisting in skill development of peer relationships and conflict management.

- Despite the changing environment of a residential, for example, rotating staff, changing of other young people placements, etc., matching for this young person was based on the philosophy of what can the service do to address the issues that may pose problematic for the placement to go ahead. The focus was on how can we modify service delivery to provide this young person with a placement.

- The service's routine, structure and model of care provides a foundation for care provision to be therapeutic and purposeful.

Why the residential placement was in the best interest of the child:

- The residential placement was in the best interest of the young person due to the high risk behaviours he was demonstrating at the time of this placement. The service's model and staff experience and training meant that the service delivery was targeted to the high risk behaviours with a focus on stabilising critical success items placements due to previous experiences and behaviours which manifest over time.

- This funded residential service provided consistent care provision in a goal orientated manner to work towards addressing the many issues that contributed to the young person's behaviours. The care provision stabilised the problematic behaviours.

- The young person was able to maintain contact with his family while being protected from the issues that had previously hurt him.

Case Study 3: Mercy Family Services

Young person's profile:

- The young person is a [redacted]-year-old male who has also been a resident at the Therapeutic Residential Service (TRS) for a little over a year of the program's operation, [redacted].

- The young person could no longer be cared for by family members due to his complex behaviour.

- He entered TRS with multiple diagnoses, including Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, Mixed Disorder of Conduct and Emotions and Mixed Disorder of Scholastic Skills. He had an extensive history of neglect, physical and emotional abuse, witnessed domestic violence and his primary care givers experienced mental health issues.

- The extent of his trauma background was clear, and presenting behaviour at intake included physical aggression towards staff and other tenants, suicidal ideation, eating problems and extensive property damage.

Outcomes:

- The young person's recent progress, includes accessing a flexi-school in order to complete Year [redacted] and securing a part time job as well as casual one.

- He has displayed substantial evidence that his TRS tenure has placed him well to springboard to his next phase, be it family restoration, supported independent living, or a less intensive residential placement.

- The young person has made significant progress in forging strong relationships with many staff members, as well as reconnecting with family members.

- He has developed the skills to discuss his emotions in a calm and rational manner and his insight into his behaviour and those around him provides valuable skills for his future personal relationships.

Setting conditions:

- Staff at the TRS are trained in using Therapeutic Crisis Intervention which provides an understanding of the impact of trauma on brain development, assists staff to prevent misunderstandings, to better manage escalations and to help young people to learn more adaptive social skills and ways of explaining their complex emotions.

- The TRS has two clinicians attached to the program who develop Therapeutic Support Plans and Behaviour Intervention Support Plans. These documents provide a clear overview of the background of the young person, their short and long-term goals, a greater understanding of the reasons behind their behaviour and outlines strategies for staff to better manage interactions with the young people to improve the therapeutic outcomes for them. The residential care workers provide the opportunity for the young people to receive constant 'opportunistic' therapeutic interactions which increases the ability for the young people to learn more adaptive methods of expressing their emotions.

- In addition, the clinicians work with the families of the young people to assist in developing greater capacity in the family of origin to provide support to the young people in the future and for assisting family members to develop improved insight into how the trauma based background of the young person impacts on their ability to regulate their behaviour.

Why the residential placement was in the best interest of the child:

- As the young person had a range of complex mental health needs, the TRS provided them with the opportunity to receive intensive therapeutic support from residential rare workers and the clinicians attached to the program.

- Staff at the TRS are encouraged to supportively challenge the young people on their behaviour and attitudes which provides them with the opportunity to create new schemas and to fundamentally change their concept of themselves.

- This has enabled the young person to form a greater understanding as to how their trauma based background informs their behaviour; he has managed to form very strong and stable relationships with staff members (this then translates into his ability to form healthy relationships with those outside the residential) and his ability to articulate how he feels has markedly improved since he entered TRS.

This submission demonstrates the valuable role of residential care in the out-of-home care continuum in Queensland.

Should the Commissioner require any further information we are contactable via Jane.Carter@cofcqld.com.au or phone 07 3327 1600.

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