



Family &  
Community  
Services

## Permanency Support Program

### Appendix 5: Service Overview – Intensive Therapeutic Care (ITC)

# Table of Contents

|   |           |
|---|-----------|
| <b>Appendix 5: Service Overview - ITC</b> .....                                 | <b>4</b>  |
| <b>1 Overview</b> .....   | <b>4</b>  |
| 1.1 Purpose.....  | 4         |
| <b>Figure 1a - Intensive Therapeutic Care Service System</b> .....              | <b>5</b>  |
| 1.2 How is Intensive Therapeutic Care different from residential care? .....    | 6         |
| 1.3 Therapeutic Care and the NSW Therapeutic Care Framework.....                | 6         |
| <b>2 The Intensive Therapeutic Care System</b> .....                            | <b>8</b>  |
| 2.1 Ten Essential Elements of Therapeutic Care.....                             | 8         |
| 2.1.1 Therapeutic Specialist .....  | 9         |
| 2.1.2 Engagement, Participation and Inclusion of Children and Young People..... | 10        |
| 2.1.3 Client Mix.....   | 10        |
| 2.1.4 Care Team Meetings .....  | 11        |
| 2.1.5 Physical Environment.....   | 13        |
| 2.1.6 Reflective Practice.....  | 14        |
| 2.1.7 Exit Planning and Post Exit Support.....                                  | 15        |
| 2.1.8 Qualified, Trained and Consistent Staff.....                              | 16        |
| 2.1.9 Organisational Commitment.....  | 18        |
| 2.1.10 Governance and Reporting .....   | 19        |
| 2.2 ITC Intermediary Organisation .....   | 20        |
| 2.2.1 Proposed core functions of the ITC Intermediary Organisation .....        | 20        |
| 2.3 Central Access Unit (CAU) .....   | 20        |
| 2.3.1 Core functions .....  | 20        |
| 2.3.1.1 Suitability Assessment: .....   | 21        |
| 2.3.1.2 Case coordination, monitoring and exit pathways .....                   | 21        |
| 2.3.1.3 Outcome reporting.....  | 21        |
| 2.3.1.4 Services System Capability Development .....                            | 21        |
| 2.3.2 Other roles of the CAU .....  | 21        |
| 2.4 ITTC locations and clusters of ITC services.....                            | 22        |
| <b>3 Funding arrangements for Intensive Therapeutic Care</b> .....              | <b>23</b> |
| <b>4 Eligibility for Intensive Therapeutic Care</b> .....                       | <b>25</b> |
| 4.1 Exclusion criteria .....  | 25        |
| 4.2 Pathways for children and young people deemed not eligible .....            | 26        |
| <b>5 Intensive Therapeutic Care placements and service types</b> .....          | <b>27</b> |
| 5.1 Intensive Therapeutic Transitional Care (ITTC) .....                        | 28        |
| 5.1.1 Client Group .....  | 28        |
| 5.1.2 Minimum service expectations .....  | 29        |
| 5.1.3 Therapeutic Specialist .....  | 29        |
| 5.1.4 The ITTC Multidisciplinary Specialist Team .....                          | 30        |
| 5.1.5 Additional Support from ITTC.....   | 30        |
| 5.1.6 Transition from ITTC.....   | 30        |
| 5.2 Therapeutic Sibling Option Placement (TSOP).....                            | 32        |
| 5.2.1 Client group .....  | 32        |
| 5.2.2 Minimum service expectations .....  | 32        |
| 5.3 Therapeutic Supported Independent Living (TSIL) .....                       | 34        |
| 5.3.1 Client group .....  | 34        |
| 5.3.2 Minimum service expectations .....  | 34        |
| 5.3.3 TSIL Delivery Structure .....   | 35        |
| 5.4 Intensive Therapeutic Care (ITC) Homes .....                                | 37        |
| 5.4.1 Client group .....  | 37        |
| 5.4.2 Minimum service expectations .....  | 37        |

|          |  |           |
|----------|--|-----------|
| 5.5      | Therapeutic Home Based Care (THBC) .....           | 39        |
| 5.5.1    | Client Group .....                                 | 39        |
| 5.5.2    | Minimum service expectations .....                 | 39        |
| <b>6</b> | <b>Mandated Data Collection and Reporting.....</b> | <b>41</b> |
| 6.1      | Client level .....                                 | 41        |
| 6.2      | Provider level .....                               | 42        |
| 6.3      | System level.....                                  | 42        |

This appendix should be read in conjunction with the 'Permanency Support Program – Program Description' and all relevant appendices.

# Appendix 5: Service Overview - ITC

## 1 Overview

The Department of Family and Community Services (FACS) developed the Intensive Therapeutic Care (ITC) model to replace residential care in NSW. FACS' investment in this approach commenced with the development of the NSW Therapeutic Care Framework, followed by the engagement of Verso Consulting, an independent subject matter expert, who were tasked with reviewing the residential care system in NSW and developing a conceptual Therapeutic Care model.

For information on Verso's findings:

<http://www.community.nsw.gov.au/about-us/research-centre/verso-report>

### 1.1 Purpose

Intensive Therapeutic Care (ITC) is one component of the Permanency Support Program. FACS is implementing an ITC system to support children and young people with identified high and complex needs who are either unable to be supported in foster care or require specialised and intensive supports to maintain stability in their care arrangements.

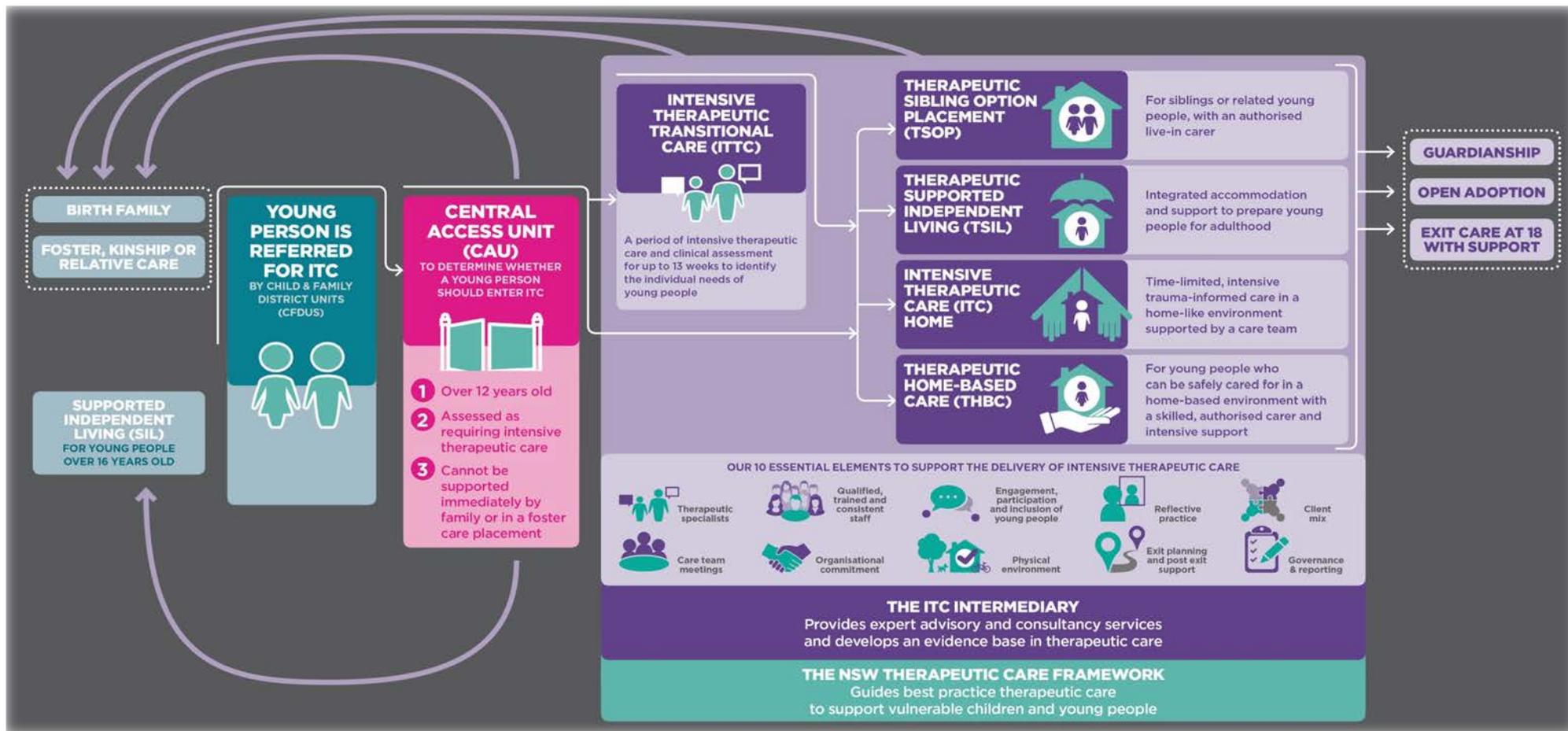
Complex mental health, disability, emotional and behavioural issues are characteristics of these children and young people, resulting in behaviours that often present a risk to themselves and others in their immediate environment.

The ITC system will:

- Provide Therapeutic Care
- Have a strong focus on recovery from trauma
- Provide an alternative to long term residential care
- Do more to protect and keep children and young people safe
- Provide clear pathways to less intensive service types and permanency
- Provide a broader range of placement options for children and young people to achieve outcomes in particular around mental health, physical health and education.

Figure 1a provides an overview of the components of ITC and how the ITC service system will operate.

**Figure 1a - Intensive Therapeutic Care Service System**



## 1.2 How is Intensive Therapeutic Care different from residential care?

ITC will more effectively and holistically address the needs of children and young people and improve their outcomes across safety, permanency and wellbeing domains. This will be accomplished through the provision of a consistent approach to Therapeutic Care and child centric funding packages. The ITC system is founded on Ten Essential Elements of Therapeutic Care, which must be incorporated into existing service delivery models to achieve consistency across the continuum of ITC services.

The NSW Child Safe Standards for Permanent Care establish the minimum requirements for the accreditation of out-of-home care and are based on the statutory responsibilities of out-of-home care service providers, as set out in the Children and Young Persons (Care and Protection) Act 1998, the Adoption Act 2000 and relevant regulations. The Ten Essential Elements map across the standards but are additional requirements for therapeutic service delivery specific to the FACS ITC system.

The ITC system includes a number of components that will drive significant change including,

- a new service system design and flexible service types;
- the introduction of a FACS Central Access Unit (CAU);
- Ten Essential Elements of Therapeutic Care;
- the role of NGO Therapeutic Specialists;
- minimum staff qualifications and mandatory training;
- service provider data collection and reporting, and
- establishment of an ITC intermediary organisation.

## 1.3 Therapeutic Care and the NSW Therapeutic Care Framework

Therapeutic Care for a child or young person in statutory OOHC 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-informed, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, adversity, attachment and developmental needs.

The [NSW Therapeutic Care Framework](#) (TCF) was collaboratively developed by FACS, ACWA and the OOHC sector to guide the delivery of best practice Therapeutic Care.

The TCF outlines a set of 16 core principles for providing Therapeutic Care (i.e. casework and care) to children and young people, to ensure their individual and often complex needs are met, given the trauma they have experienced. **Figure 1b** details the core principles of the Therapeutic Care Framework.

The Ten Essential Elements of Therapeutic Care align with and operationalise the NSW Therapeutic Care Framework.

**Figure 1b**

## NSW Therapeutic Care Framework | Core principles

A framework that guides service provision and works towards improving outcomes for children and young people in statutory Out of Home Care (OOHC).

### Children and young people focussed

- 1 Children and young people will be active participants in the development of their care and case plans, including cultural plans, where appropriate. These plans should be based on in-depth assessments that are trauma-informed and respond to their individual needs.
- 2 Therapeutic Care programs need to be planned and based on appropriate assessments of the child or young person, taking into account their development stage, own views, needs and preferences.
- 3 The mix of young people in care should be taken into account in order to consider a young person's individual needs (i.e. including encouraging safe and supportive relationships between peers); and to maximise the opportunity to address shared client needs.
- 4 Promotion of safe, healing relationships between children and young people and their family, kin and community are important for family, social, community and cultural connections. This is a particular priority for Aboriginal and Torres Strait Islander children.
- 5 Therapeutic Care addresses aspects of the child or young person's life including health and disability needs, community, culture, education, and recreation.

### Organisations

- 6 Agencies should have a clearly articulated statement that: outlines the values and culture behind their evidence-informed Therapeutic Care program; is advised 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.
- 7 All care team members should have relevant experience and qualifications, or be working towards relevant qualifications. They should also receive Therapeutic Care training that addresses the rationale and theoretical underpinnings of practice.
- 8 Therapeutic Specialists will support staff and carers in providing a safe and healing care environment for children and young people.
- 9 Carers should be trained, supported and adequately assessed to ensure their capacity for providing a consistent, healing response to children and young people.
- 10 For Intensive Therapeutic Care settings/homes, appropriate staff-to-child ratios coupled with consistent rostering of staff should be used to create a safe and stable environment for children and young people.

### Environment

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

### 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 must also be taken across agencies and government bodies, particularly education, health, disability and child protection – to provide children and young people with integrated responses 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 (i.e. safety, permanency and wellbeing) for children and young people need to be measured and evaluated.

# 2 The Intensive Therapeutic Care System

## 2.1 Ten Essential Elements of Therapeutic Care

ITC does not prescribe the use of a particular operational or theoretical model (such as Sanctuary or CARE) as this may inhibit sector innovation. Instead ITC service providers will be expected to deliver services that meet the Ten Essential Elements of Therapeutic Care.

The Ten Essential Elements are designed to support all ITC Service Providers to deliver a consistent approach to Therapeutic Care and ensure ITC system integrity.

The Ten Essential Elements must be:

- fully incorporated by service providers into their organisational philosophy, policy, procedures and practice
- consistently applied by Service Providers across the continuum of services within the ITC system.

### 2.1 The Ten Essential Elements of Therapeutic Care



The following information details the Ten Essential Elements, minimum requirements (as detailed in Schedule 1 of the Program Level Agreement) and examples of how an ITC Service Provider may incorporate the Ten Essential Elements into their service delivery models.

## 2.1.1 Therapeutic Specialist

|  <b>Therapeutic Specialist</b>  | <b>NSW Therapeutic Care Framework Core Principle: 8</b><br><b>OCG Standard: 5, 11, 13, 14, 15, 20, 21</b>   |                                |                           |                    |                                |              |                             |                   |
|---|---|--------------------------------|---------------------------|--------------------|--------------------------------|--------------|-----------------------------|-------------------|
| <p><b>Description:</b><br/>Therapeutic Specialists will be employed by Service Providers. They are a clinical expert who works across the ITC service system. They are integral to the ITC system as practice experts that ensure knowledge transfer and have the responsibility to develop and progress the therapeutic aspects of Case Plans and facilitation of Care Team meetings, assessment, formulation and service coordination.</p>  |   |                                |                           |                    |                                |              |                             |                   |
| <p><b>Minimum Requirements:</b><br/>The Service Provider must ensure there is one Therapeutic Specialist for each ITTC and that there are equivalent Therapeutic Specialists for at least one worker to 12 children and young people (across the range of ITC service Types) to address their individual needs, develop and monitor case plans and support transition to independence. The Therapeutic Specialist will:</p> <ul style="list-style-type: none"> <li>• be primarily responsible for facilitating Care Team Meetings and coordinating the formulation and progression of the therapeutic aspects of Case Plans</li> <li>• ensure that client level data is collected and distributed to Care Team Meetings to inform Case Plans</li> <li>• provide clinical expertise in therapeutic care</li> <li>• participate in learning and development activities of the Intermediary Organisation including professional development</li> <li>• drive therapeutic practice within organisations and across ITC by ensuring application of the Ten Essential Elements of Therapeutic Care</li> <li>• mentor and support the Care Team and facilitate reflective practice</li> <li>• collaborate with the CAU to determine client mix</li> <li>• encourage innovative multidisciplinary responses to the individual needs of Children and Young People.</li> <li>• have a working knowledge of service pathways, networks and initiatives</li> <li>• coordinate preventative strategies to mitigate placement breakdown</li> <li>• collaborate with the CAU – by providing information and data to support the progression of Children and Young People through the ITC system and to identify outcomes. This will also influence the ongoing development of therapeutic services and the Permanency Support Program as a whole.</li> </ul> |   |                                |                           |                    |                                |              |                             |                   |
| <p><b>Typically this entails</b></p> <ul style="list-style-type: none"> <li>• Ensuring the organisation’s guiding philosophy of therapeutic care is consistently implemented by all staff</li> <li>• Conducting or coordinating assessments of children and young people to ensure the needs of children and young people are identified and to inform Case Planning and Review processes</li> <li>• Providing support and coordinate services for birth parents, relative/kin, to assist them to understand the needs of children and young people and meet permanency outcomes</li> <li>• Working with several Service Providers at any one time, as children and young people progress through the ITC service system</li> <li>• Facilitating referrals to external specialist services if required</li> </ul>   | <p><b>This also includes providing guidance to carers and staff with regard to:</b></p> <ul style="list-style-type: none"> <li>• Consistently responding to the identified needs of individual children and young people</li> <li>• Responding to critical incidents by reflecting on the associated triggers/dynamics</li> <li>• Ensuring that children and young people have an appropriate level of contact with family, friends/significant others</li> <li>• Working collaboratively with the child or young person’s Care Team, family and appropriate cultural and community representatives to ensure that all relevant parties are involved in the child’s life</li> <li>• Comprehensive transition planning to prepare the child or young person for a less intensive placement type ensuring appropriate supports and links to services are established</li> </ul> |                                |                           |                    |                                |              |                             |                   |
| <p><b>This may be evidenced by the documentation of input and development of the following:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">• Behaviour Support Plans</td> <td style="width: 33%;">• Futures Planning</td> <td style="width: 33%;">• Reflective Practice sessions</td> </tr> <tr> <td>• Case Plans</td> <td>• Critical Incident Reports</td> <td>• Life Story Work</td> </tr> </table>   |   |                                | • Behaviour Support Plans | • Futures Planning | • Reflective Practice sessions | • Case Plans | • Critical Incident Reports | • Life Story Work |
| • Behaviour Support Plans   | • Futures Planning  | • Reflective Practice sessions |                           |                    |                                |              |                             |                   |
| • Case Plans  | • Critical Incident Reports   | • Life Story Work              |                           |                    |                                |              |                             |                   |

## 2.1.2 Engagement, Participation and Inclusion of Children and Young People

|  <b>Engagement, Participation &amp; Inclusion of Children and Young People</b>   | <b>NSW Therapeutic Care Framework Core Principle: 1, 2, 4, 5,6,7</b><br><b>OCG Standard: 4, 5, 6, 8, 9, 10</b>  |  |
|---|---|--|
| <b>Description:</b><br>An active process of engagement, participation and inclusion of children and young people in all aspects of their OOHC journey must be adopted in ITC.   |   |  |
| <b>Minimum Requirements</b> <ul style="list-style-type: none"> <li>• Children and young people must be actively engaged at the centre of everyday practice and in the formulation and implementation of their Case Plans</li> <li>• Involve the Children and Young People in decision-making process about house routines and structures, particularly with regard to: menu planning; community based outings and social events; establishing systems for feedback; and complaints management processes</li> <li>• Engage and support Children and Young People to personalise their space (i.e. room)</li> </ul>   |   |  |
| <b>Typically this entails:</b> <ul style="list-style-type: none"> <li>• Consultation with children and young people prior to their entry to ITC to understand/frame their expectations</li> <li>• Consultation with existing residents prior to the new child or young person entering a placement to understand/frame their expectations</li> <li>• Supporting new and existing children and young people through the transition when someone new enters the placement</li> <li>• Providing opportunities to participate in activities and experiences which help maintain and support their cultural identity, language, spirituality and religion, connection and sense of belonging to family, community, Country and culture</li> <li>• Providing Children and young people with historical and current information about their personal life, care journey and family</li> <li>• Supporting children and young people to maintain and develop significant relationships, including siblings, friends and peers, and participate in community events where appropriate</li> <li>• Participation in social, recreation, vocational and leisure activities</li> <li>• The contribution to planning special activities and events</li> <li>• A formalised complaint/feedback mechanism for children and young people</li> </ul> | <b>Help children and young people gain an understanding of:</b> <ul style="list-style-type: none"> <li>• Charter of Rights</li> <li>• Healing from trauma</li> <li>• Building positive attachment relationships</li> <li>• Child maltreatment (physical abuse, emotional maltreatment, neglect, sexual abuse, and exposure to family violence)</li> <li>• Substance misuse</li> <li>• Self Care and life skills</li> <li>• Pathways to less intensive placements, independence and/or permanency</li> <li>• Any medical treatment and side effects of medications</li> <li>• Child and adolescent health and development</li> <li>• Any legal orders or criminal charges</li> <li>• The complaint/feedback procedure for children and young people</li> </ul> |  |
| <b>This may be evidenced by children and young people being active participants in the following:</b> <ul style="list-style-type: none"> <li>• House Meetings</li> <li>• Special events and celebrations</li> <li>• Group activities</li> <li>• Case Plans</li> <li>• Discussions and decisions relating to their day-to-day activities</li> <li>• Decisions about contact with family</li> <li>• Life Story Work</li> </ul>  |   |  |

## 2.1.3 Client Mix

|  <b>Client Mix</b> | <b>NSW Therapeutic Care Framework Core Principle: 3</b><br><b>OCG Standard: 13</b> |
|---|--|
|---|--|

**Description:**

To maximise the opportunities for all children and young people to benefit from the therapeutic approach, clients will need to be matched appropriately. This process will be informed by the needs of the child or young person. Consideration of client mix requires a well-developed process, and participation of key staff who bring knowledge and understanding of the child or young person.

**Minimum Requirements**

- Work collaboratively with the CAU and ITTC when matching and placing children
- Match children and young people appropriately based on individual needs of the Child and Young Person and their shared needs
- Support decisions about client mix by implementing a well developed process and through the participation of key staff who bring knowledge and understanding of the child or young person.

**Typically this entails:**

- Convening the Care Team to consider children and young people and their potential fit with existing residents. This may include, but not limited to, health and medical needs, behaviours of concern, environmental issues, cultural needs, hobbies and interests, and social skills and interactions.
- Undertaking a client mix analysis in conjunction with the CAU, considering individual strengths and needs, assessment of risks, and identifying additional placement supports for individuals or the group
- Implementation of placement supports and strategies to manage client mix based on presenting risk management and safety issues
- Conducting reviews regularly in particular when children and young people enter and exit or as needs change.

**This may be evidenced by:**

- Comprehensive assessment of children and young people's strengths and needs
- Children and young people's individual needs and Case Plan Goal considered
- Programming that considers existing residents needs and group dynamics
- Provision of support for children and young people when they exit
- Client mix analysis
- Risk management plan

## 2.1.4 Care Team Meetings



### Care Team Meetings

**NSW Therapeutic Care Framework Core Principle: 1, 2, 5, 11,12,14,  
OCG Standard: 5, 6, 14, 15**

**Description:**

Care Team Meetings are facilitated by the Therapeutic Specialist on a regular basis with contributions being made to the individual cases of children and young people by relevant stakeholders. The Care Team includes the caseworker (NGO or FACS), Therapeutic Specialist, FACS CAU Therapeutic Coordinator, House Manager, direct care staff, multidisciplinary specialists including (but not limited to) allied health professionals, psychologists, psychiatrists, occupational therapists, speech pathologists, drug and alcohol workers. Care Team Meetings must include the participation of children, young people, carers and families (this may occur prior to the meeting or through partial attendance).

**Minimum requirements**

- Monthly Care Team Meetings
- Annual review of care team composition or when there are changes in a child or young person's circumstances
- Determine and engage relevant stakeholders, for individual cases of Children and Young People, to attend Care Team meetings where appropriate
- 

**Typically this entails:**

Care Team Meetings held monthly, with a more formal review at least quarterly, to:

- formulate and review Case Plans quarterly
- review progress directly related to the goals of the case plan for each child and young person
- use client data to critically review interventions and therapeutic approaches

**This may be 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 child and young person
- Regular review of care team composition
- Critical incidents reviewed and unpacked to prevent reoccurrence

## 2.1.5 Physical Environment



### Physical Environment

**NSW Therapeutic Care Framework Core Principle: 11,12**  
**OCG Standard: 2**

#### Description:

Providing a safe, nurturing and predictable home-like environment that promotes a sense of normality and fosters a sense of safety for Children and Young People. Physical Environment goes beyond the bricks and mortar of the facility to also include how children and young people experience the physical environment. It is therefore important to provide children and young people with a positive experience of the physical environment.

#### Minimum requirements

- Provision of a safe, well maintained physical environment
- Incorporation of Child Safe Principles in policies, procedures and practice
- Children and young people have the opportunity to provide feedback on their physical environment and sense of safety
- Children and young people have their own bedroom.

#### Typically this entails:

- A safe physical environment that promotes a sense of normality and stability
- At least two indoor shared recreational spaces
- Well maintained property and garden/grounds/facilities
- Space for children and young people to safely withdraw
- Space where staff can observe without intruding
- Damages and repairs to property are prioritised
- Children and young people are placed close to their family, community and peer connections

#### This may be evidenced by:

- A physically 'home-like' environment (consistent, welcoming, clean)
- A psychologically 'home-like' environment (family/friends dinner nights)
- A range of spaces and facilities such as outdoor spaces, sporting and exercise facilities, art and craft and cooking facilities
- Documented Child Safe policies, practices and procedures
- Design that assists in development of personal responsibility and hygiene
- Dedicated spaces for residents to meet with families and significant others
- Photo Boards
- Celebration of group and individual activities and achievements
- Celebrations of special events (decorating the house e.g. Halloween, Easter, Harmony Day)

## 2.1.6 Reflective Practice

|  <b>Reflective Practice</b>  | <b>NSW Therapeutic Care Framework Core Principle: 2, 5,8,9,11,14,<br/>OCG Standard: 15, 21</b> |
|---|--|
| <p><b>Description:</b><br/>Reflective practice is a process by which ITC staff develop their skills and practices, through becoming aware of their actions and responses, and their impact on the children and young people while they are working. Staff will also reflect on the actions, interactions and triggers within a framework that attributes meaning to the child or young person's behaviour. In Reflective Practice meetings, the Therapeutic Specialist uses their clinical expertise to create an evidence informed learning environment that reinforces the value of each Care Team member's contribution and practice.</p>  |  |
| <p><b>Minimum Requirements</b></p> <ul style="list-style-type: none"> <li>• Staff and/or Carers develop their skills and practice by becoming aware of their actions and responses and their impact on the children and young people they are working with</li> <li>• Ensure that staff and/or Carers reflect on the child or young person's actions, interactions and triggers within a framework that attributes meaning to the their behaviour</li> <li>• Hold regular Reflective Practice meetings facilitated by the Therapeutic Specialist to inform the collation of outcome measures of children and young people</li> <li>• Undertake active and constructive engagement with interfacing agencies and organisations in relation to maintaining a consistently therapeutic practice</li> <li>• Provide interventions in the program, which are congruent with the guiding philosophy of care</li> </ul>  |  |
| <p><b>Typically this entails:</b></p> <ul style="list-style-type: none"> <li>• Regular Reflective Practice meetings facilitated by the Therapeutic Specialist. The Therapeutic Specialist will receive professional development related to Reflective Practice from the ITC Intermediary Organisation.</li> <li>• Using client level data and daily observations to reflect on symptom severity and the implications on practice</li> </ul> <p><b>This includes staff and carers being provided with guidance around:</b></p> <ul style="list-style-type: none"> <li>• Vicarious trauma</li> <li>• Self care</li> <li>• Providing planned responses to children and young people's needs</li> <li>• A framework that attributes meaning to behaviour</li> <li>• Evaluating their observations using a collaborative and participatory approach</li> <li>• Facilitating positive behavioural change</li> <li>• Challenging existing schemas</li> <li>• Current research relating to their practice</li> <li>• Evaluating observations and events using a collaborative and participatory approach</li> <li>• Incorporating specialist assessment outcomes into understanding the child's experience and behaviour</li> </ul> |  |
| <p><b>This may be evidenced by:</b></p> <ul style="list-style-type: none"> <li>• Meeting minutes</li> <li>• Updated and relevant case plans</li> <li>• Embedded in policies and procedures</li> <li>• Training programs for staff and carers</li> </ul>   |  |

## 2.1.7 Exit Planning and Post Exit Support

|  <b>Exit Planning &amp; Post Exit Support</b>  | <b>NSW Therapeutic Care Framework Core Principle: 1, 2, 4, 5,<br/>OCG Standard: 6, 12, 14</b> |
|---|---|
| <b>Description:</b><br>In consultation with the child or young person, a plan to exit ITC should be developed. It is essential to analyse the impact of exiting into an environment without supports and the absence of attachment relationships.   |   |
| <b>Minimum Requirements</b> <ul style="list-style-type: none"><li>• Develop a comprehensive Transition or Futures Plan in consultation with the Child or Young Person. Futures Plan is to be developed before a Child turns 15, and should be reviewed as part of regular Case Plan reviews</li><li>• Arrange and provide timely and appropriate transitional and/or aftercare services for young people who exit the ITC placement</li><li>• Identify and develop relationships with potential family, extended family, community links and mentors, and peers prior to exit from care</li></ul> |   |
| <b>Typically this entails:</b> <ul style="list-style-type: none"><li>• Active engagement of child or young person and development of Transition and/of Futures Plan</li><li>• Reconnection with family</li></ul>  |   |
| <b>This may be evidenced by:</b> <ul style="list-style-type: none"><li>• Endorsed Futures Plan</li><li>• Early commencement and implementation of Transition and/or Futures Planning to manage any related anxiety</li><li>• Child or young person successfully sustains a move to a less intensive placement type</li><li>• Identification and development of relationships with potential family, extended family, community connections and mentors, and peers</li></ul>   |   |

## 2.1.8 Qualified, Trained and Consistent Staff



### Qualified, Trained & Consistent Staff

NSW Therapeutic Care Framework Core Principle: 7,9,10  
OCG Standard: 18, 20, 21

#### Description

All ITC Staff should have relevant experience and qualifications, or be working towards relevant qualifications. They should also receive Therapeutic Care training that addresses the rationale and theoretical underpinnings of practice. Carers should also be trained, supported and adequately assessed to ensure their capacity for providing a consistent, healing response to children and young people. For Intensive Therapeutic Care settings/homes, appropriate staff-to-child ratios coupled with consistent rostering of staff should be used to create a safe and stable environment for children and young people.

#### Minimum Requirements

All Children and Young People have an allocated caseworker.

All staff, carers and volunteers need to be trained in:

- Successful completion of Foundational training in Therapeutic Care
- Successful completion of cultural competency training Periodic refresher Training

Staff and carers must have the following qualifications:

#### ***Therapeutic Specialist***

- A tertiary qualification in Psychology, Social Work, Occupational Therapy, Mental Health Nursing or related discipline. (NB: candidates that also hold a relevant Postgraduate Qualification will be highly regarded)
- Minimum of five years of experience in a therapeutic care setting or working in a clinical environment with Children and Young People in OOHC
- Current registration with the professional body relevant to their qualification.

#### ***Direct Care staff (including casual and agency staff)***

- Relevant Diploma
  - new staff recruited after 1 July 2018
  - Existing staff have a transition period of five years to attain the required qualification.
  - staff with experience may be eligible to apply for Recognition of Prior Learning

For Aboriginal staff a qualification is desirable but experience and willingness to participate in training is acceptable.

#### ***Therapeutic ITC house managers***

- A relevant Bachelor's degree or relevant Diploma working towards a Bachelor's degree.

#### ***Caseworkers***

- A relevant Bachelor's degree or relevant Diploma working towards a Bachelor's degree. The preferred minimum qualifications are Bachelor of Social Work, Social Welfare, Psychology, Nursing and Mental Health

For Aboriginal staff a qualification is desirable but experience and willingness to participate in training is acceptable.

**Multidisciplinary Specialist Team/ Allied specialists (Internal/External)**

- A recognised tertiary qualification in the allied health field for which the professional is engaged.
- Current registration with the relevant Board in Australia

**THBC Carers**

- Relevant Diploma
  - new carers recruited after 1 July 2018 (noting that staff with experience may be eligible to apply for Recognition of Prior Learning).
  - Existing carers have a transition period of five years to attain the required qualification.

For Aboriginal carers a qualification is desirable but experience and willingness to participate in training is acceptable

**TSOP Carers**

- A qualification is not required, but carers should participate in training.

**Typically this entails**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• ITC Home and THBC casework to child ratio of 1:6</li><li>• TSIL and TSOP casework to child ratio of 1:6</li><li>• Staffing rosters should be designed to ensure the safety and wellbeing of children and young people at all times</li><li>• Aboriginal staff who don't have tertiary qualifications have significant experience in OOHC, Child Protection or working with children and young people with complex needs.</li></ul> | <ul style="list-style-type: none"><li>• Oversight and input on roster from Therapeutic Specialist</li><li>• Adequately trained staff to backfill leave and other absences</li><li>• Two active overnight staff in ITTC</li><li>• Sufficient staff in ITC Home, including sleepover/active overnight staff, depending on assessed shared needs of children</li><li>• Ongoing professional development</li><li>• All staff have access to regular supervision</li></ul> |
|--|---|

**This may be evidenced by**

- |  |   |
|--|---|
| <p>Ongoing professional development provided to all staff in</p> <ul style="list-style-type: none"><li>• substance misuse</li><li>• managing sexualised behaviours</li><li>• managing mental illness</li><li>• child maltreatment (physical abuse, emotional maltreatment, neglect, sexual abuse, and exposure to family violence)</li><li>• vicarious trauma</li><li>• providing support to CALD and Aboriginal children.</li></ul> | <ul style="list-style-type: none"><li>• Risk Management Plans</li><li>• Only in exceptional circumstances should casual agency staff be utilised</li><li>• Regular house meetings</li><li>• House Manager on site</li><li>• Active overnight shifts</li><li>• On call staff overnight</li></ul> |
|--|---|

## 2.1.9 Organisational Commitment

|    | <b>Organisational Commitment</b> | <b>NSW Therapeutic Care Framework Core Principle: 6<br/>OCG Standard: 3, 22, 23</b> |
|---|----------------------------------|---|
| <p><b>Description:</b></p> <p>Therapeutic care is embedded in the organisational philosophy, structures, practices and management arrangements. This ensures that every interaction with a Child or Young Person in ITC is beneficial. Organisational commitment to a therapeutic care philosophy provides a range of organisational benefits including staff satisfaction and wellbeing, strong relationships with external stakeholders and a shared understanding, commitment and response to the needs of Children and Young People.</p>  |                                  |   |
| <p><b>Minimum Requirements</b></p> <ul style="list-style-type: none"> <li>• Ensure all programs and services are underpinned by a philosophy of Therapeutic Care</li> <li>• Ensure that treatment approaches are evidence-informed</li> <li>• Ensure staff/carers are appropriately supported by mechanisms such as workforce development strategies and on call management advice/support</li> <li>• Establish formal policies and procedures to process complaints/appeals by Children and Young People within clearly stated timeframes</li> </ul>   |                                  |   |
| <p><b>Typically this entails:</b></p> <ul style="list-style-type: none"> <li>• All staff show a commitment to working within a philosophy of therapeutic care</li> <li>• All staff and volunteers have access to on-call management advice and support (24/7)</li> <li>• All staff have access to debriefing when a critical incident occurs</li> <li>• Have formalised policies and procedures in place to appropriately process complaints and appeals by children and young people within clearly stated timeframes</li> <li>• Induction and orientation processes for all staff and board members</li> </ul>  |                                  |   |
| <p><b>This may be evidenced by:</b></p> <ul style="list-style-type: none"> <li>• a documented mission/vision statement and organisational values that are consistent with a commitment to a therapeutic approach</li> <li>• Evidence of organisational Therapeutic Statement</li> <li>• organisational policies, systems, practices and culture are compatible with trauma-informed service delivery and capacity to provide a therapeutic environment</li> <li>• Evidence of management and board active support for therapeutic care</li> <li>• Inclusion of organisational therapeutic statement and approach in induction and orientation processes</li> <li>• All programs and services must be underpinned by a philosophy of Therapeutic Care</li> <li>• Treatment approaches should be evidence informed</li> <li>• Employee assistance programs</li> <li>• Establish effective partnerships with external service providers and organisations</li> <li>• Staff wellbeing and satisfaction surveys</li> </ul> |                                  |   |

## 2.1.10 Governance and Reporting



### Governance & Reporting

**NSW Framework for Therapeutic OOHC Core Principle: 13,14,15,16**  
**OCG Standard: 17, 22, 23**

#### **Description:**

Due to the complex statutory requirements and contractual nature of ITC programs, comprehensive governance and reporting mechanisms are required to maintain consistent practice and congruence between Service Providers and all aspects of interaction with FACS and other interfacing agencies.

#### **Minimum Requirements**

- Adhere to FACS reporting requirements.
- Establish effective partnerships and governance frameworks, where appropriate, with other Service Providers and key stakeholders.
- Commitment to the [Joint Protocol to reduce the contact of young people in residential OOHC with the criminal justice system](#)

#### **Typically this entails:**

- Formal governance structure to support development, implementation, ongoing monitoring and improvement
- Framework for working relationships with critical government and NGO agencies
- Shared understanding of ITC across the organisation and extended stakeholders
- Clearly articulated and documented roles and responsibilities of all stakeholders
- Regular monitoring, measuring and evaluation of children and young people's outcomes at an organisational level
- Complaints resolution mechanism
- Adherence to statutory and contract requirements, including maintaining OCG Accreditation and Outcome Measurement processes

#### **This may be evidenced by:**

- Strategic selection of Board Members to ensure an appropriate and complementary knowledge base
- Ongoing evaluation of service delivery model to inform program and service design and improve practice.
- Implementation of outcome measurement tools into daily practice
- Outcome Measures collected on safety, permanency and wellbeing domains
- Adherence to MOUs and establishment of formal partnerships with stakeholders
- Implementation of client level data collection and reporting
- Surveys of staff, carers and children
- Clear understanding by the governance structure of trauma-informed practices and therapeutic care requirements

## 2.2 ITC Intermediary Organisation

An intermediary organisation is an innovative and important component in the ITC system. While the ITC intermediary will be funded by FACS, its business activities will be independent.

The ITC intermediary will develop as the subject matter expert in Therapeutic Care for Children and Young People in out of home care in NSW. The ITC intermediary will support Service Providers and FACS in the transition to a therapeutic care service system.

### 2.2.1 Proposed core functions of the ITC Intermediary Organisation

- Act as a subject matter expert in therapeutic care for Children and Young People in out-of-home care in NSW
- Develop a knowledge bank of evidence-based therapeutic practice across the sector
- Hold responsibility for workforce development activities of service providers including training and the professional development of Therapeutic Specialists
- Provide real-time implementation support for ITC service providers
- Not replace the function of the regulator or contract manager but rather it will support and work with the sector in developing an evidence base of quality therapeutic care.

## 2.3 Central Access Unit (CAU)

A critical aspect of ITC is the introduction of a dedicated CAU to ensure the integrity of the ITC system. The CAU is responsible for overseeing entries, transitions within and exits from ITC. The CAU will assess and determine the eligibility and suitability of a child or young person for ITC and safeguard against unsuitable placements. The CAU will also have a key role in placement matching.

### 2.3.1 Core functions

The core functions of the CAU are to:

- Determine suitability for entry into ITTC or alternative services including:
  - TSOP
  - TSIL
  - ITC Home
  - THBC
  - SIL

*NB: Referral to Foster Care will be performed by the CFDUs and the CAU. Capabilities across both program areas will be developed to meet the demands of the intended OOHC reforms.*

- Case coordination, monitoring and exit pathways
- Outcome reporting
- Services System Capability Development

#### 2.3.1.1 Suitability Assessment:

The CAU completes a suitability assessment for all Children and Young People assessed as eligible for the ITC service system. The assessment ensures that Children and Young People only enter the ITC service system when this is the best option for them and is the service type that best meets their needs.

#### 2.3.1.2 Case coordination, monitoring and exit pathways

The CAU coordinates a child or young person's entry into the ITC service system, which includes a joint matching process to ensure a client mix that recognises shared needs of Children and Young People where risks can be managed.

The CAU monitors the Children and Young People's progress and outcomes and works in collaboration with ITC Service Providers, FACS and NGO staff to identify step down and exit pathways, as their needs reduce overtime and their ongoing support needs are better understood.

#### 2.3.1.3 Outcome reporting

The CAU will monitor outcomes at the client and system levels through indicators, which place safety, permanency, stability and achievement of case plan goals as key priorities.

The collection of data at both a client and service level will enable FACS to develop an evidence base about what is working, the effectiveness of interventions, and whether outcomes are being met. This data will be used to support service development, service needs and to inform a research to practice framework. In its centralised capacity and oversight function, it is anticipated that the CAU will track, monitor and report on the ITC system usage and throughput.

#### 2.3.1.4 Services System Capability Development

The CAU works alongside the ITC providers and FACS districts to ensure a timely and responsive service system that has increased capabilities to cater for the variable needs of Children and Young People at particular points in time.

The CAU plays a key role in identifying emerging practice issues, monitor improvement strategies across the ITC service system, participate in the evaluation of the service system and liaise with the Intermediary to ensure the integrity of the ITC service system.

### 2.3.2 Other roles of the CAU

The CAU will work collaboratively with internal and external stakeholders to develop a robust relationship with Service Providers to enhance the overall therapeutic outcomes for children and young people. The CAU will:

- Monitor case progress and Other Specialist Packages
- Liaise with CFDU regarding service viability for Foster Care placement
- Develop service networks with government departments to improve access to services

- Connect with caseworkers and Therapeutic Specialists to monitor activities and progress of Case Plan
- Develop local support and service networks
- Inform FACS' strategic procurement functions of service gaps
- Define anticipated goals and expected timeframes for ITTC placements (up to 13 weeks) based on the outcomes from the suitability assessment
- Broker strategic and operational relationships with external stakeholders (Service Providers, universal health services, private health and education assessment providers)

## 2.4 ITTC locations and clusters of ITC services

ITC services will be clustered in strategic locations to enable a strong interface with relevant mainstream and specialist services who can support the therapeutic needs of children, including

- Health services
- Mental Health services
- Drug and Alcohol services
- Education services
- Restoration services
- Juvenile Justice
- Police
- FACS services
- Disability Service Providers

ITTCs will be located, with clustered ITC services, in the following nine locations

- Gosford
- Lismore
- Newcastle
- Orange
- Queanbeyan
- Tamworth
- Wollongong, and
- Two in Metropolitan Sydney.

Clustering the ITTC and ITC services (ITC Homes, TSIL, TSOP and THBC) will support congruence of the model, shared learnings and practice and building of capacity and expertise.

ITC Services should be located in close proximity to the ITTC. Ideally they should be as close as possible, however, at a maximum, for regional locations they should be within two hours travel time and for metropolitan Sydney not be located more than one hour travel time.

### 3 Funding arrangements for Intensive Therapeutic Care

The funding arrangements for ITC have been designed to deliver a continuum of care arrangements that meet and address the specific needs of individual children and young people and support step down or de-escalation to less intensive placements.

ITC placements will be funded according to the service model outlined in the Permanency Support Program Description designed to ensure that the services a child or young person receives are based on their assessed needs and focussed on improving their safety, permanency and wellbeing outcomes and achieve their Case Plan Goal.

The service model applies a build up approach of a Case Plan Package, a Baseline Package and a Child Needs Package for each child or young person. For unique circumstances, other specialist packages are available such as: Cultural Plan (Aboriginal); CALD; 15+ Years Reconnect; Leaving Care; and 4+ Sibling Options Placement. For truly exceptional circumstances, an additional Complex Needs payment may be added.

To support the transition to a single weighted average ITC baseline package over time, the new contracts have separate baseline packages for the range of ITC service types. Interim baseline packages will be available for

- ITC Homes
- TSIL, and
- THBC.

The ITC baseline packages will enable service providers to deliver services that best meet the needs of children and young people. As outlined in the Program Description, the baseline packages account for the costs required to support the child or young person in the placement. Included in the packages are the costs of

- Staffing (including backfill and leave)
- Administration
- Overheads such as workers compensation
- Care allowances
- Household costs.

The ITC Home package allows for flexibility to tailor the rostering to respond to the needs of the children and young people in the home. It allows for a range of options from two staff present in the home during the day with a sleep over shift through to two staff present 24 hours a day with an active overnight shift. The package also allows for a caseworker caseload of 1:6 and a Therapeutic Specialist ratio of 1:12 children and young people.

The TSIL and THBC packages allows for a Therapeutic Specialist ratio of 1:12 children and young people. TSIL has a caseworker caseload of 1:8 and THBC is 1:6.

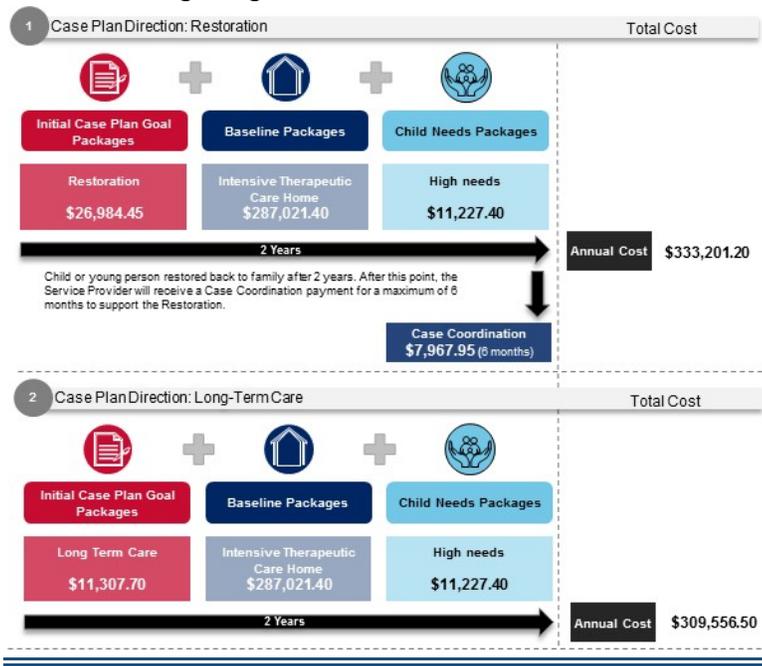
The THBC package includes a significant component for carer allowance to reflect the desired skills, qualifications and consistent availability of the carer.

For TSOP there is no set ITC Baseline Package. The baseline packages will be determined on a case by case basis between the Service Provider and the CAU depending on the characteristics of the sibling group. It may include a combination of the THBC and the Foster Care baseline packages. The specialist package for 4+ Sibling may be applicable.

The ITTC is funded as a standalone service. All staffing, child related and organisational costs, except for the cost of providing the facility, have been incorporated into the ITTC service costing. There will be a different price depending on whether the ITTC accommodates 4 or 6 children and young people.

In particular the funding includes, but is not limited to, the employment of a full time Therapeutic Specialist, eight (8) multidisciplinary specialist team members, direct care staff and house managers to meet the requirement for 24 hour active staffing to ensure the safety and successful transition of the children and young people. It also allows for the Therapeutic Specialist and team to provide additional support for up to 24 children and young people every quarter.

FACS will separately cover the costs of the ITTC accommodation on a case by case basis. The following diagrams illustrate two alternative Intensive Therapeutic Care cost scenarios.



## 4 Eligibility for Intensive Therapeutic Care

The client group for ITC will be determined by FACS on the basis of individual circumstances. Only Children and Young People 12 years old and over with CAT scores of 5 and 6 will be assessed as potential entrants into the ITC system<sup>1</sup>.

While the CAT score alone will not determine whether a child or young person enters the ITC system, it will inform decision making along with other information about the child or young person's needs and circumstances.

The CAU will conduct further assessment to determine suitability for ITC which will consider, for example:

- Placement history (past 12 months)
- Permanency options explored including outcomes from family group conferencing, restoration and guardianship considerations
- Suitability
- Case plan goal and case work activities undertaken in the past 12 months
- Need for assessments (may include: health, psychological, educational, speech and occupational therapy).

Only the CAU can approve the placement of a child or young person in an ITC placement. No other arrangements can be made outside of the CAU.

### 4.1 Exclusion criteria

If the CAU identifies that a child or young person meets the exclusion criteria, they will not enter into ITC. Instead, alternative placement options will be sought for the child or young person that will better suit their needs along with any additional therapeutic supports required to achieve their case plan goal.

The exclusion criteria are as follows:

- Children under 12 years of age<sup>1</sup>
- A CAT score 1-4 or in cases where intensive therapeutic support can better support the child or young person in a Foster Care setting<sup>1</sup>
- Children and Young People that are able to be placed in family with supports that do not require therapeutic intervention; or
- Instances where therapeutic assessments have been completed in the past 12 months with clear recommendations as to case work activities required however have yet to be provided.

---

<sup>1</sup> Children under 12 years old and those with a CAT score 1-4 will be considered by the CAU in extraordinary circumstances.

For Children and Young People with a diagnosed disability consideration should be given to the level and type of support they require prior to entering the ITC. Liaison with NDIS may be required.

## 4.2 Pathways for children and young people deemed not eligible

If a child or young person is deemed ineligible for placement in ITTC, the CAU will recommend one of the following alternative arrangements, with therapeutic supports provided:

- Case consultation with the CAU or FACS Psychologists
  - Referral back to CFDU/CSC with proposed supports or activities to maintain them in foster care (including relative/kinship care)
  - Referral back to CFDU/CSC with proposed supports or activities to engage family/kin care options, including Family Group Conferencing
  - Case management referral to ISS for entry to the Trauma Treatment Service (located within ISS) with therapeutic service provision being attached to placements and case management
  - Additional support from ITTC (see section 5.1.5)
  - Consultation with National Disability Insurance Scheme (NDIS) for children and young people with identified disability
  - Referral to ITC Home, TSIL, TSOP, THBC or SIL.
- 
-

## 5 Intensive Therapeutic Care placements and service types

There are a number of service types with the ITC system including:

- Intensive Therapeutic Transitional Care (ITTC)
- Intensive Therapeutic Care Homes (ITC Homes)
- Therapeutic Supported Independent Living (TSIL)
- Therapeutic Sibling Option Placement (TSOP)
- Therapeutic Home Based Care (THBC)

ITC by its very nature is temporary, as it focuses on achieving permanency and step down wherever possible through the provision of a continuum of intensive therapeutic care. ITC has been designed to provide 'Step-Down' placement options, so that as a child or young person's needs become less intensive they receive individualised therapeutic supports in a family based setting. Children and young people transitioning from more intensive ITC service types may be supported in a foster care placement, Supported Independent Living (see Appendix 4A) or less intensive service type such as TSOP, THBC or TSIL.

Long term parental responsibility to the Minister and long term intensive forms of care are not generally considered appropriate options for children and young people in the Permanency Support Program.

The individual needs of children and young people will be addressed through their Case Plan Goal that will be reviewed regularly and aligned with their changing needs (while in services across the ITC continuum).

While in ITTC, the determination of the Case Plan Goal, formulation of the therapeutic aspects of the case plan and the identification of potential step-down arrangements is the responsibility of the Therapeutic Specialist and Care Team.

Less intensive arrangements should be considered and explored before referrals are made to more intensive service types within the ITC system including ITC Homes.

Therapeutic Specialists will assist in the development of targeted or specialist recruitment planning for foster carers where the child or young person's assessed needs will be best met by a Foster Care or Therapeutic Home Based Care placement. The Therapeutic Specialist will also coordinate the provision of targeted therapeutic supports for existing carers where it has been assessed that a child or young person can transition back to their care from the ITTC. In order to ensure children and young people's case plan goals are met, the Therapeutic Specialist must work collaboratively with other Service Providers.

Ideally, Service Providers will provide a continuum of service types within ITC and foster care, either directly or through partnerships with other Service Providers.

## 5.1 Intensive Therapeutic Transitional Care (ITTC)

An ITTC unit will facilitate the delivery of a suite of evidence informed, tailored assessments and interventions in a home-like and child-centred environment. The ITTCs holistically address the needs of children and young people through the delivery of consistent and planned daily interactions and a structured program of activities and interventions.

The ITTC provides children and young people with direct care supported by a highly skilled and multi-disciplinary care team (including but not limited to psychologists, play therapists, counsellors, psychiatrists, education specialists) led by a Therapeutic Specialist. The Care Team will provide services to address behavioural, emotional, psychological, educational and physical needs of children and young people. The team will collaboratively deliver a range of assessments and tailored interventions that reflect best practice and research in trauma, attachment neglect and resilience to accurately determine and address a child or young person's immediate and ongoing needs.

The timeframe (maximum 13 weeks) for an ITTC placement allows for assessments to be validated by working directly with the child or young person within a program that is guided by an overarching philosophy of Therapeutic Care. The primary objectives of the ITTC are to provide a safe and child friendly environment where baseline behaviours can be established in order to:

- accurately assess needs
- review existing assessments and/or complete comprehensive assessments
- determine future needs and the most suitable transition pathway for children and young people
- enable formulation of case planning
- ensure that specialist service referrals have been established
- identify and treat presenting need
- identify the best placement option, and
- work with the CAU and other Service Providers to successfully transition the child or young person.

The work carried out by the care team within the ITTC unit directly informs the development of the therapeutic aspects of a child or young person's Case Plan.

ITTC units will be located in geographic areas where they will be integral to the overall delivery of ITC.

### 5.1.1 Client Group

The client group for ITTC placement is Children and Young People in the Permanency Support Program who have been assessed by the CAU as eligible for entry. The Children and Young People will have complex and high support needs, a CAT score of 5 or 6, are 12 years of age

and over, and will benefit from a suite of assessments and evidence-based interventions within a program of intensive therapeutic support.

It is expected that the ITTC will accept all eligible referrals from the CAU and will work closely with the CAU to facilitate immediate placements.

### 5.1.2 Minimum service expectations

ITTC will be expected to meet the expectations outlined in the Permanency Support Program Requirements and the Ten Essential Elements.

The ITTC is a stand-alone unit which provides accommodation, care, assessment, intervention and planning for up to six children and young people for up to 13 weeks. Each child or young person is allocated a caseworker to ensure that their individual needs are integrated into the day to day running of the unit. The caseworker supports the child or young person through the process of entry, assessment, and the development of their Case Plan.

It is expected that the ITTC unit is staffed 24 hours per day with a minimum of two direct care staff rostered on at all times including active overnight shifts. Direct care staff must provide day to day care and supervision in line with the Child and Young Person's Case Plan. The House Manager, Therapeutic Specialist and ITTC Multidisciplinary Specialist Team will further enhance the care and support to children and young people to ensure that the routines and structure are specifically designed to meet their individual needs. Rosters must be designed to ensure that case workers are provided with face-to-face contact with Children and Young people on a day to day basis so that children's individual needs are identified and met.

Each ITTC will have a full time House Manager who will be based in the unit and spend the majority of time onsite. ITTC staff must attend regular house meetings.

The Therapeutic Specialist and ITTC Multidisciplinary Specialist Team will

- support entry of children and young people into ITTC
- conduct assessment planning for children and young people
- undertake tailored assessments for children and young people
- implement evidence informed interventions
- plan, support and facilitate transition of children and young people to their next placement
- be flexible and responsive to meet the therapeutic needs of the children and young people

### 5.1.3 Therapeutic Specialist

In addition to the description outlined at section 5.3, the Therapeutic Specialist has specific roles in the ITTC:

- To work closely with the Central Access Unit (CAU) to agree on the children and young people for referral.
- To lead the ITTC Multidisciplinary Specialist Team

- To provide independent coordination of the assessment of children and young people's needs whilst in the ITTC
- To conduct and facilitate assessments to inform decisions about the child or young person's case plan goal, child needs packages and specialist packages
- To ensure a planned and well executed exit or transition to the young person's next placement. This will include referrals to Family Group Conferencing where restoration/family placement has been identified as being a safe and appropriate for the child or young person.
- To work with several agencies at any one time, as Children and Young People progress through the ITC service system
- 

#### 5.1.4 The ITTC Multidisciplinary Specialist Team

The ITTC Multidisciplinary Specialist Team will consist of qualified specialist staff with experience in (but not limited to) behavioural assessment, therapy, psychology or allied health services.

The team can either be provided in-house, purchased from other specialist agencies, or a combination depending on the needs of the children and young people.

#### 5.1.5 Additional Support from ITTC

The Therapeutic Specialist and the ITTC Multidisciplinary Specialist Team, will also provide services for up to twenty-four (24) or more young people every quarter who:

- are in Foster Care and require increased support and assistance to prevent entry into ITC
- are in ITC and need further assessment and assistance to transition to a new placement
- are with family or significant others where additional assessment and support may assist in sustaining their placement

These services will vary on a case by case basis and are expected to focus on review, referral and recommendations to guide case plan goals, rather than the delivery of full assessments and associated wraparound services. Referrals will be determined by the CAU and will be dependent on the capacity of the ITTC at the time.

#### 5.1.6 Transition from ITTC

The quality and comprehensive nature of the assessments, along with sufficient time to validate assessments and begin intervention, will contribute to the identification of multiple alternative options and pathways. It is expected that a number of children and young people will not enter an ITC Home or specialist placement if they are well supported by individual packages.

To support transition, the ITTC must:

- assess the needs of the child or young person and identify the appropriate placement option. The transition of Children and Young People into permanency and less intensive placement options and consistency in service delivery is a priority
- work with FACS and the new Service Provider, which could be foster care or ITC, to transfer the child or young person to the care of the new Service Provider, where applicable. This must be done in such a way as to minimise any adverse implications to the child or young person
- gain FACS' approval of the placement option prior to the child or young person transiting from Intensive Therapeutic Transitional Care
- enable the Case Plans to progress and develop with the child or young person throughout their journey.

## 5.2 Therapeutic Sibling Option Placement (TSOP)

The Therapeutic Sibling Option Placement (TSOP) is a care option for siblings or related groups of children and young people in the Permanency Support Program.

In a TSOP, Children and Young People are cared for by permanent authorised live-in carers who provide 24 hour care seven days a week in a home provided and maintained by the Service Provider. The carer's primary role is to provide a safe, structured, nurturing and supportive environment to meet the emotional and physical needs of the children and young people.

This placement option is designed to support sibling groups to live together as a family unit and nurture the attachment bond between family and kin.

Service Providers will be able to develop innovative, tailored responses for children and young people to ultimately support their exit from ITC and improve their safety, permanency and wellbeing outcomes.

The children and young people must receive ongoing casework, respite and access to specialist support services. Regular reviews and assessments of their changing needs must be undertaken.

### 5.2.1 Client group

The client group for TSOP is a minimum of three (3) children and young people in the Permanency Support (OOHC) Program who are part of a sibling/relative group, at least one of whom is CAT 5 or 6 and assessed by the CAU as requiring ITC. Children under 12 years of age can be placed in this service type if this placement option is required to keep a sibling/relative group together.

### 5.2.2 Minimum service expectations

TSOP will be expected to meet the expectations outlined in the Permanency Support Program Requirements and the Ten Essential Elements.

TSOP Carers must be Authorised Carers and can be single individuals or a partnered couple, including kinship carers. Carers must be consistently available to meet the needs of the children or young people. This means that they must be available at any time to provide direct care for the children or young people, for example if they are unable to attend school or have appointments. The complexity and needs of these children and young people mean that the carer's primary role is to look after the child or young person. If they are employed they will need flexible arrangements to support this role.

Authorised Carers must receive ongoing training, access to specialist support practitioners and services and receive regular respite. Respite must be provided by consistent Authorised Carers. The continuity provided by these carers increases stability and a sense of belonging by

creating an environment that is safe, home-like and predictable. Carer expenses are reimbursed by the service provider.

Each child or young person in a TSOP placement must be allocated a caseworker to ensure that their individual goals are incorporated into their case plan and that their individual needs are met in the placement.

Therapeutic Specialists support the caseworkers, Care Team, carers and respite carers to formulate and implement the therapeutic aspects of the children and young people's case plans and facilitate access to specialist services. They must ensure that the carers, including respite carers, have a thorough understanding of and commitment to the guiding philosophy of therapeutic care.

TSOP care must reflect current best practice standards and research around trauma, attachment and resilience within a program that is guided by an overarching philosophy of Therapeutic Care.

## 5.3 Therapeutic Supported Independent Living (TSIL)

Therapeutic Supported Independent Living (TSIL) is an integrated accommodation and support program that aims to prepare and support Young People to make a smooth transition from OOHC to independent living, self-reliance and adulthood. This is achieved through the provision of public or private rental accommodation, case management and support services for up to 24 months. Living arrangements can include lead tenant households, supported tenancies and supported shared housing.

The goals of the program are:

- To prevent Young People transitioning from the Permanency Support Program to homelessness services
- To maximise Young People's capacity to live independently in the community
- To improve social, economic and health outcomes for young people leaving care.

TSIL supports Young People to successfully acquire independent living skills through the provision of accommodation, casework support and structured and individualised life skills programs integrated with therapeutic care and intervention offered within ITC. TSIL provides a comprehensive and integrated response that prepares young people for independence by strategically addressing their identified needs and implementing their Case Plan.

### 5.3.1 Client group

The client group for TSIL entry is Young People aged 16 to 17 years old at entry and assessed as CAT 5 or 6 who:

- Are in the statutory Permanency Support Program, or
- Are exiting the Permanency Support Program to live independently, or Have left a Permanency Support Program placement but require further support to successfully transition to independence, and
- have been assessed by the CAU as having the capacity to be placed in a supported independent living program and will have the capacity to live independently after a period of tailored support.

The maximum amount of time a Young Person can remain in the program is 24 months.

### 5.3.2 Minimum service expectations

TSIL placements will be expected to meet the expectations outlined in the Permanency Support Program Requirements and the Ten Essential Elements.

TSIL services must identify and develop the skills, competencies and community connections the young person needs to acquire to be able to live independently. TSIL includes the provision of casework support and facilitates access to specialist services that assist young

people to understand their behavioural, emotional, psychological, educational and physical health needs.

A TSIL program must be guided by an overarching philosophy of Therapeutic Care and reflect current best practice standards and research around trauma, attachment, and resilience. TSIL services must meet the Child Safe Organisational Framework requirements.

TSIL services must be designed to provide the following:

- Accommodation which is stable, appropriate and affordable
- Living skills which include self-care, home management and budgeting
- Facilitate relationships with family, significant others and friends
- Provide access to health and counselling services, therapeutic intervention, welfare and community resources, specialist medical, allied health and dental services
- Assistance with access to education, training, vocational and employment assistance to support financial self sufficiency
- Access to Aftercare Services
- A 'stay put' option available to young people exiting the program who have demonstrated the capacity to maintain a tenancy
- Education and support to develop parenting skills, where appropriate
- Ongoing support after completing the program until 25 years.

Providers of TSIL are expected to deliver Therapeutic Care to support the young person to achieve their case plan goal. Each young person in a TSIL placement must be allocated a caseworker to ensure that their individual goals are incorporated into their case plan and appropriate exit pathways are identified. The caseworker supports the young person through the process of developing their Life Skills Program and Futures Planning. The casework support is provided flexibly depending on how much support a young person requires at any particular time with levels of support gradually decreasing as a young person's competencies increase. However, at a minimum the caseworker must have contact in person with the young person every week.

Service providers must ensure staff attend regular house meetings and that any carers or volunteers are Authorised Carers.

Therapeutic Specialists are to provide support to caseworkers, Care Team, Authorised Carers and volunteer Authorised Carers to formulate and implement the therapeutic aspects of the young people's case plans, facilitate access to specialist services and transition to exit. They must ensure that the staff and volunteers have a thorough understanding of and commitment to the guiding philosophy of therapeutic care.

### 5.3.3 TSIL Delivery Structure

TSIL does not have a prescriptive delivery structure. This is to encourage innovative sector responses to the specific needs of young people.

As a minimum the service provider must provide the following components:

- a furnished house or apartment
- pay the difference between young people’s contribution towards the rent and the actual rent charged for the property. The young person contributes a proportion of their income towards the rent and utilities for their share of costs (aligned with [FACS Charging Rent Policy](#))
- be responsible for any repairs and maintenance of properties but , where appropriate, negotiate the repayment of property damage debts with the resident responsible for the damage. Where there are major instances, FACS will work with the Service Provider to address the damage.
- assist young people exiting the program with establishing their own tenancies if the option of remaining in the property is not available, or if the young person wishes to move to be nearer support networks, educational services, or employment
- assist young people exiting the program to receive priority access to required Aftercare Services.
- 

Three suggested options for providing TSIL placements are:

- Supported shared housing
- Lead tenant households
- Supported tenancies

The differences between the three (3) options are outlined in the following table.

| Supported shared housing  | Lead tenant households   | Supported tenancies   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Suitable for up to 3-4 young people able to live in a share house who do not require daily supervision or intensive casework support.</li> <li>• Casework support provided to young person in an environment of their choice</li> <li>• A young person may stay in the accommodation after exiting the program.</li> <li>• Young person cannot take over the tenancy as vacancies in share housing are to be filled when they become available.</li> <li>• A property owned by the Service Provider can be used for this type of arrangement because it remains open to new participants.</li> </ul> | <ul style="list-style-type: none"> <li>• Suitable for up to 2-4 young people requiring daily supervision.</li> <li>• Live-in Authorised Carer or volunteer Authorised Carer is the lead tenant and receives free rent and utilities to oversee the day-to-day running of the home and provides positive role modelling and informal personal support.</li> <li>• The lead tenant has access to 24 hour support.</li> <li>• Casework support provided to young person.</li> <li>• Young person(s) may have option of assuming the lease in cases where they have demonstrated the capacity to meet the obligations of the tenancy agreement.</li> </ul> | <ul style="list-style-type: none"> <li>• Suitable for 1-2 young people who are not yet ready to live in a share living situation, are not suitable for lead tenant arrangement and require daily casework support.</li> <li>• Intensive daily casework support provided to young people</li> <li>• Support is gradually reduced as young person’s competencies increase.</li> <li>• Young person(s) may have option of assuming the lease in cases where they have demonstrated the capacity to meet the obligations of the tenancy agreement.</li> </ul> |

To support the development of independence, it is recommended TSIL homes are located close to public transport and shops.

## 5.4 Intensive Therapeutic Care (ITC) Homes

Intensive Therapeutic Care (ITC) Homes provide Children and Young People with a safe and home-like environment guided by an overarching philosophy of Therapeutic Care. They will holistically address the needs of children and young people through an intensive, time limited program of integrated individual and group therapeutic interventions, consistent and planned daily routines.

The key objective is to assist the child or young person, where possible, to make a successful transition to a permanency outcome or less intensive placement type such as Foster Care, Supported Independent Living, Therapeutic Home Based Care, Therapeutic Supported Independent Living or a Therapeutic Sibling Option Placement.

An ITC Home will provide children and young people with access to a Care Team of professional staff (including but not limited to psychologists, play therapists, counsellors, psychiatrists and education specialists) who collaboratively deliver a range of individualised and group interventions. Delivery of consistent and planned daily interactions and activities, regular reviews and assessments of children and young people's changing needs are all crucial components of an ITC Home.

ITC Homes include the provision of casework support and facilitate access to specialist services that address children and young people's behavioural, emotional, psychological, educational and physical health needs. The program should reflect current best practice standards and research around trauma, attachment and resilience.

### 5.4.1 Client group

The client group for an ITC Home placement is a maximum of four (4) Children and Young People who have been assessed by the CAU as having complex and high support needs with a CAT score of 5 or 6 who are 12 years old and over, in the Permanency Support Program.

### 5.4.2 Minimum service expectations

ITC Homes will be expected to meet the expectations outlined in the Permanency Support Program Requirements and the Ten Essential Elements.

A caseworker is to be allocated to each child or young person to support the child or young person to achieve their case plan goals and ensure that their individual needs are integrated into the day to day running of the home.

Each ITC Home will have a full time House Manager who will be based in the home and spend the majority of time onsite.

Qualified, trained and consistent direct care staff will provide day to day support to children and young people based on a house routine and structure designed to meet their individual needs.

The ITC Home must be staffed during the 'day worker' hours (as defined in the Award) with a minimum of two staff when children and young people are present. This could include rostered

staff, caseworkers and the House Manager. Staff are required to provide transport, supervision and support for children and young people within business and after hours. The ITC Home staffing roster must also have an ability to flexibly adapt the staffing intensity of the overnight shift depending on the risk assessment of the ITC Home. The minimum expectation is that each home has a staff member on a sleep-over shift and another staff member available on call during the night.

It is expected that higher risk houses will be staffed by two staff at all times, including an active night (24/7x2). Providers will establish a Risk Management Plan to determine rostering, including at peak times in the home, and update the plan when Children or Young People enter or exit the home. Risk Management Plans are provided to the CAU upon request.

## 5.5 Therapeutic Home Based Care (THBC)

Therapeutic Home Based Care (THBC) is a flexible service type. Parameters have been established around THBC rather than prescribing a specific service delivery model.

THBC is primarily designed as a less intensive placement option within ITC for specialist cohorts. It is a step down option for children and young people who:

- are placed in ITC Homes
- are transitioning from ITTC
- have completed a program through the Trauma Treatment Service (TTS)
- are transitioning from a time limited individual (1:1) placement
- are aged 12-15 (or older) and would benefit from a life skills program (as an alternative to TSIL)\*

\*In this circumstance a comprehensive transition plan inclusive of skill building should be incorporated into the Case Plan and delivered within the THBC program.

THBC differs to foster care as the children and young people receive the therapeutic services offered within ITC including Therapeutic Specialists and multidisciplinary specialist services. It must be provided in a home based, safe, structured and nurturing environment with Authorised Carers.

THBC is not time limited but does include:

- regular reviews of case plan goals and interventions to ensure the needs of children and young people are being met
- monitoring progress towards stepping down to a less intensive service and ultimately achieving permanency outcomes.

Foster care, restoration or guardianship could be the step down option for THBC should children or young people's needs de-escalate.

### 5.5.1 Client Group

Therapeutic Home Based Care (THBC) is for Children and Young People who are CAT 5 or 6 aged 12 years or over, and assessed as suitable for ITC by the CAU who could be safely cared for in a home based placement with the provision of therapeutic care services in ITC. THBC is primarily for individual placements (1:1) but in limited circumstances may apply to related groups or kin with a CAT score of 5 or 6.

Examples of why a child or young person may require THBC include:

- Disability
- High medical needs
- Specialised behaviour support required
- Sexualised behaviour

### 5.5.2 Minimum service expectations

THBC placements will be expected to meet the expectations outlined in the Permanency Support Program Requirements and the Ten Essential Elements.

THBC must be provided by permanent, authorised live-in carer/s in their own home or in a home provided and maintained by the Service Provider. Consistency and stability of carers is necessary to support attachment, stability and a sense of belonging by creating an environment that is safe, home-like and predictable.

Carers need to be Authorised Carers and can be single individuals or a partnered couple, including kinship carers. They will be required to meet the minimum qualifications and training requirements outlined in 2.1.8 Qualified, trained and consistent staff.

The carers' allowance will reflect the higher needs of the children and young people. Carers must be available to meet the high and complex needs of the children or young people. This means that they must be available at any time to provide direct care for the children or young people, for example if they are unable to attend school or have appointments. The complexity and needs of these children and young people mean that the carer's primary role is to look after the child or young person. If they are employed they will need flexible arrangements to support this role.

THBC carers must also receive regular respite. Respite must be provided by consistent Authorised Carers.

Placement matching is central to the THBC program and must always include robust and joint decision making with Children and Young People.

Therapeutic Specialists must support the carers, respite carers, caseworkers and care team to formulate and implement the therapeutic aspects of the children and young people's case plans and facilitate access to specialist services. They must ensure that the carers have a thorough understanding of and commitment to the guiding philosophy of therapeutic care and the Ten Essential Elements.

Each child or young person in a THBC placement must be allocated a caseworker to ensure that their individual goals are incorporated into their case plan and that their individual needs are met in the placement. Caseworkers provide support and have regular face to face contact with the child and young person as well as the carer/s.

## 6 Mandated Data Collection and Reporting

As part of the ITC system, FACS is introducing mandated data collection and reporting. Data will include information on safety, permanency and wellbeing to align with the outcomes of the Quality Assurance Framework (QAF).

Service Providers must use a web based tool to record daily observations of client level data to support Reflective Practice, Care Team Meetings and the formulation of Case Plans. It is expected that data collection should align with the domains of the Quality Assurance Framework. This daily observation data is part of the child's record and therefore the web based system should integrate with ChildStory.

The data must be made available to other Service Providers when a child or young person transitions to another service and upon request by FACS. This data could be shared with the Intermediary Organisation to assist development of therapeutic care for individuals. At an aggregate level the data may assist FACS identify practice trends, outcomes for children and young people and will also ensure the integrity of the FACS ITC system. The data set may develop as the ITC Intermediary Organisation is established and ITC matures.

### 6.1 Client level

Client level data (collected via the web based system) will be used by the Service Provider Therapeutic Specialist (and CAU) to support Care Team Meetings, Reflective Practice, and the formulation and progression of case plans. Client level data relates to the daily activities of children and young people.

Minimum data required:

- Health: healthy lifestyle, self care, physical health, sleeping and eating
- Mental health: overactivity, concentration, affect, non organic somatic symptoms, social and emotional symptoms and development, positive sense of self
- Behaviours: disruptive, aggressive, antisocial behaviours, risk taking, absconding, refusal or non compliance, sexualised behaviour, substance misuse
- Injury and harm: Non accidental self injury, Injury/harm/assaults to self and others, property damage
- Family, peer social relationships: connectedness to family, carers, school, community and culture, peer relationships,
- Education and learning: school attendance, scholastic/language skills
- Residential stability of placements

It is essential that the voice of child or young person is heard at all times including in self-reports.

Educator/Teacher measurements should be measured wherever possible to provide for a more holistic picture of a child or young person's well-being.

## 6.2 Provider level

Provider level data will be used to monitor performance and outcomes of the Service Provider. Audiences include:

- Program managers
- Chief Executive Officers
- The CAU
- FACS contract managers

## 6.3 System level

The CAU will provide data to the FACS Program Manager. The FACS Program Manager will review this data as part of an ITC service system evaluation and quality assurance process. On occasion, FACS may share this data (and information about the providers nominated service delivery model) with the Intermediary Organisation to gain an independent opinion on ITC system functionality, to identify emerging practice issues and support practice development.