

Therapeutic Care Framework for NSW

Yfoundations Submission to Family and Community Services

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About Yfoundations

Yfoundations' mission is to create a future without youth homelessness. We are the NSW peak body on youth homelessness and represent young people at risk of, or experiencing, homelessness, as well as the services who provide direct support to them.

Since its formation in 1979 this organisation has called for reform and improvement to broader systemic responses to youth homelessness and young people at risk of homelessness. Yfoundations provides advocacy and policy responses on issues relevant to young people affected by homelessness and issues relevant to service providers.

Our aim is to promote, protect and build on existing good practice and excellence in addressing youth homelessness. We also strive to ensure that youth homelessness remains a priority in public policy on: homelessness, youth affairs, youth justice, education, child protection, employment, health/wellbeing, and housing. Our vision is to ensure that all young people have access to appropriate and permanent housing options that reflect their individual need.

In pursuit of these goals, we have identified five 'foundations' for the positive growth and development of a young person and the process of ending youth homelessness:

- Home & Place
- Safety & Stability
- Health & Wellness
- Connections & Participation
- Education & Employment

These foundations place youth homelessness in a broader context, recognising that it interrelates with a range of issues, and that ending youth homelessness will require coordination across silos. They provide a framework for reaching out to other service areas to explore collaborative and integrated solutions. We believe it is vital that each young person has the opportunity within each domain to thrive. More information about these foundations is available on Yfoundations' website: <http://yfoundations.org.au/explore-and-learn/publications/the-foundations/>.

Executive Summary

The following submission sets out Yfoundations' comments, analysis and recommendations for a future framework for therapeutic OOHC in NSW. Our two primary concerns are lack of youth input into the development of the framework and the lack of sufficient detail in the current documents to fully evaluate the approach. We also have a number of specific concerns and recommendations:

Examples of lack of detail in principles:

There are some areas where the lack of detail is particularly acute. Young person involvement in case planning is encouraged, but with no detail on how and when young people will be involved. Services are required to consider the affects on client needs in determining the "mix" of clients, but no alternatives are given for situations where young people cannot be mixed with others. Family and community engagement by young people in care is to be encouraged, but no detail is given on taking into account the readiness of young people to engage. Staff must have or be working towards adequate qualifications, but there is insufficient detail on what qualifications or experience are required and allowing staff to be "working towards" these allows for insufficiently skilled staff to be caring for young people.

Additions to the framework:

One of the key elements that sets trauma-informed therapeutic care and practice apart from traditional clinical set-ups, is the strengths-based principle imbued within it. The focus is not on what is 'wrong with' the young person, but rather on what wrong was done to the young person and how their individual characteristics and strengths can be positively honed to move beyond that harm. Despite this the proposed definition of therapeutic care does not include this strengths-based principle within it.

Young people in care need to be aware of their rights. What they can expect from a therapeutic care approach and what their rights are generally, should be communicated to them both by their care providers and by an independent body.

The cultural sensitivity element of the proposed framework has been limited to those young people of Aboriginal or Torres Strait Islander descent and seems to exclude all other culturally diverse and minority groups. We would urge that this be expanded to include all those who identify as being from a culturally sensitive cohort.

Implementation and Outcomes:

The proposed framework fails to set out a clear strategic plan for its implementation, or indeed what the sector as a whole can do to ensure a successful end user-product. The outcomes are entirely focussed on a young person's educational, social and employment achievements and disregard entirely a young person's mental wellbeing and recovery. We would like to see the two measured alongside each other, with emphasis placed on a young person's mental recovery.

Recommendations

- Recommendation 1: The Government should fund an independent consultation with young people who have experience living in OOHC to examine the strengths and weaknesses of the current framework and inform this new therapeutic model.
- Recommendation 2: A draft paper should be produced and distributed with greater detail on how the core principles of the therapeutic framework might work in practice in order for there to be a proper and transparent evaluation by services, peak bodies and other stakeholders.
- Recommendation 3: In giving greater detail on how the core principles of the therapeutic framework might work in practice, there must be information on how and when young people will be involved in the development of their case plans.
- Recommendation 4: In giving greater detail on how the core principles of the therapeutic framework might work in practice, there must be information on how services will be resourced to help children who cannot be “mixed” with others without damaging their well-being.
- Recommendation 5: It must be made clear that encouragement of young people to engage with their family and/or significant others should only be undertaken when appropriate, taking into account the young persons readiness for this.
- Recommendation 6: In giving greater detail on how the core principles of the therapeutic framework might work in practice, a clear overview should be included of what will be considered adequate experience and education for care team members.
- Recommendation 7: There should be a clear expectation that any required qualifications or experience are attained prior to working with young people in their capacity as care staff.
- Recommendation 8: Consideration should be given on how to introduce incentives for staff within the sector to remain in their positions, to help ensure continuity for young people.
- Recommendation 9: The principles in the Therapeutic Care Framework should be altered to include the principles of a strengths-based approach.
- Recommendation 10: Young people should be informed, both by their care providers and by an independent body, of what is should be provided for them under a therapeutic care approach, and be informed of their rights generally.
- Recommendation 11: Expand cultural competency requirements only ATSI to take into account all aspects of diversity, such as CALD, sexual orientation, gender diversity, religion, economic class and disability.
- Recommendation 12: There must be a clear strategy and timeframe for the implementation of the framework and enough flexibility to allow for new, more beneficial practices of trauma informed care and practice.
- Recommendation 13: The Government must fund follow-up assessments of implementation.
- Recommendation 14: There should be greater emphasis on the long-term mental health outcomes of therapeutic care alongside positive outcomes in educational attainment, employment and positive relationships with family and community.
- Recommendation 15: The Government should fund a long-term longitudinal study looking at the positive and negative effects of a trauma-informed framework in order to evaluate and modify the framework to ensure a continuous model of best practice.

Introduction

First and foremost, Yfoundations' biggest concern is the lack of any youth voice in the development of this framework. The steering committee did not include any bodies representing young people and was instead (other than the NSW Ombudsman) wholly service oriented. In the development of such a framework, it must be the services that listen and hear what young people, as those whom such a framework would serve, have to say about their experiences and needs. To draw an analogy, a marketing firm would not seek to market a university consulting only lecturers. It is services that must adapt their approach, within their capacity, to suit the needs of young people and not the other way round.

For this reason, we would encourage and support a consultation process with young people that examines the strengths and weaknesses of the current system to inform the Therapeutic Care Model. This process will require specialist skills in consulting with young people, and we recommend the engagement of an organisation with expertise in this area (such as CREATE Foundation). These consultations would need to take the form of one-to-one interviews as the sensitive nature of the information being asked make focus groups an unethical forum from which to gather the appropriate and detailed enough information. Young people should be asked about their experiences in OOHC, what they believe should be done differently, and how. It is important to understand how workers currently interact with young people in OOHC, how those interactions are perceived by young people, and how they could be fine-tuned to ensure better engagement and healing by a young person. It is also important to find out what young peoples' experiences are with other children in OOHC. For example, were there clashing personalities or problems within certain groups and if so, what was done about them by carers working with those young people?

Our second primary concern is that the draft paper does not set out a detailed enough framework, which caters for all eventualities, to form the basis of a therapeutic OOHC model. Critical details are unclear, for example: What exactly is the role of a Therapeutic Specialist? What will their qualification be? Will they interact directly with young people in care? There is also a lack of information on how the model is to be evaluated for effectiveness over time. The current documents give a collection of principles and ideas that, following consultations with young people, could be used in the development of such a statewide consensus and model for working with young people experiencing trauma. More work is needed on developing a clear description of what will be involved in a Therapeutic Care approach.

Recommendation 1: The Government should fund an independent consultation with young people who have experience living in OOHC to examine the strengths and weaknesses of the current framework and inform this new therapeutic model.

Recommendation 2: A draft paper should be produced and distributed with greater detail on how the core principles of the therapeutic framework might work in practice in order for there to be a proper and transparent evaluation by services, peak bodies and other stakeholders.

Notwithstanding this, Yfoundations has made a number of comments on the proposed principles that might form the basis of a model. We have indicated some areas where the lack of detail is particularly acute, suggested some needed additions to the framework, and commented on implementation and outcomes measurement issues.

Examples of Lack of Detail in Core Principles

Child and young person focused

The framework acknowledges the importance of collaboration between young people and practitioners in the development and ongoing evaluation of their case plan. However, we are concerned by the added caveat of 'where possible.' What will this mean in practice and what criteria will establish where it might be possible and where it might not?

The framework is also, in theory, sympathetic to the importance of taking a young person's views and preferences into account when developing their case plan. However, it does not set out how practitioners might go about gathering this information, who will be doing so, how qualified that individual might be or how those preferences might be incorporated into their case plan.

Recommendation 3: In giving greater detail on how the core principles of the therapeutic framework might work in practice, there must be information on how and when young people will be involved in the development of their case plans.

"Mix" of Young People

It is recommended that the "mix" of young people in a service should be such to maximise the opportunity to address shared client needs. No alternative has been suggested for those young people who are uncooperative and unwilling to be part of therapeutic care. To what extent will a young person be forced to 'mix', what will happen if they are detrimental to the well-being of other children within the mix and what alternative program will be in place for those who are in sole need of one-on-one care?

Recommendation 4: In giving greater detail on how the core principles of the therapeutic framework might work in practice, there must be information on how services will be resourced to help children who cannot be "mixed" with others without damaging their well-being.

Family and Community Engagement

Emphasis has been placed on encouraging young people to engage with their family and/or significant others, and to maintain social, community and cultural connections. We would contend that this should be left up to the young person, as there are a number of reasons why they might be unwilling, or not yet ready, to engage with family, community or other connections. Encouraging a young person, as part of the framework, to do something that they don't want to do could prove to be more detrimental to their recovery.

Recommendation 5: It must be made clear that encouragement of young people to engage with their family and/or significant others should only be undertaken when appropriate, taking into account the young persons readiness for this.

Qualifications and Experience of Care Team Members

There are provisions within the draft for all 'care team members to have relevant experience and qualifications, or be working towards those relevant qualifications'. First, the paper makes no mention of what might be considered to be 'relevant experience or qualifications', or what training might be given to staff. Second, we strongly contend that any individual who wishes to form part of the care team should already have completed the relevant qualifications or experience before working with young people, and not be on their way to finishing. The only exception to this should be transitional arrangements where existing staff are working towards the specified level of qualifications or training. Young people dealing with complex trauma are especially vulnerable and only those who have the requisite skills to deal with any eventuality that may arise from working with this vulnerable cohort should be employed to work in such a capacity.

We would also suggest providing care team members with specific training on adolescence. According to the World Health Organisations adolescence is a physical, social, emotional, cognitive and behavioural growth period of life, representing one of the critical transitions in the lifespan second only to that of infancy. It is a period of preparation for adulthood during which time several key developmental experiences occur.¹ It is a time when behaviours are established, many of which are sustained across the life span. Young people choose a career path, develop their skills and competencies, establish an identity and obtain greater responsibility and independence. It is also a time of considerable risk during which social contexts exert powerful influences.

Care team members will need to be aware and sympathetic to the unique challenges faced by this cohort and equipped to be able to give care that is most appropriate to their needs. We would also like to see incentives offered to care workers to encourage longevity in such a high turnover profession. This is especially necessary to ensure continuity and consistency for a young person receiving therapeutic care as frequent changes in care staff is likely to have a detrimental impact on, if not completely hinder, a young person's recovery.

Recommendation 6: In giving greater detail on how the core principles of the therapeutic framework might work in practice, a clear overview should be included of what will be considered adequate experience and education for care team members.

Recommendation 7: There should be a clear expectation that any required qualifications or experience are attained prior to working with young people in their capacity as care staff.

Recommendation 8: Consideration should be given on how to introduce incentives for staff within the sector to remain in their positions, to help ensure continuity for young people.

¹ World Health Organisation, *Maternal, Newborn, Child and Adolescent Health: Adolescent Development* <http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/>.

Additions to the Framework

Strength-based Approach

The principles in the Therapeutic Care Framework do not include the principles of a strengths-based approach. A strengths-based approach attempts to identify the positive basis of the young person's resources and strengths that will lay the foundations to address the challenges resulting from the trauma. The focus must be on empowering young people to take a lead in their own care process, working in collaborative ways on mutually agreed goals, drawing upon personal resources and creating sustainable change through learning and experiential growth. It is important that these be included as elements of the Therapeutic Framework.

Recommendation 9: The principles in the Therapeutic Care Framework should be altered to include the principles of a strengths-based approach.

Information on Rights

There must also be transparency between the young person and therapeutic care providers. They need to be made aware of and understand what the framework is and why it is being used in their situation. Young people respond better to care and assistance when they are empowered in ways that are unique to them.

Case plans should never be foisted upon a young person as authoritarian working styles can lead to re-traumatisation. To avoid this young people should be informed of their rights, for example, their right to be involved in the development of their own case plan. Young people should also have a clear overview and understanding of exactly what they are entitled to, what they can expect from their care, what they have the right to ask for, and what steps are available to them if they feel that their care is at odds with their expectations. This information should be given to young people by their care providers and also independently of their care providers.

Recommendation 10: Young people should be informed, both by their care providers and by an independent body, of what is should be provided for them under a therapeutic care approach, and be informed of their rights generally.

Broader Cultural Competency

Providing a culturally safe and sensitive environment is essential as culture might impact on how a young person experiences and perceives trauma. However, this sensitivity must extend beyond Aboriginal and Torres Strait Islander (ATSI) young people. Given the high numbers of ATSI young people in care it is appropriate to have a focus on cultural competency with regard to this group. However, the needs of other groups must also be considered.

Although there is no data on the numbers of culturally and linguistically diverse (CALD) young people in OOH, analysis of the 2011 census data showed that 25% of all youth aged 12 to 24 in Australia identify as being from a CALD background (925,015 young people). NSW has the largest number of CALD young people with 340,812. Of this number, 139,463 are between the ages of 12 and 17. The top 10 birthplace countries for CALD born young people aged 12 to 24 are China, India, The Philippines, Malaysia, Hong Kong, Vietnam, South Korea, Indonesia, Singapore and Iraq.² These numbers suggest there will be a significant proportion of CALD young people in OOH. Despite these numbers, the draft framework focusses exclusively on the cultural sensitivity to be afforded to Aboriginal and Torres Strait Islander young people. We would urge that this be expanded to include all CALD backgrounds.

Furthermore, practitioners should also be sensitive to other individual differences amongst young people and attuned to the prejudices they may have faced, and still face, as a result of, for example, their sexual orientation, gender diversity, religion, economic class and disability. All of these characteristics may interact to create more or less stigma for that young person.

Recommendation 11: Expand cultural competency requirements only ATSI to take into account all aspects of diversity, such as CALD, sexual orientation, gender diversity, religion, economic class and disability.

² Graeme Hugo, Kelly McDougall, George Tan and Helen Feist, 'The CALD Youth Census Report 2014' (Multicultural Youth Advocacy Network, June 2014) <<http://www.myan.org.au/file/file/CALD%20Census%20Report%202014.pdf>>.

Implementation and Evaluation

The most important and critical aspect for the success of this framework is its implementation, yet the paper makes no mention of how this will happen, within what timeframe or what the goal that services should be striving towards is. Communication is key here; there must be a clear strategic plan for the implementation sent out to all relevant service providers and organisations. Further, information on how and what the sector can do to ensure that implementation is as smooth and seamless as possible.

We would advise against an overly rigid framework that does not allow maneuverability or for the trial and evaluation of new frameworks that might be developed. Trauma-informed practice and care is a continually developing field of research, and there needs to be a degree of flexibility for the sector workforce to develop their skills as new findings become available.

However, flexibility need not mean a lack of rigor in implementation. Too often new ideas are not actually implemented instead current practice is simply rebranded. There must be resources to follow-up with services on their implementation efforts. These follow-ups should allow for services to justify their efforts on the basis of particular research or evidence bases. Follow-ups must also check that procedures are being followed, and resources for young people are being used. For example, health checks are not always performed before young people leave care, leading to conditions not being picked up and the young person missing out on government supported medical care that they will later have to pay for themselves.

Recommendation 12: There must be a clear strategy and timeframe for the implementation of the framework and enough flexibility to allow for new, more beneficial practices of trauma informed care and practice.

Recommendation 13: The Government must fund follow-up assessments of implementation.

Outcome Measures

The case studies appear to measure the outcomes of a therapeutic care based approach on educational achievement, social relationships and participation in employment and extra-curricular activities. These are fantastic outcomes for young people healing from trauma and this transition from OOHC to successful and flourishing independent living is an important part of the healing process.

Thinking of the wider outcomes, Yfoundations would like to see more emphasis on the long-term mental-health outcomes of therapeutic care. After all, it is entirely possible for a young person to successfully pass their university degree, to remain in stable employment and form positive connections while battling social and emotional wellbeing issues.

We would also like to see a longitudinal survey of outcomes, say over a ten-year period, to assess the long-term positive effects of therapeutic care. This survey could assess, amongst other things, a young person's educational attainment, mental wellbeing, employment, relationships, run-ins with the justice system and living circumstances. Existing longitudinal research exists that could provide a model for such work.³

Recommendation 14: There should be greater emphasis on the long-term mental health outcomes of therapeutic care alongside positive outcomes in educational attainment, employment and positive relationships with family and community.

Recommendation 15: The Government should fund a long-term longitudinal study looking at the positive and negative effects of a trauma-informed framework in order to evaluate and modify the framework to ensure a continuous model of best practice.

³ Judy Cashmore and Marina Paxman, 'Wards Leaving Care: Follow Up Five Years On' (2006) 31(3) *Children Australia* 18.