

HOPE & HEALING

Queensland framework for
working with children and young
people living in residential care

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Framework developed in 2015 through a partnership between Queensland Department of Child Safety, Youth and Women;
PeakCare Queensland Inc; Encompass Family and Community Pty Ltd; and Paul Testro Consulting

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THE HOPE AND HEALING FRAMEWORK

Introduction

The *Hope and Healing Framework for Working with Children and Young People Living in Residential Care* sets out the foundation for caring and working with young people living in residential care in a way that understands and responds to trauma and is therapeutic in approach. This recognises that, while not all children and young people living in care require specialist therapeutic care, all have experienced trauma.

For the purposes of this framework, the concept of trauma is inclusive of disrupted attachment, complicated grief and loss, and other deleterious developmental impacts.

The framework is being implemented in the context of the wider child protection system in Queensland. The residential care of young people is a specific part of that system, and so the vision, principles and fundamental components of this framework are specific to residential care. They are also consistent with the wider *Strengthening Families Protecting Children Framework for Practice* (Department of Communities, Child Safety and Disability Services 2014) which applies to all work with children and young people living in care and their families.

1 VISION

Children and young people living in residential care are safe, are connected to friends, family, community and culture, and are supported towards realising their hopes, dreams and full potential.

2 PRINCIPLES

A trauma-informed therapeutic framework is underpinned by these common practice principles which apply across all types of residential care and all cohorts of children and young people. The practical application of these principles shapes the way in which care is defined and understood:

- Care is individualised, taking account of age, stages of development and cognitive functioning and abilities
- Care is relationship-based
- Care promotes engagement in decision making and life choices
- Care occurs within the context of family
- Care supports links with community
- Care is culturally safe and culturally proficient, supporting Aboriginal and Torres Strait Islander cultural identity and culturally and linguistically diverse identities
- Care understands and responds to behaviour as communication
- Care provides unconditional commitment (persistent allegiance)
- Care is collaborative and integrated across all services involved with each child and young person.

3 NEEDS-INFORMED CARE

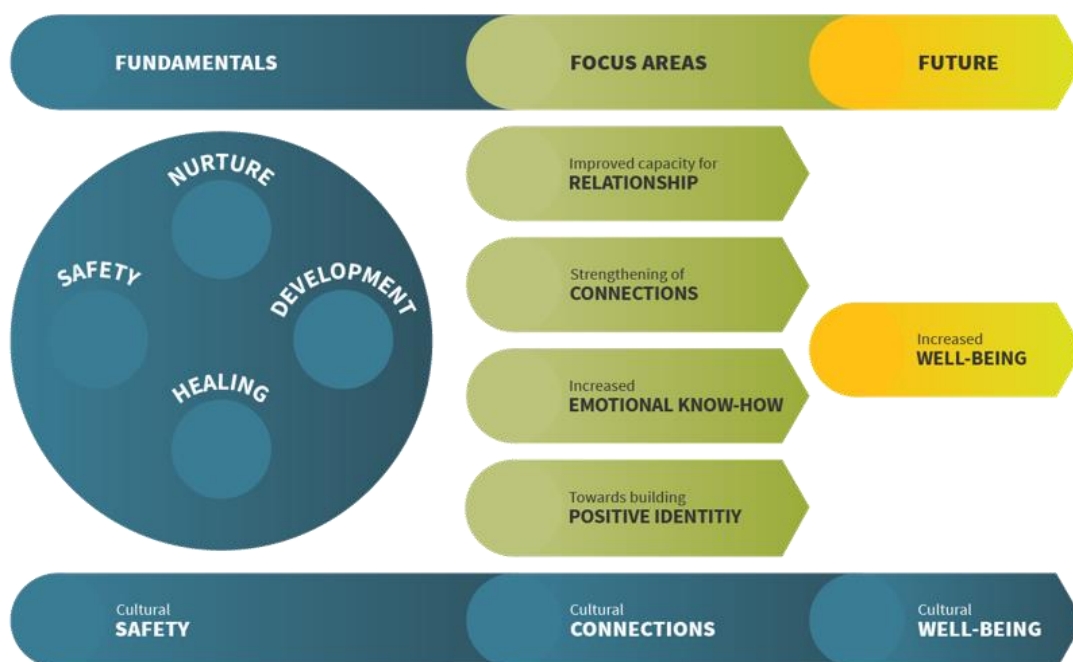


Diagram 1: Needs-informed care

The needs-informed approach, illustrated above, of the *Hope and Healing Framework for Working with Children and Young People Living in Residential Care* incorporates:

- **Fundamentals** of care – applied as part of everyday care throughout a child or young person’s journey of living in care
- **Focus areas** – core elements of a therapeutic approach
- **Future orientation** – a goal focused approach incorporating children and young peoples’ hopes and dreams that lead to increased well-being for each child or young person.

The components of the framework relate to the needs of children and young people and directly inform practice. They are inter-related – some are pre-requisites for others (for example, safety is foundational and attention to cultural needs is embedded throughout) but meeting a child or young person’s needs in relation to any one of these components will have positive flow-on impacts in other areas. Within the different phases of a young person’s journey in care some needs may take precedence at certain times; Diagram 1 therefore represents an ongoing integrated approach rather than phases of care.

3.1 Fundamentals of care

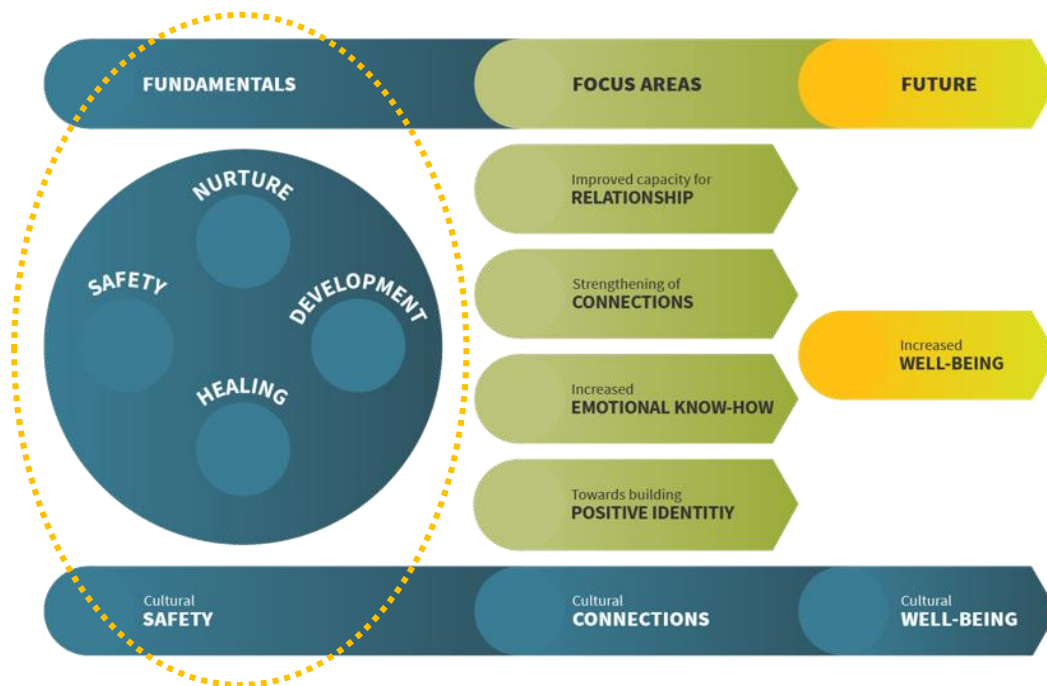


Diagram 2: Fundamentals of Care

Residential care must attend to the fundamental needs of children and young people for:

- **Safety**
- **Nurturance**
- **Development**
- **Healing**

Safety is the necessary foundation or base. It incorporates the overarching need for cultural safety.

Physical, emotional and cultural safety are pre-requisites to all other efforts to support the child or young person. Physical safety includes being free of actual and threatened harm. Stability and trusting relationships are core aspects of emotional safety.

Cultural safety requires that workers interacting with children and young people move beyond cultural awareness to become culturally responsive to the needs of children and young people of diverse cultures and, in particular, Aboriginal and Torres Strait Islander children and young people, to create a physical and inter-personal environment which is welcoming and respectful of each person's culture (VACCA 2008). Key to cultural safety is connection to family, kin, community and country.

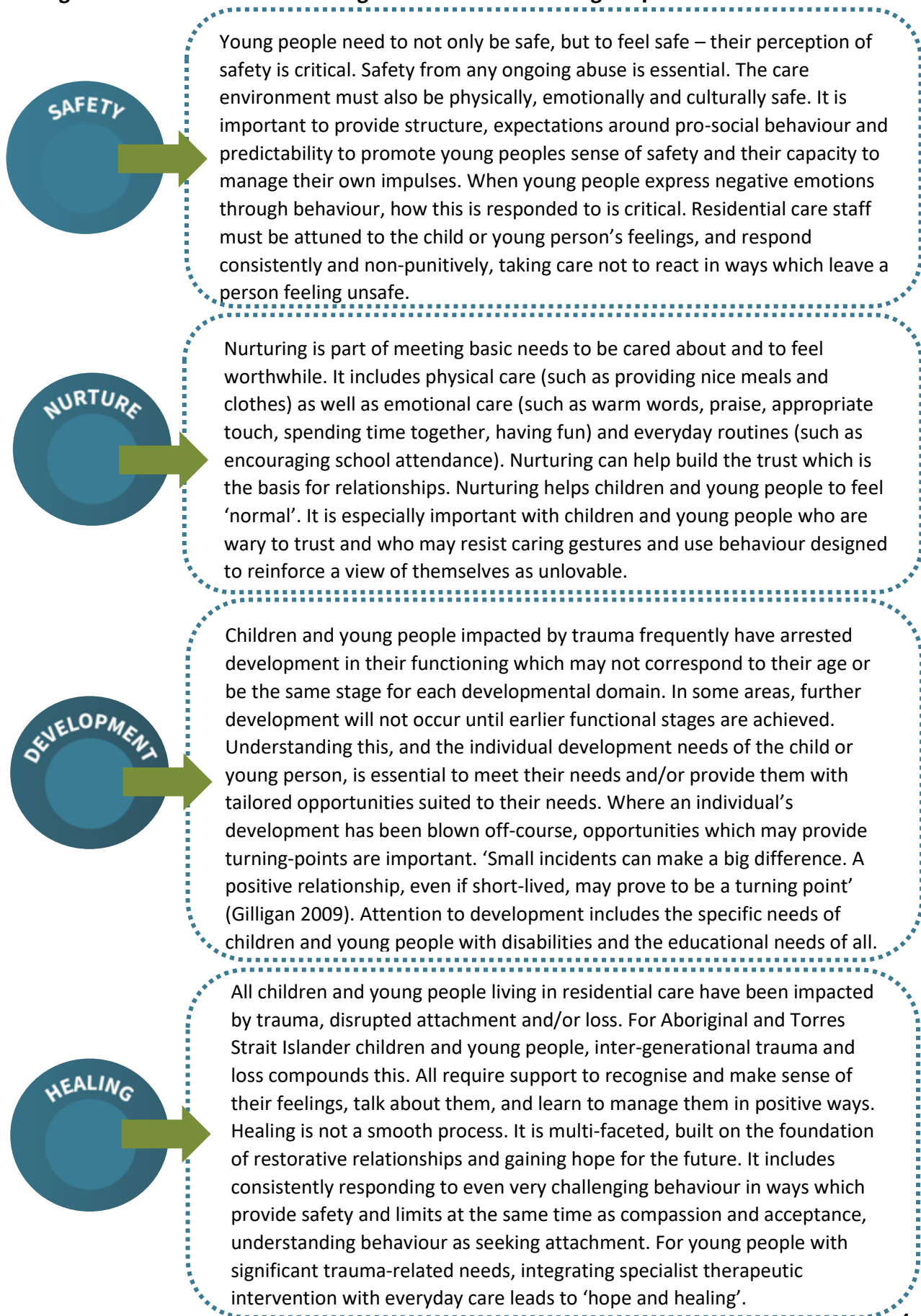
The everyday care of children and young people living in residential care requires attention to fundamental needs for *Nurturance*, *Development*, and *Healing*. These fundamental elements inform all interactions with children and young people during all facets of care, on an everyday basis, throughout their journey of living in care:

Nurturance is meeting needs for nurturing relationships (being understood and accepted) and physical care (good food, clothing, being 'looked after', having 'normal' things and experiences, creating a home).

Development is attention to developmental needs relevant to each child or young person's age, stage and capacity (including educational opportunity as well as physical and emotional development). Progression through developmental stages allows children and young people to acquire new skills and knowledge, helping them to navigate their world.

Healing is being attuned to the impacts for all children and young people of pre-care and in-care trauma, loss and attachment issues, and meeting the more intensive needs of some children and young people. Healing occurs in the context of restorative relationships.

Figure 1: Fundamentals of Working with Children and Young People



3.2 Focus of a therapeutic approach

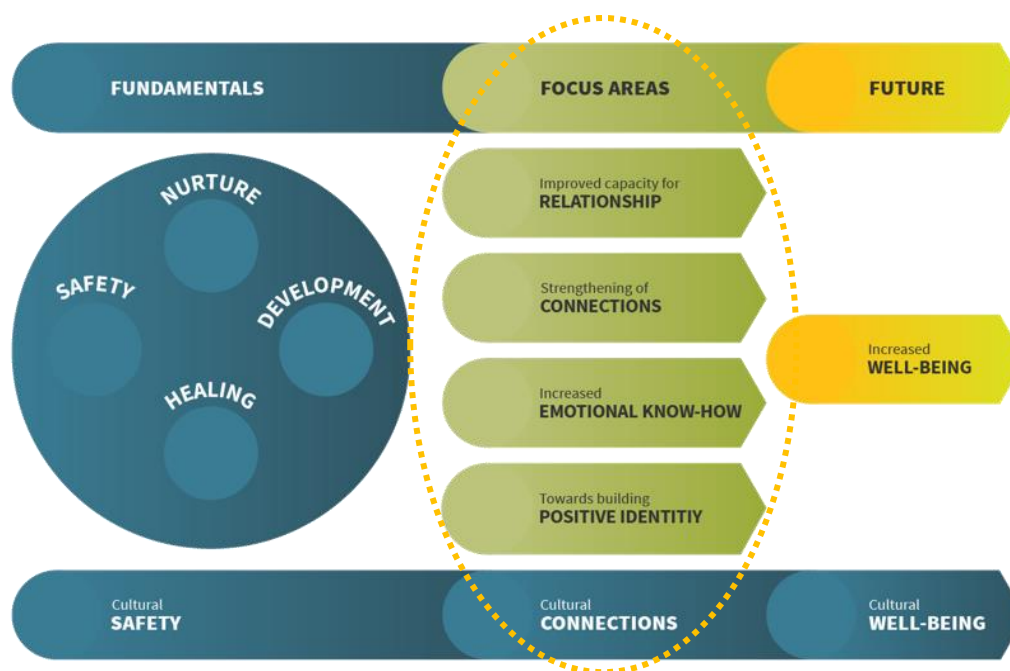


Diagram 3: Focus of a Therapeutic Approach

Underpinned by care consistent with meeting these fundamental needs, for all children and young people a therapeutic approach incorporates attention to the four focus areas of:

- **Relationship**
- **Connections**
- **Emotional Know-how**
- **Positive Identity**

With the fundamentals in place, these are the focus areas for practice that enable children and young people who have experienced trauma to move towards increased well-being.

In a therapeutic approach, everyday care is purposeful and individualised in assisting the development of children and young people in these areas:

Relationship refers to a person's capacity to experience reciprocal relationships, modelled on residential care workers' efforts to work through relationship. Elements of relationship are trust, empathy, positive regard, reliability, and emotional care.

Connections create a sense of belonging and underpin the development of identity. Connections refers to feeling part of family, kin and community, as well as having a strong cultural identity.

Emotional know-how is necessary for a child or young person's mental health, age-appropriate behaviour and higher order learning. It enables children and young people to gain mastery over how they cope with the emotions and psychological impacts of trauma and other causes of internal stress. In practice, the concept incorporates supporting children and young people in ways of adaptively coping with internal and external stressors.

Positive identity is a sense of self and feelings of self-worth. It includes children and young people building a sense of competence, gaining mastery in areas of interest to them, and belief in their own capacity to realise their aspirations.

These focus areas are inter-related. Working from the basis of relationship is central. Support to develop healthy relationships helps a child or young person to feel safe, build trust and belonging, and to feel worthy, which in turn enables strong connections to family, kin and community and develop positive identity.

A child or young person's readiness to build capacity in each of these areas depends upon incremental and sequential development (for example, a sense of security – emotional safety – precedes increased capacity for emotional self-regulation). Residential care workers must be aware of the individual's age- and stage-dependent readiness in each of these focus areas in order to support development in each area. Developmental turning points engender experiences that can positively influence the trajectory of an individual's development.

Figure 2: Focus of a therapeutic approach



3.3 Future orientation

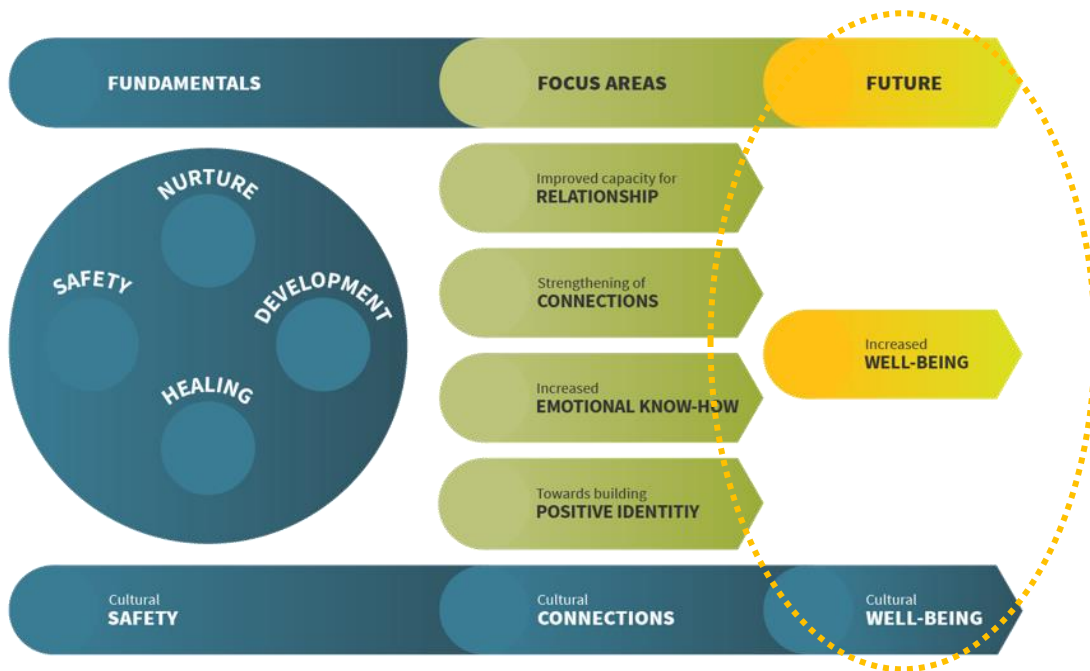


Diagram 4: Future Orientation

A therapeutic approach is goal oriented in working towards the increased well-being of children and young people through identifying windows of opportunity. This includes opportunities, relevant to their age and capabilities, to develop their potential through educational and other aspirational goals working towards independence. The outcomes sought in working with individual children and young people are specific – they include individualised goals for both the ‘here and now’ and the future, incorporating a child or young people’s own hopes and dreams. A future oriented approach is relevant even if an individual’s stay in a residential care service is a short one. Every child or young person’s positive future is built on incremental positive steps.

4 THE PHASES OF CARE

A trauma-informed therapeutic approach is always underpinned by the components of needs-informed care outlined above, but the practical application and emphasis of each component varies at different phases of a child or young person's journey living in care. These journeys vary – for some living in care is a brief experience; for others it will span years and different settings. Throughout their journey, a focus on transitions of all types is important, supporting children and young people to deal with the new and with uncertainty. For some children and young people living with significant cognitive impairments, their developmental capacity is a core factor.

These phases are not discrete or definitive, nor are they linear – healing occurs throughout a child or young person's journey living in care and multiple transitions may occur, so that the phases overlap and may be more circular than linear as they take steps towards gaining mastery while also sometimes regressing. The 'phases' represent a way of conceptualising the changing emphases of healing-based work with children and young people as they recover from trauma and disruption and move forward. The four core overlapping phases for this framework are as outlined below.

4.1 Transition in

- ***Therapeutic focus: establishing safety***

The child or young person is welcomed into the house and helped to feel a sense of belonging in this new environment. Structure, reliability and consistency are important to engender a sense of safety; testing of boundaries is part of testing safety, while fear and a lack of trust in adults may underpin very challenging behaviour (CCYP 2013). Workers provide an external locus of non-punitive regulation of intense feelings when children and young people themselves are unable to manage this. The work of building relationships commences. Information about individual needs, strengths and aspirations is gathered.

4.2 Stabilising

- ***Therapeutic focus: relationship, stabilisation, developing emotional know-how***

The child or young person is supported to recognise and understand emotions and to gradually make choices (where developmentally and age-appropriate) about the way in which they express these feelings. Relationship is core – for healing to take place, they must experience feeling cared about and trust that they will be emotionally safe while dealing with trauma-related feelings. Stabilising is essential for healing, which takes time – young people with very complex issues need this time.

Participation in predictable everyday experiences which include the routine, the challenging and fun, can be restorative. Residential care workers provide reliable healthy relationships, responding to even very challenging behaviour in ways which gradually strengthen the child or young person's capacity for emotional self-management.

4.3 Strengthening connections

- ***Therapeutic focus: re-connection and strengthening connections, identity and belonging***

The child or young person is supported to rebuild and/or strengthen the relationships which are likely to endure throughout their lives. Identity is closely related to a sense of belonging. Where this cannot be provided by immediate family members, other wider family relationships can often be fostered and the child or young person supported to manage optimal connections with family members who are an irremovable part of the child or young person's life irrespective of the circumstances. Connection with community and with culture are important, with the child or young person assisted to learn how to sustain such relationships as they move back into the community and on to independence. In supporting this connection for Aboriginal and Torres Strait Islander children and young people, workers must ensure that protocols and cultural relationships are observed.

4.4 Transition out

- ***Therapeutic focus: reintegration, positive self-regard, hope and aspirations***

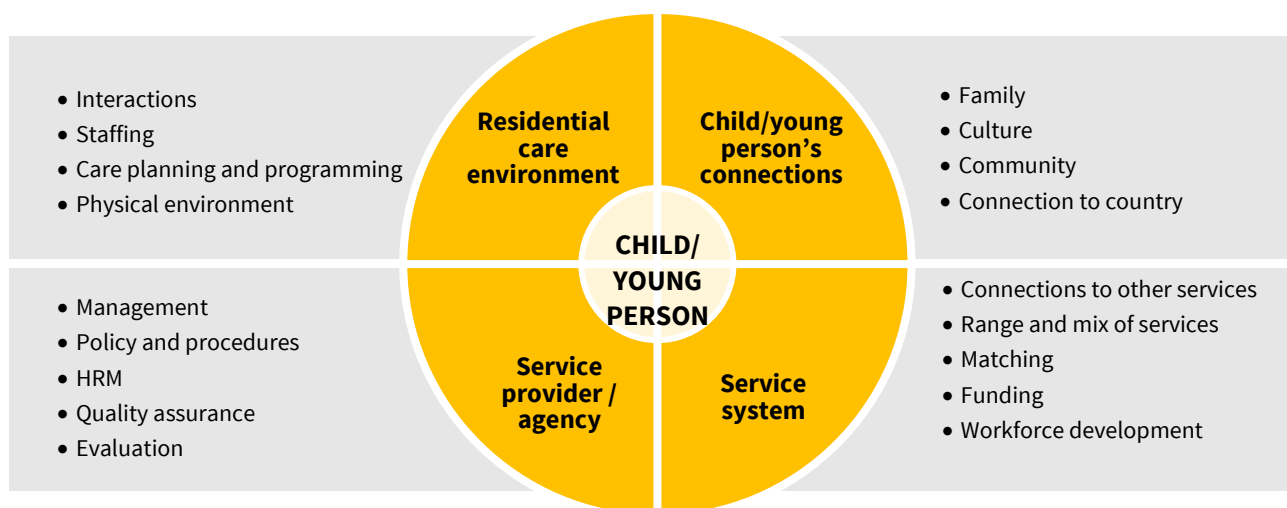
The child or young person is supported to internalise a sense of themselves as a worthwhile person with a story of their past, which is understood and integrated, as well as a story of their hopes for the future. They are coached to internalise a positive sense of self which helps them to be more resilient to life's challenges. They are supported in their move to their next place of living, or towards independence, in a way that enables existing connections to remain in place while they establish new ones. Transition is not re-traumatising and the young person is able to move forward with confidence.

Preparation, rituals that acknowledge loss, support to let go and emotional support to make changes are all important.

5 THE DOMAINS OF RESIDENTIAL CARE

The child or young person’s experience of living in care is impacted by their contact with other parts of the service system involved with the child or young person and their connections while living in care. These ‘domains’ are separate but inter-related – congruence within the service system is important to a child or young person’s sense of security and healing, promoting continuity of service delivery and stronger partnerships between organisations providing support services. With the child or young person as the central focus, the four domains of residential care all have a role in applying the framework, working together to help meet each child or young person’s needs. These domains (see *Diagram 2*) are:

- The residential care environment including day to day care, interactions between children and young people and with staff, care planning, purposeful programming and the physical environment
- The connections to the child or young person’s world including family, community, culture and country
- The service provider/organisation providing the residential care home including governance, management, policies and procedures, human resource management, quality assurance and evaluation
- The service system including the child or young person’s connections to other services such as health and education, matching for best fit of care, range and mix of services, funding, workforce development and partnerships.



OVERARCHING ACROSS ACTIVITY IN EACH DOMAIN:
CULTURAL PROFICIENCY / CONGRUENCE

Diagram 5: The domains of residential care

5.1 The child or young person

The child or young person and their experience of living in care is at the centre of all efforts to ensure their safety and well-being in day to day care, to provide services to meet their needs, and to support their engagement with family, kin and community and the broader service system.

Children and young people living in residential care are a diverse group in terms of their age, gender, sexuality, stage of development, abilities, and cultural background. Residential care is individualised whilst being attuned to the needs of other people living in the home.

Care is planned and identifies and meets needs for safety, nurturing, development and healing. These needs are understood in the context of their family, community, culture and country.

The rights of children and young people living in residential care are promoted in line with the requirements of the *United Nations Convention on the Rights of the Child (1990)* and the *Charter of Rights for a Child in Care (Child Protection Act 1999)*. The Charter of Rights sets out what children and young people can expect from people involved in caring for them and working with them whilst they are living in care:

- To be provided with a safe and stable living environment
- To be placed in care that best meets their needs and is most culturally appropriate
- To maintain relationships with their family and community
- To be consulted about, and to take part in making decisions that affect their life (having regard to their age or ability to understand), particularly decisions about where they are living, contact with their family and their health and schooling
- To be given information about decisions and plans concerning their future and personal history, having regard to their age or ability to understand
- To privacy, including, for example, in relation to their personal information
- If the young person is under the long-term guardianship of the Chief Executive, to regular review of their care arrangements
- To have access to dental, medical and therapeutic services, necessary to meet their needs
- To have access to education appropriate to their age and development
- To have access to training opportunities and help in finding appropriate employment
- To receive appropriate help with the transition from living in care to independence including, for example, access to housing, income support, training and education.

The right of Aboriginal and Torres Strait Islander children and young people to self-determination is also promoted in line with the *Child Protection Act 1999*.

The *Statement of Standards (Child Protection Act 1999)* for the care of children and young people also precludes the use of behaviour management techniques which include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.

The child or young person's age, capacities and stage of development are critical in determining how their rights are conveyed to them and how their participation is maximised. All have the right while in residential care to health needs being met, to disability services as required, and to receive learning and education appropriate to their age and developmental needs. The child or young person's core right to be treated with respect includes age-appropriate rights to privacy

and to participate in decision-making about their care, balanced with safety considerations.

5.2 The child or young person's connections

Every child or young person is part of a family and entered into care from within the context of family and community. For Aboriginal and Torres Strait Islander children and young people the context of family includes that of community, culture and country. The residential care service system cannot interface with the child or young person in isolation from family and community. The inclusion of connections as one of the domains of residential care recognises this. It recognises the necessity of residential care staff working in partnership with family and the child or young person's independent entity where one has been nominated, . Family participation as part of the safety and support network is also very important.

5.3 The residential care environment

The residential care environment is the lived experience of everyday care, including interactions with residential care staff, interactions with other residents, how they are 'looked after' including nourishing food, the physical surroundings in which they live, and the programmatic and recreational activities in which they engage. The combination of these factors provides a milieu which supports healing. These factors must be congruent across residential care staff to ensure consistency. Each factor also has a part in creating a culturally safe environment, and each provides opportunity for the participation of children and young people in helping define their environment.

The residential care environment includes the way in which the young person's day is structured, with predictable routine which engenders security, balanced with the flexibility to respond to individual needs while maintaining group cohesion. Programming is purposeful and responsive to different cohorts of children and young people. It includes 'rituals' which reinforce belonging and requirements that reinforce good habits for individual self-care and social interaction (Holden 2009).

The physical environment plays a significant part in creating a healing milieu. This includes location and use of space both internal and external to the building. It includes how furnishings and fittings, décor, upkeep and even choice of vehicles can influence the way in which a child or young person feels about themselves within the space and responds to the messages inherent in these environmental factors. It includes space for privacy as well as group activity, and for the security of individual belongings as well as shared items.

5.4 The residential care service provider

The domain of the residential care provider concerns the governance and management actions taken by residential care service providers that influence the way in which care is provided and ensure that the needs of individual children and young people are met. It includes each organisation's policies and procedures, service design and development, staffing of the house, rostering arrangements, programming, providing appropriate housing, working in collaboration with other stakeholders, ensuring quality and evaluating outcomes.

It is important that governance and management actions reflect an understanding of care and

the delivery of residential care services to children and young people, value the role of residential care workers in providing care and working with children and young people, and ensure congruence at all levels of the organisation.

5.5 The wider service system

The wider service system includes the policy and programmatic framework within which residential care is located as part of the wider child protection system. It includes the policies and programs that together form an integrated system for meeting the needs of children and young people living in residential care, as contained in the *Charter of Rights (Child Protection Act 1999)*. Non-residential community-based services also play important roles in helping meet the needs of children and young people and their families, for example in providing family support services and cultural support programs.

The wider service system directly influences which young people are cared for in a residential setting, what service types are available, how the system is resourced, and how the workforce that directly provides care in a residential setting is viewed and developed.

The wider service system includes, in particular:

- Child Safety in its roles of statutory custodian/guardian and protector, funder and purchaser, and regulator
- The health system, including government and private providers of physical and mental health services in community and hospital settings
- The education system, included state, non-state and alternative schooling or learning venues
- Disability support services and NDIS
- Community controlled organisations and other Aboriginal and Torres Strait Islander agencies
- Legal and advocacy services
- Queensland Police Service
- Youth Justice
- Office of the Public Guardian
- Agencies providing a range of support services for families
- Community networks and groups (including recreational and sport, faith-based support and services, and interest groups).

6. CONCLUSION

Working with children and young people living in care requires everyone to work together across the domains, attending to the focus areas of *relationships, connections, emotional know-how* and *positive identity* to reach the future focus of *increased well-being*.

This framework offers children and young people living in residential care a consistent approach to their day-to-day care in order to increase well-being.



<http://peakcare.com.au/hopehealing>