

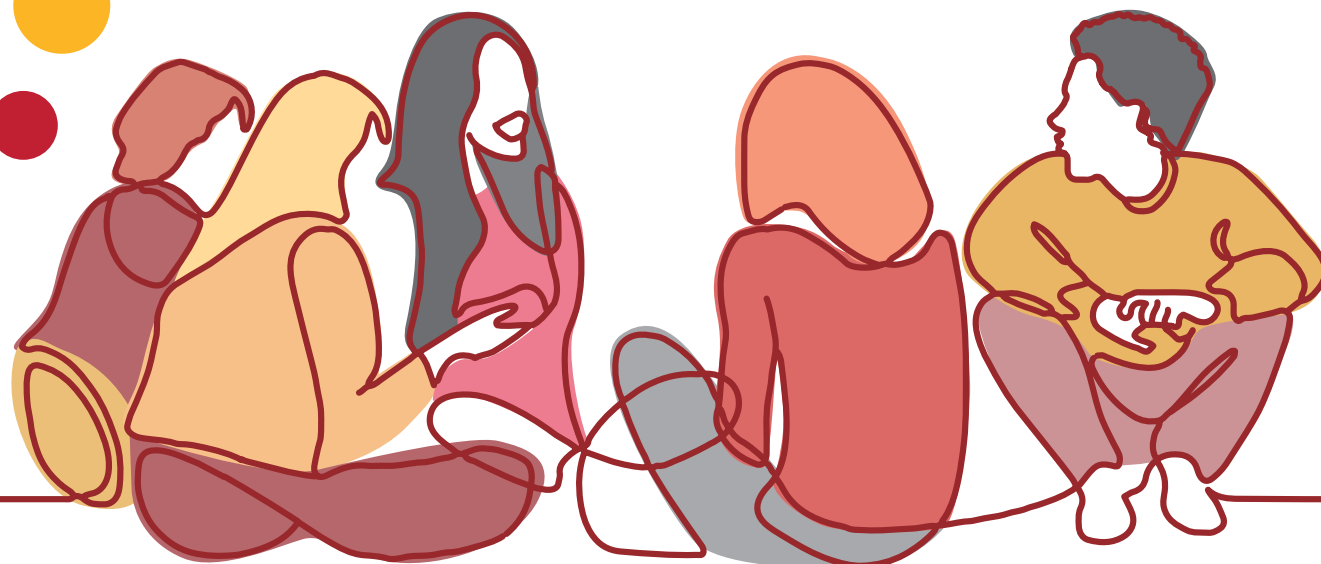


Australian
Childhood
Foundation

Centre for
Excellence in
Therapeutic Care

NSW INTENSIVE
THERAPEUTIC CARE

Pulse Check Survey 2020 Outcomes Report





**Australian
Childhood
Foundation**

**Centre for
Excellence in
Therapeutic Care**

Delivered in Partnership with Southern Cross University

The Centre for Excellence in Therapeutic Care acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and waters across Australia in which we share. We pay our respects to Elders past and present and to the children who are the leaders of tomorrow. We acknowledge the histories, living cultures and the many thousands of years in which Aboriginal and Torres Strait Islander peoples have raised their children to be safe and strong. We recognise and accept it is the oldest continuous living culture in the world and that Aboriginal and Torres Strait Islander sovereignty has never been ceded.

The Centre for Excellence in Therapeutic Care is an inclusive, safe and respectful organisation which celebrates diversity and actively supports the inclusion of children, young people and adults from LGBTQIA+ communities, people with disabilities, people from diverse cultural and linguistic backgrounds and people with diverse religious beliefs or affiliations.

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Suggested Citation: Mitchell, J., Royds, K., Macnamara, N. and Bristow, G. (2021).
NSW Intensive Therapeutic Care Pulse Check Survey 2020: Outcomes Report.
Centre for Excellence in Therapeutic Care: Sydney.



About the Centre for Excellence in Therapeutic Care

The Centre for Excellence in Therapeutic Care (CETC) was initially established in 2018 to support significant reforms in out of home care in NSW for children and young people with complex needs. This reform saw the development of an Intensive Therapeutic Care (ITC) system which offers a range of placement types including rostered short and longer term intensive therapeutic residential care, therapeutic home based care, significant disability care options, therapeutic sibling care options and therapeutic supported independent living. Since this time the CETC has supported out of home care service design and practice more broadly across Australia.

A partnership between the Australian Childhood Foundation (ACF) and Southern Cross University (SCU), the CETC is an Australian first intermediary organisation established to support the implementation of therapeutic care.

Through the application of its 'Knowledge to Action' Framework, the CETC aims to

- **systematically build, synthesise, translate and disseminate knowledge;**
- **support the development of a collective understanding and capacity to enact therapeutic care across the ITC and other**

out of home care systems and related sectors; and,

- **foster shared ownership for the achievement of high-quality outcomes for children and young people.**

The CETC builds a shared body of usable knowledge through real time interactive processes that continuously improves capacity and leads consensus and congruence about practice, policy, organisation and systems interfaces.

The CETC seeks to disseminate the right information to practitioners, policy makers and other key stakeholders at the right time and in the right format to shape practice, build sector capacity and influence policy, program and system design. The activities of the CETC are underpinned by a dynamic understanding of how people know, learn and act within complex systems of change, of which the CETC is itself a part.

Since the CETC started, there has been increasing interest in its work from other jurisdictions across Australia and internationally, with its resources and support being accessed both locally and abroad. This is a heartening sign as out of home care and custodial youth justice organisations and systems continue to build their capacity to understand

children and young people with complex needs and develop robust, trauma-informed and culturally strong approaches to practice, program and system design to effectively care for and support them.

Visit www.cetc.org.au for more information and resources.



Executive Summary

In late 2020, the CETC launched a survey to 'take-the-pulse' of how workers, team leaders and managers involved with the Intensive Therapeutic Care (ITC) system in NSW perceived the success and challenges of the reform after the first two years of its implementation.

A total of 217 Intensive Therapeutic Care staff completed the online survey.

At the time of the survey, the majority of ITC workers were relatively new to their roles, reflecting the early stages of the ITC reform implementation. Most ITC workers (65%) had been in their role less than two years. Of these, just over half had been working in the ITC system for less than a year. Only 35% of workers had been in their role for more than two years, including a significant number of leadership roles such as Senior/Executive Managers, House Managers and Therapeutic Specialists. Two-thirds of the ITC workforce (67%) had previously worked in general residential/disability care.

The key findings of the survey are summarised here.

Overall, two out of every three ITC workers (66%) believed that their organisations are over half way along the continuum of change toward trauma-informed therapeutic care.



62% of ITC workers said they had **changed the way they thought** about their work in the move from general residential/disability care to therapeutic care, and 59% believed this had involved **changed expectations of them**.



There is overwhelming **support** (96%) for a trauma-informed way of working, with most workers (80%) having received **appropriate training**.



77% of ITC workers indicated they understood the **10 Essential Elements** that underpin the ITC reforms



8 out of 10 ITC **workers felt confident** in applying trauma-informed approaches to their roles; however, this reduced to 66% for therapeutic residential direct care workers.

Executive Summary



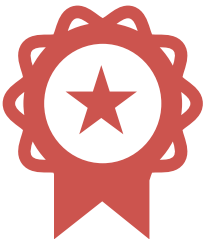
63% of ITC workers found **the advice, support and strategies offered by Therapeutic Specialists easy to understand and useful** in work with young people.



The majority of ITC workers (76%) said young people have **good relationships with staff and feel cared for**.



84% of House Supervisors and Therapeutic Specialists felt they worked as an **effective team** to support staff to apply their therapeutic model of care.



Workers expressed a high degree of confidence that their agencies are doing a good job meeting the needs of young people across role types (86% for case managers, 92% for House Supervisors, and 65% for residential workers).



ITC workers are divided on whether Department of Communities and Justice (DCJ) Case Managers understand the ITC system and trauma-informed ways of working. There were as many ITC Workers who believed that DCJ workers understood trauma-informed approaches to working with young people as there were not. The bulk of respondents (49%) were not clear about how much DCJ workers understood.

Executive Summary

Overall, staff believe young people are faring better in ITC than previously, but there is room for improvement:

58%

Workers believe young people's emotional well-being improved.

62%

Workers believe young peoples' connections to family had improved.

70%

Workers believe young people feel listened to and understood.

43%

Workers believed young people's connection to culture had improved.

53%

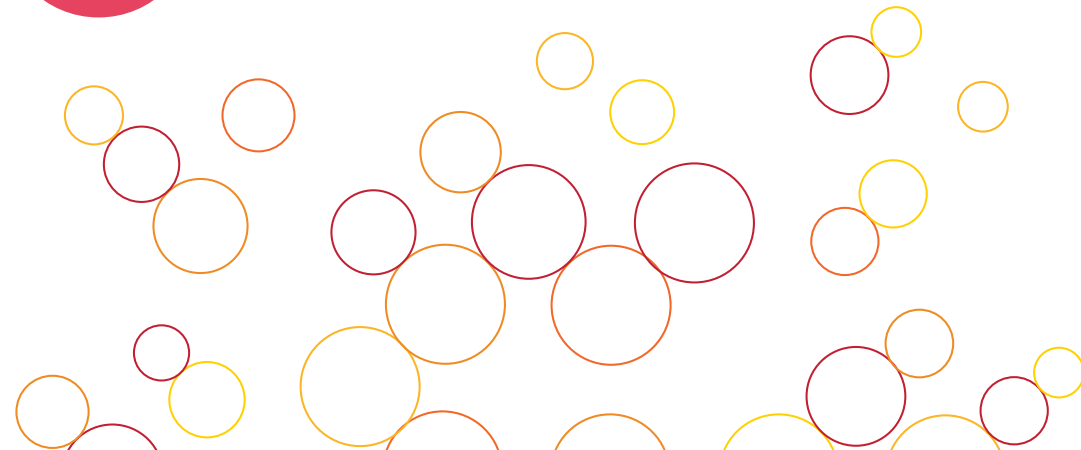
Workers believe young people's behaviour is more settled.

51%

Workers believed young people's connection with siblings had improved

63%

Workers believe young peoples' sense of hope for their lives had improved.



Recommendations



Recommendation #1

That agencies should invest in and/or maintain a focus on robust change management processes to support the shift in service delivery and practice towards a trauma-informed model.



Recommendation #2

That all ITC staff have access to the Foundational Training in Intensive Therapeutic Care. This program provides a unifying understanding of the 10 Essential Elements of ITC practice and provides a shared knowledge base for the implementation of a trauma-informed and relational approach to residential care.



Recommendation #3

While the ITC workforce, and Residential Care Workers in particular, reflect a growing capability to undertake its roles and functions, there is a significant need for relevant skills and knowledge to be further embedded into practice. Regular reflective practice and team meetings/supervision should be more fully utilised to translate knowledge acquired in a training environment into day-to-day practice with young people.



Recommendation #4

That agencies and government sustain support for Therapeutic Specialists to participate in regular, cross-agency community of practice and specific training related to their roles. Therapeutic Specialist should be oriented and supported to run reflective practice sessions, and to support House Supervisors and Residential Care Workers apply therapeutic principles in practice.



Recommendation #5

That the caseload of the Therapeutic Specialist of 1:12 be reviewed and benchmarked against other jurisdictions in Australia, who operate with different case loads.



Recommendations



Recommendation #6

The Department of Communities and Justice should work with the Department of Education to address the educational needs of young people in ITC and improve capacity to meet these needs, including the development of innovative learning and/or vocational pathways.



Recommendation #7

The Department of Communities and Justice should review the effectiveness of change management processes within DCJ to ensure that DCJ practice, processes and workforce capability are strongly aligned to the ITC reforms.



Recommendation #8

The relationship between staff and young people is an essential element of a therapeutic approach. For relationships to become important, there needs to be relational stability. An ongoing focus on workforce recruitment, retention and capability should remain central to the effective implementation of the ITC reforms.



Recommendation #9

ITC agencies and DCJ should review current Care Teams practice and processes to ensure the intent of the Care Teams (i.e. to support the effective engagement of families and address the cultural needs of young people) is fully implemented.



Recommendation #10

ITC agencies and DCJ should review the current Care Team and other practices and processes to ensure the meaningful participation of young people in decision making about their lives is fully embedded in ITC practice.



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Introduction

In April 2016, the then NSW Department of Family and Community Services engaged Verso Consulting to review the current residential care system in NSW to design a therapeutic care system for children and young people over the age of 12 years with complex needs. The outcomes of this review informed the development of the service design of a new approach to delivering Intensive Therapeutic Care (ITC).

The objectives of the ITC reform included the need to:

- do more to protect and keep children and young people safe;
- address individual needs through the provision of therapeutic care with a strong focus on recovery from trauma;
- provide clear pathways to less intensive service types and permanency;
- deliver evidence informed services to improve client outcomes, particularly around health and education; and,
- apply a commissioning approach for the provision of ITC.

The ITC system incorporates new system architecture underpinned by the '10 Essential Elements of Therapeutic Care'.

10 Elements of Intensive Therapeutic Care in NSW



Therapeutic Specialist



Reflective Practice



Trained staff and consistent rostering



Organisational congruence and commitment



Engagement and participation of young people



Physical environment



Client mix



Transition planning, exit planning and post exit support



Care Team Meetings



Governance and quality therapeutic practice

It is underpinned by a set of requirements including minimum staff qualifications and mandatory training, the creation of the roles of Therapeutic Specialists, the implementation of a Care Team approach and the establishment of the Centre for Excellence in Therapeutic Care (CETC) to act as a subject matter expert to support the implementation and sustained capacity of the ITC system.

A total of 10 out of home care providers were funded to deliver placements across the ITC system in the hub locations across NSW, including Blacktown, Liverpool, Tamworth, Wollongong, Newcastle, Queanbeyan, Gosford, Lismore, and Orange.

The core components of the new ITC system include the establishment and operationalisation of



- a Central Access Unit (CAU) that monitors and facilitates referrals into the ITC service system. The CAU plays a key role in placement matching, transition monitoring, ensuring system capacity and allocating funding packages for each young person in ITC;



- Intensive Therapeutic Transitional Care (ITTC), which are time-limited interim placements (maximum 13 weeks) for children and young people with high and complex needs. The ITTC provides a thorough assessment period to identify the needs of children and young people and identify appropriate placement pathways;



- Intensive Therapeutic Care Homes (ITCH) which are a residential group environment that provides intensive therapeutic care in time-limited placements which are reviewed according to care planning;



- Therapeutic Sibling Option Placements (TSOP) are foster care placements for siblings or related groups of children and young people (with at least one child or young person with high and complex needs). Care is provided by permanent authorised live-in carer/s in a house maintained by a service provider;



- Therapeutic Supported Independent Living (TSIL) supports young people to successfully acquire independent living skills through the provision of accommodation, case management and structured and individualised life skills programs;



- Therapeutic Home Based Care (THBC) is designed to provide individualised placements and/or a step-down option from rostered staff models (ITTC and ITCH). THBC is a flexible service type with service providers able to develop innovative, tailored responses to children and young people matched to their needs;



- Significant Disability Homes (ITC-SD) were introduced in July 2019, some 12 months after the commencement of the ITC system. The Significant Disability (ITC-SD) placement type seeks to better support eligible children and young people with significant disabilities who have extremely high support needs related to significant, complex and often multiple disabilities.

The ITC reform in NSW represents one of the most comprehensive system-wide reforms in out of home care in Australia. It has required a significant shift for most funded providers in the way they deliver residential care services, including the requirement to implement a therapeutic model of care aligned to the 10 Essential Elements. Many of the agencies providing these services have faced a range of foreseen and unforeseen implementation successes and challenges over the past two years, including securing appropriate housing stock, recruitment and retention of staff, some experiencing significant changes in senior leadership, funding challenges and the task of embedding practice change whilst continuing to care for young people with a range of complex needs. The reforms have also required a change in the way agencies interact and collaborate with DCJ regarding the placement, care and support of young people.

The CETC launched a survey to ‘take-the-pulse’ of how workers involved with the ITC system perceived the success and challenges of the reform after the first two years of its implementation through the lens of their respective roles.

About the Survey

The survey comprised 48 closed and open-ended questions. The wording of some of the questions were adapted to suit different roles currently employed in the ITC system. Only two questions within the survey were mandatory, including the role of the respondent and where respondents would place their organisations along the continuum of change.

The survey was promoted through a range of strategies, including direct emails from the CETC, social media posts and direct communication from the management of all ITC agency to their respective workforces.

A word on limitations

While every effort was made to ensure that all workers within ITC had access to the survey, the sample is self-selecting. As there is no clear data on the number of workers across the ITC service system, it is difficult to determine how representative the survey is. Despite this, the response rate by provider broadly represented the size of each agency's service offering into the ITC system.

It is also worth noting that although CETC has a growing list of ITC workers, organisational leaders participated in the distribution of the survey. While every effort was made to ensure messaging was consistent and clear, particularly regarding anonymity, it is possible this created some bias in response data.

Who responded to the survey?

Role and location

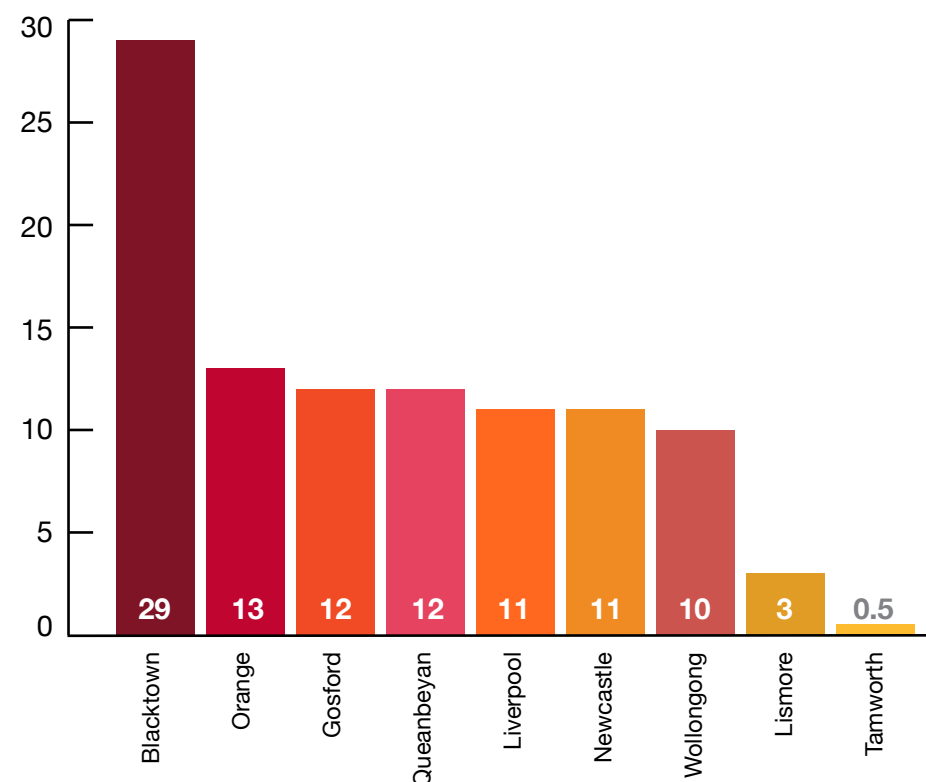


- A total of 217 Intensive Therapeutic Care staff completed the online survey. They represented the following roles: Case Managers (24), House Supervisors/Managers (39), Senior/Executive Managers (28), Residential Workers (95) and Therapeutic Specialists (31).



- All ITC hubs were represented in the survey. The Blacktown hub had the highest representation of respondents and Tamworth and Lismore had the lowest level of representation. Both the Tamworth and Lismore hubs are regional hubs which were the last to be rolled out in the ITC implementation. The Blacktown hub is a large, established hub in metropolitan Sydney.

PERCENTAGE OF RESPONDENTS BY HUB



Representation of ITC Agencies

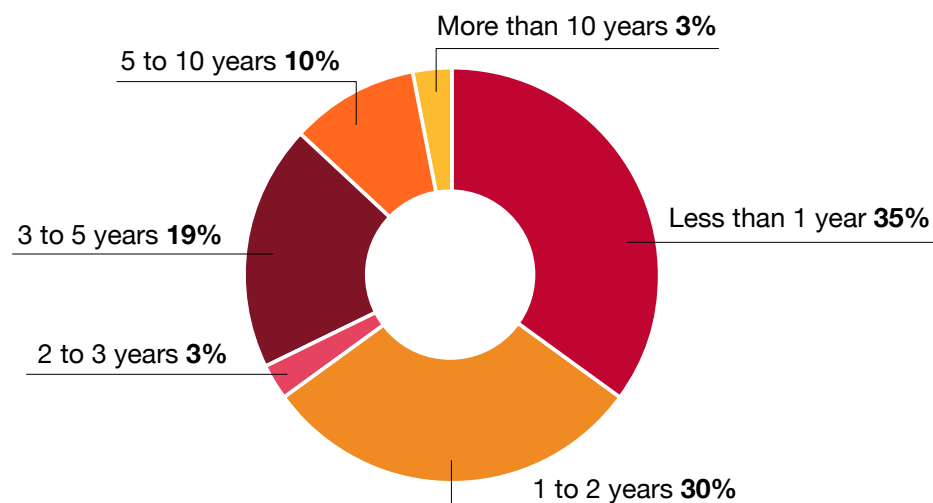
The response rate by provider broadly represented the size of each agency's service offering into the ITC system. In general, the larger the number of placements provided by an agency, the greater the number of respondents to the survey.

PROVIDER	SURVEY RESPONSE RATE (%)	ITC/SD/ITTC PLACEMENTS (%)
Allambi Care	9	16
Anglicare NSW / St Saviours	16	5
CatholicCare Broken Bay	12	7
Lifestyle Solutions	4	12
Life Without Barriers	8	11
MacKillop	9	14
Marist180	16	21
Southern Youth & Family Services	9	6
Wesley	10	3
Westhaven	7	4

Time in role

The majority of ITC workers are relatively new to their roles, reflecting the early stages of the ITC reform implementation.

Most ITC workers (65%) had been in their role less than two years. Of these just over half had been working in the ITC system for less than a year. Only 35% of workers had been in their role for more than two years, including a significant number of leadership roles such as Senior/Executive Managers, House Managers and Therapeutic Specialists.



Previous Experience

Two-thirds of the ITC workforce (67%) had previously worked in general residential/disability care.



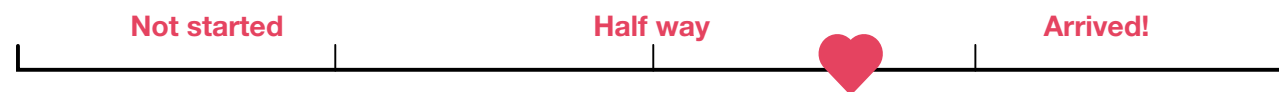
Survey Findings

Perceptions of the ITC reform



“I think it has changed the way people think and work with the young people in a more positive way” House Supervisor/Manager

Overall, two out of every three ITC workers (66%) believed that their organisations are over half way along the continuum of change toward trauma-informed therapeutic care.



Importantly, ITC Workers across role types felt that the needs of young people were well or very well met by their organisation (86% for Case Managers, 92% for House Supervisors, 65% for Residential Care Workers and 60% for Therapeutic Specialists). Notably, Residential Care Workers and Therapeutic Specialists were less positive about how well their organisation met the needs of young people compared to House Supervisors.



Key Finding:
The ITC reform is
perceived to be
just over halfway along
in its implementation

HOW WELL DO YOU FEEL THE NEEDS OF YOUNG PEOPLE ARE MET BY YOUR ORGANISATION?

Role	Not well at all	Not well	Neutral	Well	Very well
Case Manager	0%	5%	9%	45%	41%
House Supervisor/Manager	0%	0%	8%	34%	58%
Operational/Senior/Executive Manager	4%	4%	8%	48%	36%
Residential Care Worker	3%	8%	25%	42%	23%
Therapeutic Specialist	0%	22%	17%	43%	17%

A little over three-quarters of ITC workers (77%) said they understood the 10 Essential Elements that underpin the ITC reforms. However, a quarter were uncertain about these elements and what they meant for their work, with the majority of these being Residential Care Workers.

I UNDERSTAND THE 10 ESSENTIAL ELEMENTS THAT UNDERPIN THE ITC REFORM					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Operational/Senior/Executive Manager	17	9	1	1	0
House Supervisor/Manager	17	20	1	1	0
Therapeutic Specialist	16	10	4	1	0
Residential Care Worker	16	43	23	11	2
Case Manager	7	12	3	1	1
Grand Total	73	94	32	15	3
Total %	34%	43%	15%	7%	1%



Previous Experience in General Residential/Disability Care

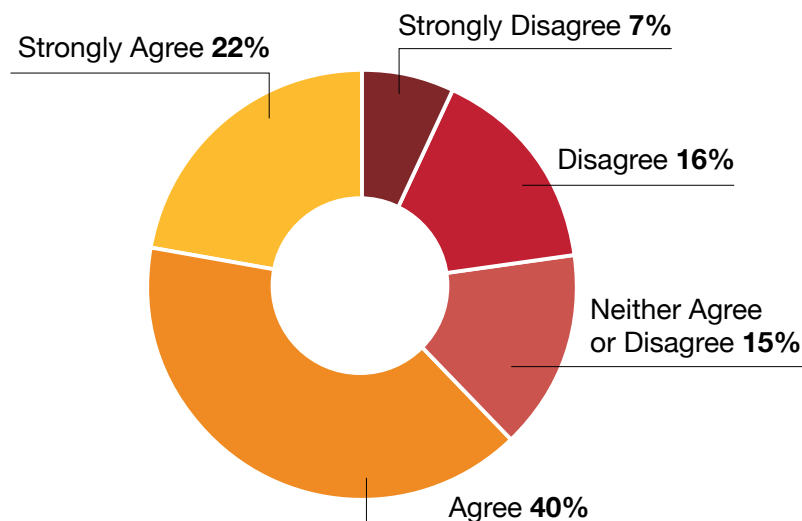


“ITC has changed me as a worker. I am so thankful we started this and seeing the change thus far. I now have hope for the young people we care for leaving care - that they are loved and cared for [and] no longer have the stigma attached to them as being children from the system. I have seen first-hand the significant growth in the young people we work with and I am so proud to say I work within a team that are changing the outdated system of OOHC model to that of a growing positive ITC care.”

Residential Care Worker

Most survey respondents (143, 67%) had previously worked in general residential/disability care. The majority (62%) of these workers reported they had changed the way they thought about their work in the move from general residential/disability care to using trauma-informed approaches within their ITC roles. Only 23% indicated that they had made no changes to how they previously undertook their role. This is an important finding highlighting the degree of practice change at the service delivery level that is being asked of staff in their care and support of young people.

I HAVE CHANGED THE WAY I THINK ABOUT MY WORK IN THE MOVE FROM GENERAL RESIDENTIAL/DISABILITY CARE TO USING TRAUMA-INFORMED WAYS OF WORKING WITHIN ITC (%)

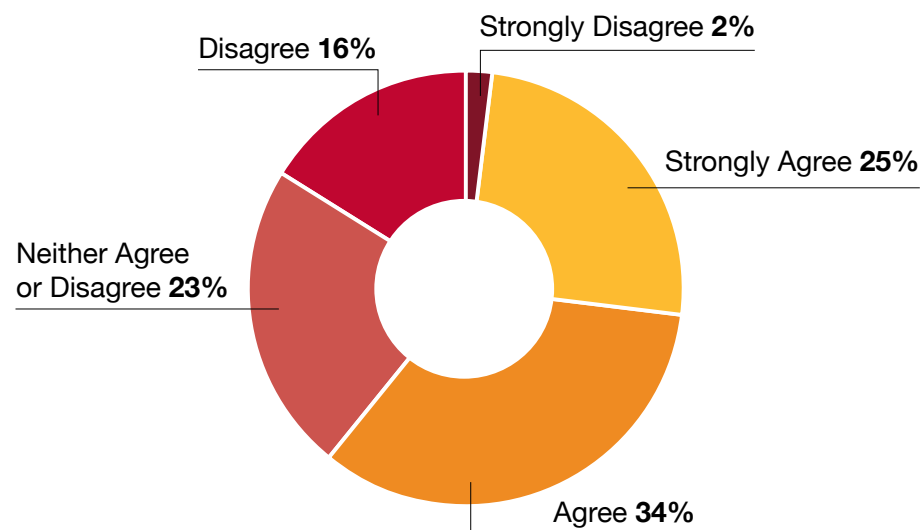


Key Finding:

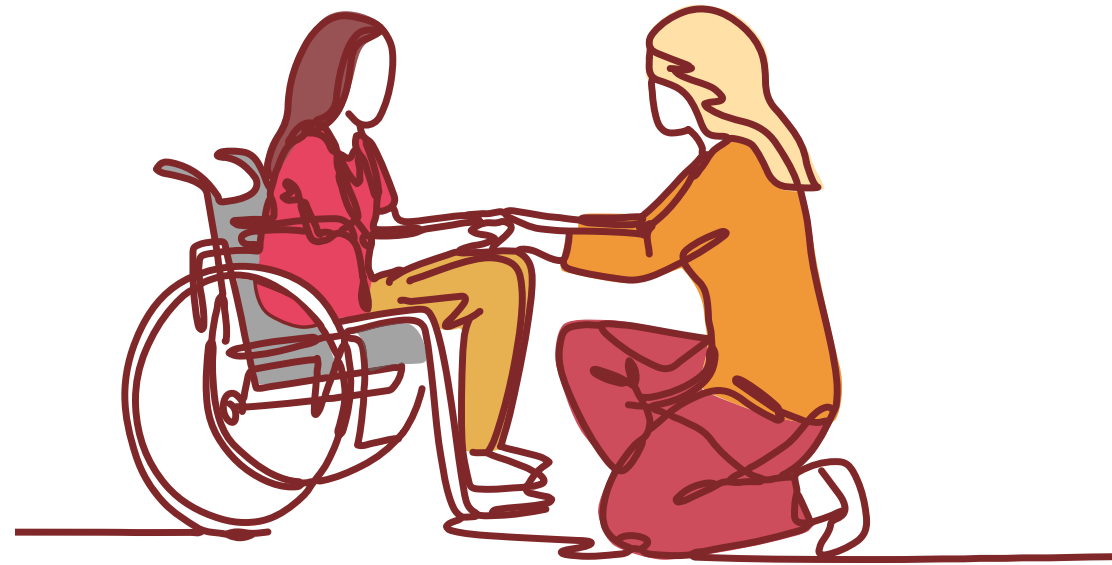
Most workers with previous residential/disability care experience view the introduction of Intensive Therapeutic Care as a necessary change to previous care models.

Importantly, 3 out of 5 respondents agreed that there was a big difference in what is expected of them now in the performance of their role within the ITC system, compared to previous roles in residential/disability care.

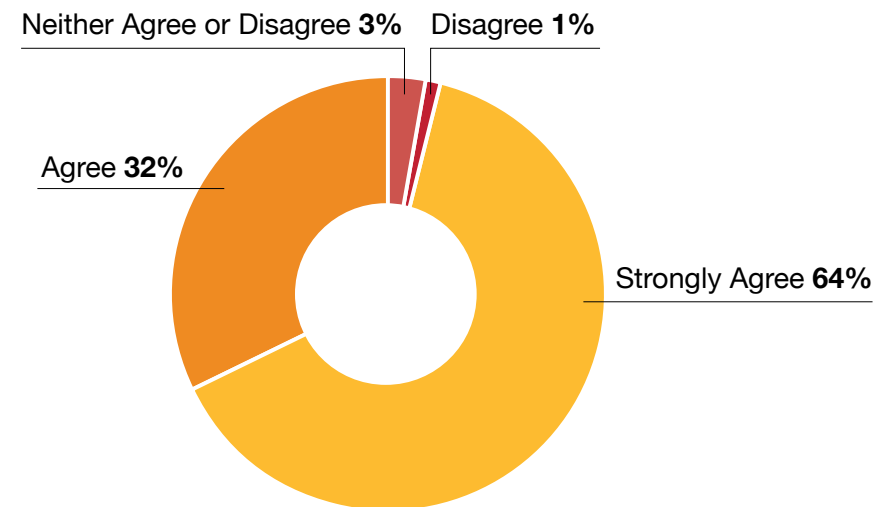
THERE IS A BIG DIFFERENCE IN WHAT IS EXPECTED OF ME NOW, IN ITC, COMPARED TO PREVIOUS ROLES IN GENERAL RESIDENTIAL/ DISABILITY CARE.



The overwhelming majority of workers (96%) said that a trauma-informed way of working is more helpful to young people and what they need in the ITC system.



I THINK A TRAUMA-INFORMED WAY OF WORKING IS MORE HELPFUL TO YOUNG PEOPLE AND WHAT THEY NEED.



Pre-existing work cultures, staff resistance to new ways of thinking, and *“breaking old residential habits”* were also named by workers as challenges in using a trauma-informed therapeutic approach. A clear theme emerged in the open-ended responses around workers’ struggles in establishing limits and boundaries with young people. For some, there was a sense that *“consequences for young peoples’ behaviour are seemingly non-existent”*, and for others that changing the mindset of staff is difficult when *“it is easier to be punitive”*.

Together with the above findings, this suggests the overall capability of the workforce to deliver therapeutic care is understandably at an early stage in its development. It also highlights the disconnect between worker understanding and acceptance of trauma-informed approaches and on-the-ground application. Recruitment, ongoing professional development support and retention of the workforce will impact the consolidation of increased capability over time and is a significant issue faced by the ITC agencies over the last two years.



Recommendation #1

That agencies should invest in and/or maintain a focus on robust change management processes to support the shift in service delivery and practice towards a trauma-informed model.



Recommendation #2

That all ITC staff have access to the Foundational Training in Intensive Therapeutic Care. This program provides a unifying understanding of the 10 Essential Elements of ITC practice and provides a shared knowledge base for the implementation of a trauma-informed and relational approach to residential care.



Experiences of training and the application of therapeutic care in practice

Whilst most ITC workers (80%) said they had received appropriate training in how to implement a therapeutic care practice approach with young people, 1 in 5 were either not sure or had not received training that helped them in this aspect of their work.



Key Finding:

The Intensive Therapeutic Care workforce reflects a growing capability to undertake its roles and functions. However, there is a significant need for relevant skills and knowledge to be further embedded into practice.

I HAVE RECEIVED APPROPRIATE TRAINING IN HOW TO WORK WITHIN THE THERAPEUTIC CARE PRACTICE MODEL

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Operational/Senior/Executive Manager	6	16	2	4	0
House Supervisor/Manager	27	8	2	2	0
Residential Care Worker	22	44	13	12	2
Therapeutic Specialist	8	18	1	4	0
Case Manager	7	14	1	1	1
Grand Total	70	100	19	23	3
Total %	33%	47%	9%	10%	1%

The vast majority of ITC workers (82%) felt confident in applying trauma-informed approaches to their roles. A significant proportion (18%), however, lacked the confidence they needed to apply trauma-informed principles in their work. Of the different role types in ITC, Residential Care Workers (27%) were the least likely to feel confident in applying trauma-informed approaches in their day-to-day interactions with young people.

I FEEL CONFIDENT IN APPLYING TRAUMA-INFORMED APPROACHES IN MY ROLE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Case Manager	12	12	0	0	0
House Supervisor/Manager	25	11	2	1	0
Residential Care Worker	22	44	13	12	2
Therapeutic Specialist	18	10	0	2	0
Grand Total	77	77	15	15	2
Total %	41%	41%	8%	8%	2%

The challenge of applying trauma-informed approaches in practice and consistently across staff teams was a clear theme in the open-ended responses. Out of 332 open-ended responses on challenges, 23% comments also referred to the lack of a stable workforce of consistent and trained staff to successfully implement trauma-informed therapeutic care. “High turnover”, casual staff and “differing ideas on how to respond to kids” were some of the issues identified alongside burnout, limited ongoing support, and lack of qualifications and understanding of “what therapeutic care is”.



Recommendation #3

While the ITC workforce, and Residential Care Workers in particular, reflects a growing capability to undertake its roles and functions, there is a significant need for relevant skills and knowledge to be further embedded into practice. Regular reflective practice and team meetings/supervision should be more fully utilised to translate knowledge acquired in a training environment into day to day practice with young people.

The role of the Therapeutic Specialist

The Therapeutic Specialist role is one of the 10 Essential Elements of the NSW Intensive Therapeutic Care System and is intrinsically linked to all other Essential Elements. The centrality of the role in the delivery of effective therapeutic care is operationalised through activities that bring together specialist knowledge, assessments and therapeutic planning to resource the experiences of staff, young people, families and other agencies. Therapeutic Specialists are a critical enabler of the provision of high-quality therapeutic care and congruence planning for young people both within the care setting and across other key environments (e.g. school, child protection and family).

Most workers (63%) found the advice, support and strategies offered by Therapeutic Specialists easy to understand and useful in their work with young people. Reflecting the need for Therapeutic Specialists to continue to strengthen strategies to engage, support and resource the day-to-day



Key Finding:

Therapeutic Specialists are perceived as critical to the successful implementation of Therapeutic Care.

practice of Residential Care Workers, a significant number of Residential Care Workers (1 in 5) were not sure about the usefulness of the input of Therapeutic Specialists whilst a further 1 in 5 disagreed that their input was helpful or effective. This is compared to the views of House Supervisors, who were more likely to see the support of the Therapeutic Specialist as helpful.

THERAPEUTIC SPECIALISTS PROVIDE ADVICE, SUPPORT, AND STRATEGIES THAT ARE EASY TO UNDERSTAND AND USEFUL TO OUR WORK WITH YOUNG PEOPLE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Grand Total
Case Manager	9	9	3	2	1	24
House Supervisor/Manager	19	11	6	3	0	39
Operational/Senior/Executive Manager	2	15	9	2	0	28
Residential Care Worker	20	33	23	15	4	95
Grand Total	50	68	41	22	5	186
Total %	27%	37%	22%	12%	3%	100%

THE TEAM FIND MY ADVICE PRACTICAL AND EASY TO IMPLEMENT/FOLLOW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Grand Total
Therapeutic Specialists	3	20	5	1	29
Total %	10%	69%	18%	2%	100%

Reflecting these views, the Therapeutic Specialists (79%) felt that the teams they worked with overall found their advice practical and easy to follow. However, they also shared the view of some that there was a significant proportion (21%) of staff for whom they were not certain or clear that their input was being perceived as helpful.

There were several challenges identified by workers in relation to the role of the Therapeutic Specialist in the open-ended responses. These included:

- that the role of the Therapeutic Specialist was not clearly defined or consistently implemented
- that the caseload of Therapeutic Specialists was too high and that their involvement with young people was limited and insufficient.

Workforce recruitment and retention were again referenced as a challenge, with some workers commenting on how difficult it is to find “qualified Therapeutic Specialists who have the resilience for ITC and can work with this level or risk and significant behaviours” and others that the “demands on Therapeutic Specialists” are poorly understood across the system. These comments are indicative of the Therapeutic Specialist role having been a newly created role as part of the reform. As such, workforce recruitment and development for this group of staff remain critical issues as does organisational change processes that support the implementation of these new roles into service delivery models.



Recommendation #4

That agencies and government sustain support for Therapeutic Specialists to participate in regular, cross-agency community of practice and specific training related to their roles. Therapeutic Specialist should be oriented and supported to run reflective practice sessions, and to support House Supervisors and Residential Care Workers apply therapeutic principles in practice.



Recommendation #5

That the caseload of the Therapeutic Specialist of 1:12 be reviewed and benchmarked against other jurisdictions in Australia, who operate with different case loads.

Teamwork and Collaboration

Staff Teams

Teamwork was an emerging theme that characterised the working relationship between Therapeutic Specialists and other roles in the ITC system. The majority of House Supervisors and Therapeutic Specialists (84%) felt they worked as an effective team to support staff to apply their therapeutic model of care, with the majority of House Supervisors strongly agreeing with the statement.



Key Finding:

Teamwork between Therapeutic Specialists and House Supervisors is strong in leading practice.

THE HOUSE MANAGERS/THERAPEUTIC SPECIALIST AND I WORK AS AN EFFECTIVE TEAM TO SUPPORT STAFF TO APPLY OUR THERAPEUTIC MODEL OF CARE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
House Supervisor/Manager	25	11	2	1	0
Therapeutic Specialist	6	15	5	3	0
Grand Total	31	26	7	4	0
Total %	46%	38%	10%	6%	0%



Key Finding:

Cohesive teamwork is promoting a shared understanding of the how to meet the care and support needs of young people.

Importantly, 4 out of 5 ITC workers (80%) believed their teams work cohesively with a shared understanding of the needs of the young person and how to respond to them. Again, there was a small but significant group of ITC staff (mostly Therapeutic Specialists) who believed that shared views about young people were yet to be achieved. This was echoed in the open-ended responses where staff teams were perceived as both a key strength and an ongoing challenge.

OUR TEAM WORKS COHESIVELY WITH A SHARED UNDERSTANDING OF THE NEEDS OF THE YOUNG PERSON AND HOW TO RESPOND TO THEM

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Grand Total
Case Manager	10	10	2	2	0	24
House Supervisor/Manager	22	13	1	3	0	39
Operational/Senior/Executive Manager	3	18	5	2	0	28
Therapeutic Specialist	5	15	4	4	1	29
Grand Total	40	56	12	11	1	120
Total %	33%	47%	10%	9%	1%	100%

The majority of ITC workers (86%) believed their teams regularly take time to think about how to improve the ways they care for young people. Residential Care Workers were more inclined to disagree with this than other roles within the staff group.

OUR TEAM REGULARLY TAKES THE TIME TO THINK ABOUT HOW WE CAN IMPROVE THE WAYS WE CARE FOR YOUNG PEOPLE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Grand Total
Case Manager	10	11	1	2	0	24
House Supervisor/Manager	25	14	0	0	0	39
Operational/Senior/Executive Manager	15	10	3	0	0	28
Residential Care Worker	25	49	12	6	3	95
Therapeutic Specialist	9	16	1	3	0	29
Grand Total	84	100	17	11	3	215
Total %	39%	47%	8%	5%	1%	100%

Encouragingly, almost 7 out of 10 ITC workers agreed that when they experience a problem in their programs, people across the organisation make a serious effort to work out what is going on and improve things. However, significantly, nearly a third (31%) of ITC Workers, mostly Residential Care Workers, did not share this view.

**WHEN WE EXPERIENCE A PROBLEM IN THE PROGRAM, PEOPLE ACROSS OUR ORGANISATION
MAKE A SERIOUS EFFORT TO FIGURE OUT WHAT'S GOING ON AND IMPROVE THINGS**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Grand Total
Case Manager	6	12	3	2	1	24
House Supervisor/Manager	24	13	2	0	0	39
Operational/Senior/Executive Manager	13	10	4	1	0	28
Residential Care Worker	21	31	24	13	6	95
Therapeutic Specialist	8	11	5	4	1	29
Grand Total	72	77	38	20	8	215
Total %	33%	36%	18%	9%	4%	100%

Cross-Sector Collaboration

Cross-sector collaboration is a critical element of success in meeting the multiple needs of young people within ITC. The survey examined collaboration with education providers and the Department of Communities and Justice as key collaborators in the achievement of effective outcomes for young people in ITC.



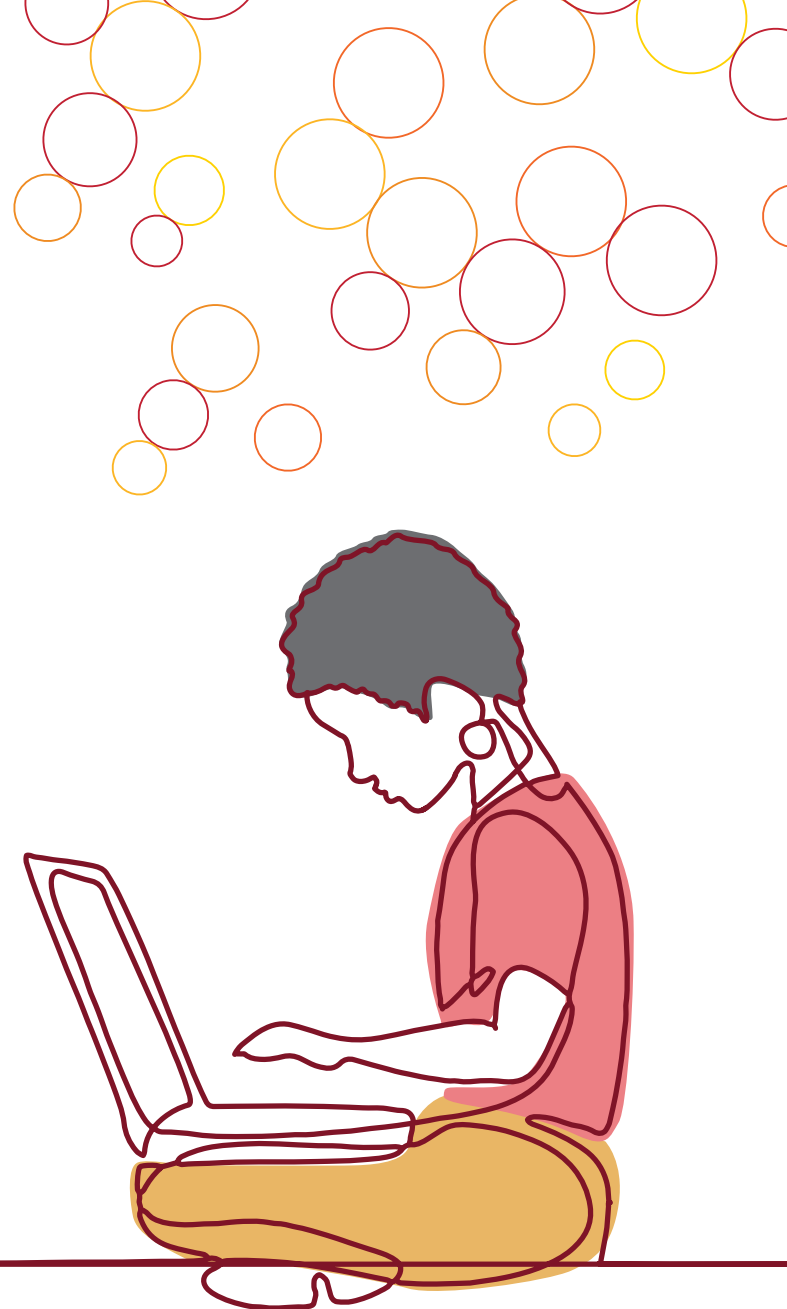
Key Finding:

Collaboration between ITC agencies and other stakeholders is an area of ongoing challenge.

Almost half (46%) of the respondents identified that young people were usually and always engaged in learning, school or day programs. A further 35% of the respondents identified that young people were sometimes engaged in learning, school or programs. 1 in 5 ITC workers commented that young people continued to be rarely or not engaged in any learning programs at all.

YOUNG PEOPLE ARE MORE ENGAGED IN LEARNING/SCHOOL/DAY PROGRAMS

	Never	Rarely	Sometimes	Usually	Always
No. of respondents	6	31	65	57	27
Total %	3%	17%	35%	31%	15%



Given the well-recognised educational risks of this group and high levels of disengagement from schooling, it is positive that 70% of ITC workers identified that collaboration with schools regarding the needs of individual young people was working well for many young people. However, concerning 30% of respondents believed that the collaboration with schools was not working well for any or only a few young people.

COLLABORATION WITH SCHOOLS REGARDING THE NEEDS OF INDIVIDUAL YOUNG PEOPLE IS WORKING WELL

	No, not for any young people	No, only for a few young people	Yes, for some young people	Yes, for most young people	Yes, for all young people	Grand Total
Case Manager	0	9	4	6	5	24
House Supervisor/Manager	3	5	8	12	11	39
Operational/Senior/Executive Manager	1	3	16	7	1	28
Residential Care Worker	5	22	32	24	12	95
Therapeutic Specialist	1	14	11	3		29
Grand Total	10	53	71	52	29	215
Total %	5%	25%	33%	24%	13%	100%

Collaboration with Department of Communities and Justice (DCJ) Case Managers was viewed less favourably with respondents divided on whether DCJ case managers understood the ITC system and trauma-informed ways of working. There were as many ITC Workers who believed that DCJ workers understood trauma-informed approaches to working with young people as there were not. The bulk of respondents (49%) were not clear about how much DCJ workers understood. This was also noted in the open-ended responses where some workers commented on a lack of consistent responses and approaches from DCJ and the need for more training for DCJ workers on developmental trauma.

DCJ CASE MANAGERS UNDERSTAND THE ITC SYSTEM AND TRAUMA-INFORMED WAYS OF WORKING.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Grand Total
Operational/Senior/Executive Manager	1	7	15	3	2	28
Therapeutic Specialist	2	3	13	9	2	29
Grand Total	3	10	28	12	4	57
Total %	5%	18%	49%	21%	7%	100%



Recommendation #6

The Department of Communities and Justice should work with the Department of Education to address the educational needs of young people in ITC and improve capacity to meet these needs, including the development of innovative learning and/or vocational pathways.



Recommendation #7

The Department of Communities and Justice should review the effectiveness of change management processes within DCJ to ensure that DCJ practice, processes and workforce capability are strongly aligned to the ITC reforms.

Impact of reforms on young people



Key Finding:

Overall, staff believed young people are faring better in ITC than they were in the previous system. However, many believe that there is still substantial room for improvement.

The primary purpose of the ITC reform is to improve outcomes for young people by providing therapeutic care tailored to their individual needs. Respondents were asked to consider whether they perceived young people’s outcomes had improved on a number of important indicators, including emotional well-being, quality of relationships with staff, hopefulness, and connection to family and culture. Whilst many workers perceived a positive impact for young people since entering their ITC programs, there was a range of opinions about the extent of any improvement.

Emotional wellbeing of young people



Key Finding:

Most workers felt that there had been improvements in young peoples’ emotional well-being and behavior since entering the ITC systems, however, there were still concerns for many.

More than half (58%) of ITC workers identified that young people’s emotional wellbeing had usually or always improved as a result of the changed practice approaches offered as part of the ITC system. Reflecting the need for ongoing efforts in supporting young people’s emotional wellbeing, many believed that improvements in this area were inconsistent with almost 1 in 10 (8%) respondents believing that improvement in young people’s wellbeing had been rare.

YOUNG PEOPLE’S EMOTIONAL WELL-BEING HAS IMPROVED

	Never	Rarely	Sometimes	Usually	Always
No. of respondents	0	15	62	75	34
Total %	0%	8%	33%	40%	18%

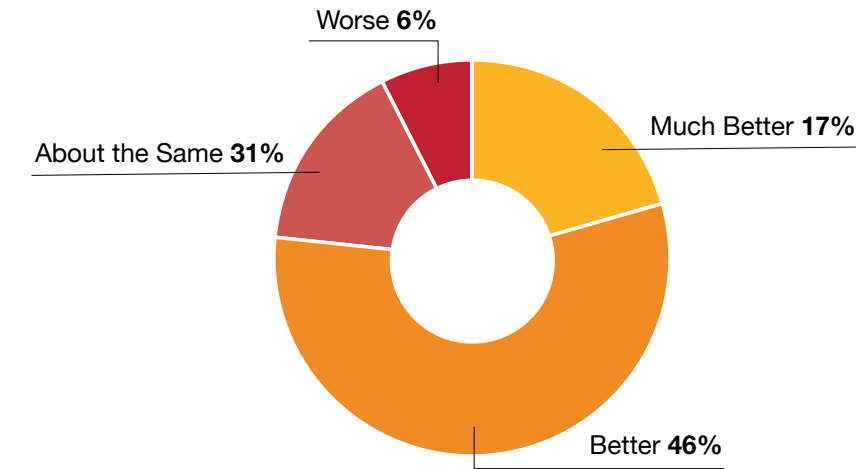
Similarly, just over half (52%) of the respondents believed that young people’s behaviour was usually or always more settled in response to the trauma-informed practices they had implemented. In contrast, 14% believed that young people’s behaviour was rarely or never more settled in response to their care program.

YOUNG PEOPLE'S BEHAVIOUR IS MORE SETTLED					
	Never	Rarely	Sometimes	Usually	Always
No. of respondents	1	25	62	77	21
Total %	1%	13%	33%	41%	11%

Sense of Hope

Most ITC workers (63%) said young people’s sense of hope for their lives had improved since entering their program. However, significantly over a third of respondents, largely Residential Care Workers, believed that young people were no more hopeful about their lives, with almost 1 in 10 suggesting they were less hopeful.

HOW WOULD YOU RATE YOUNG PEOPLES’ SENSE OF HOPE FOR THEIR LIVES SINCE ENTERING YOUR PROGRAM? (COUNT OF RESPONSES)



Relationships between staff and young people

The majority of ITC workers (76%) perceived young people always or usually have good relationships with staff and feel cared for; however, Therapeutic Specialists were less likely to share this view, with 17% believing young people rarely had good relationships with staff. 1 in 5 (21%) ITC staff viewed the quality of relationships between staff and young people as variable, suggesting that these were present only sometimes.

YOUNG PEOPLE HAVE GOOD RELATIONSHIPS WITH STAFF AND FEEL CARED FOR					
	Never	Rarely	Sometimes	Usually	Always
Residential Care Worker	0%	1%	29%	51%	19%
Therapeutic Specialist	0%	17%	17%	48%	17%
House Supervisor/Manager	0%	0%	11%	39%	50%
Case Manager	0%	0%	23%	45%	32%
Operational/Senior/Executive Manager	0%	0%	16%	72%	12%
Total %	0%	3%	21%	50%	26%



Recommendation #8

The relationship between staff and young people is an essential element of a therapeutic approach. For relationships to become important, there needs to be relational stability. An ongoing focus on workforce recruitment, retention and capability should remain central to the effective implementation of the ITC reforms.



Connection to family and culture

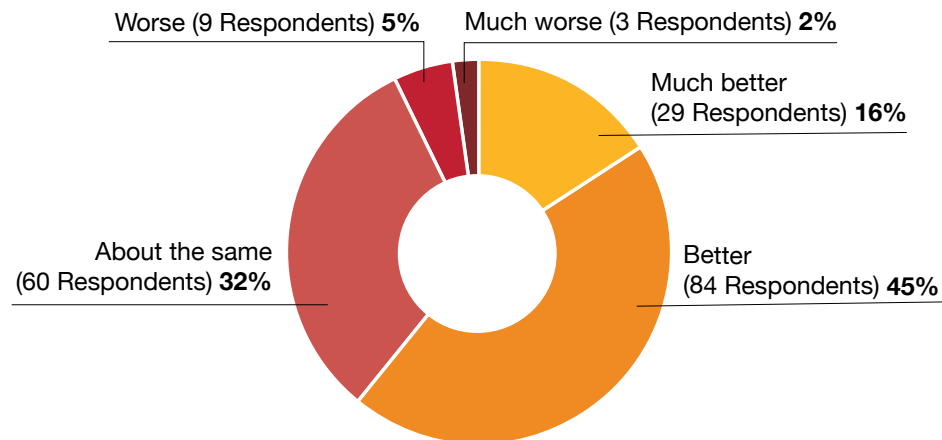


Key Finding:

There were mixed views about the extent to which young people's connection to family and culture had improved since entering the ITC system.

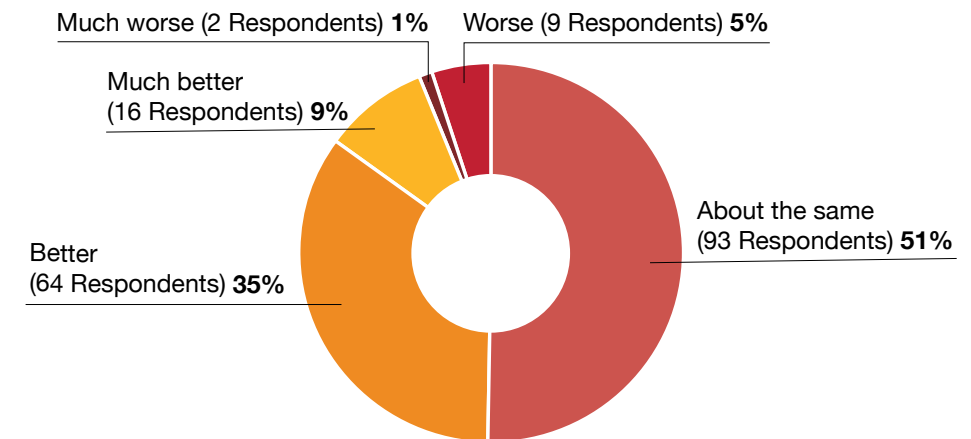
Respondents were divided over whether young people's relationships with their families had improved. Whilst 3 in 5 ITC workers believed young people's connections to family had improved as a result of their involvement in the ITC system, 32% believed it had stayed the same and concerning 7% believe it had become worse.

THINKING ABOUT THE YOUNG PEOPLE IN YOUR PROGRAM. HOW WOULD YOU RATE THEIR CONNECTIONS TO THEIR FAMILY SINCE ENTERING YOUR PROGRAM?



Connection of young people to culture is perceived to be a significant ongoing challenge with less than half (44%) of respondents believing that young people's connection to their culture had been strengthened because of their involvement in the ITC system. More than half (51%) believed the reforms had achieved no change in young people's connection to culture whilst 6% viewed the situation as having deteriorated over the same period. These results reflect the ongoing limitations of the out of home care system, more broadly, in effectively meeting the needs of young people to remain connected to family and culture.

THINKING ABOUT THE YOUNG PEOPLE IN YOUR PROGRAM. HOW WOULD YOU RATE THEIR CONNECTIONS TO THEIR CULTURE SINCE ENTERING YOUR PROGRAM?



Recommendation #9

ITC agencies and DCJ should review current Care Teams practice and processes to ensure the intent of the Care Teams (i.e. to support the effective engagement of families and address the cultural needs of young people) is fully implemented.

Participation of young people

One of the 10 Essential Elements of the ITC reform, the participation of young people is an area that requires further strengthening. Almost 7 in 10 respondents believed that young people always or usually felt listened to and understood as a result of the practices being implemented as part of the ITC reform.



Key Finding:

The participation of young people in decisions that impact their lives is a key area of concern.

YOUNG PEOPLE FEEL LISTENED TO AND UNDERSTOOD

	Never	Rarely	Sometimes	Usually	Always
No. of respondents	1	13	42	93	37
Total %	1%	7%	23%	50%	20%

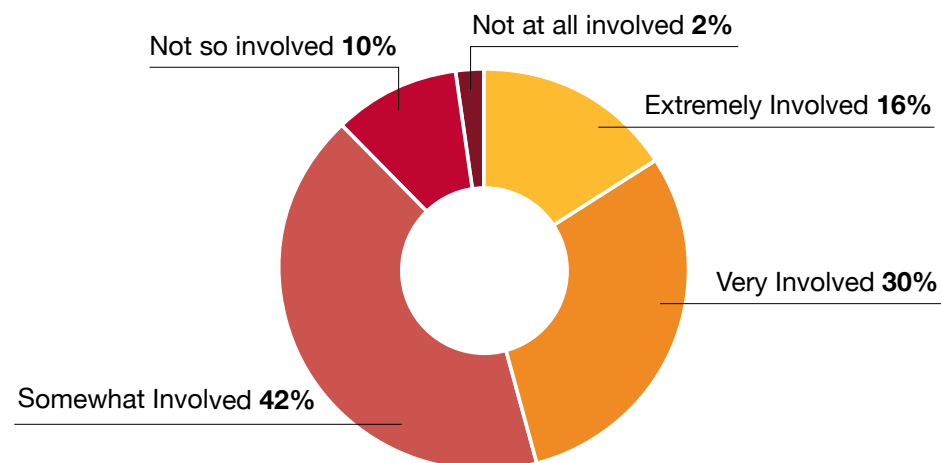
However, this was not as strongly reflected in views about their involvement in decision making, with less than half (46%) of respondents believing that young people were very or extremely involved in decision making. Some 42% of respondents believed young people were somewhat involved in decision making with 12% of respondents believing that young people had little to no involvement.



Recommendation #10

ITC agencies and DCJ review the current Care Team and other practices and processes to ensure the meaningful participation of young people in decision making about their lives is fully embedded in ITC practice.

HOW INVOLVED ARE YOUNG PEOPLE IN DECISION MAKING?



Conclusion

The ITC reforms in NSW represent a significant change in how out of home care for young people with complex needs is provided. It requires changes to where and how services are organised and delivered, how practice is conceptualised and how intra and inter-organisational relationships are constructed and function.

Before the reforms, residential care providers in NSW were not required to deliver services using a clear therapeutic model of care. Whilst some ITC agencies did operate therapeutic models of residential care before the reforms; the majority did not. For those already delivering therapeutic residential care, the reforms nonetheless required some adaptations to their models. Thus, the agencies and the system more broadly, should be viewed as being along a continuum in the implementation of these reforms based on their existing and future organisational and system capacity, collaboration and readiness for change.

- The capacity of an organisation/system to successfully implement a new or adapted therapeutic model of care is dependent on increasing staff awareness of the required practice and procedural changes, increasing staff knowledge and skills required to implement the new practice approach, building self-efficacy related to engaging in the new practice, and motivating staff to adopt a new practice (Winters et al, 2020).

- The history and quality of the relationships (Mischen and Jackson, 2008) and collaboration between the ITC agencies and other key stakeholders, including education providers and various areas of DCJ (Central Access Unit, District Offices and Contract Managers) are also critical to the success of the implementation of the reform.
- ITC organisations and the broader system are ready for change when staff and managers both within the organisation and across the system feel committed to the required changes and confident in the ability of the organisation/system to implement such change successfully (Winters et al., 2020).



The ITC Pulse Check Survey and Outcome Report provides a point in time reflection on the experiences of the reform process by ITC agency staff. To this end, the survey results clearly show that the process of change toward trauma-informed therapeutic care is well underway in NSW. There is broad support and motivation amongst workers for the transition away from previous models of care, with general agreement that the implementation journey is far from over.

The survey outcomes highlight the need for:



- **Sustained efforts to build organisation and system capacity within the context of workforce recruitment and retention challenges.**



- **Continued clear and committed leadership within organisations and DCJ to the intent of the reforms and a preparedness to be reflexive and responsive in effectively collaborating to navigate implementation challenges faced by both agencies and the system more broadly.**

Previous attempts to achieve reform in child welfare have highlighted the complexity of these systems and the interdependent relationships within it. Thus, to realise the intent of the ITC reforms, change must occur at multiple levels across the system, supported by effective collaboration between all key stakeholders (Colvin and Miller, 2020). The effective implementation and success of the ITC reforms is the collective responsibility of all key stakeholders, not just the funded agencies.

The integrity of the ITC reform is sound and has broad-based support. The scale of the reform undertaking is significant and will take some years to mature. The placement architecture of the ITC system and the evidence base, expressed through the 10 essential elements, is robust and well-positioned to more effectively meet the needs of children and young people in OOHC with complex needs. This is not to ignore the need for ongoing review and further design thinking to address implementation challenges and unforeseen considerations in earlier design processes.

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