**THERAPEUTIC CARE FRAMEWORK – KEY SUBMISSION THEMES**

1. **Implementation**
2. **Measurement of outcomes (including reporting)**
3. **Systemic challenges**
4. **Framework development including consultation**
5. **Language**
6. **Family inclusion**
7. **Children and young people with disabilities**
8. **Aboriginal and Torres Strait Islander children and young people**
9. **Refugee and CALD children and young people**
10. **Other content related aspects including education, emphasis on carers, child and young person participation**

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| 1. **IMPLEMENTATION** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 1.1 | | Qualifications and training for staff and management | The Therapeutic Care Framework is intended as a high level policy document, therefore, issues relating to how its principles will be implemented are outside the document’s scope.  Implementation issues, such as staff training and program funding, are part of the OOHC reform. This work includes commissioning for an intensive therapeutic care service system.  Aspects such as staff ratios, nutrition, how young people will participate in case planning and transition out of OOHC, are considered part of program design. The details of program design will be developed and enhanced as work on therapeutic care progresses.  Assessment of children and young people will be carried out to assess the extent of support required, including intensity of therapeutic care. |
| 1.2 | | Funding and support for services implementing therapeutic care |
| 1.3 | | Organisational structure changes required |
| 1.4 | | How the Framework will fit within the broader system |
| 1.5 | | Carer related issues including targeted recruitment, assessment, training, support, respite and payments |
| 1.6 | | Assessment of children and young people |
| 1.7 | | Placement related issues including child placement matching, mix of children and young people, definitions/descriptions of  different types of care, staff ratios |
| 1.8 | | Youth involvement in case planning and decision making |  |
| 1.9 | | Transition from OOHC |
| 1. **MONITORING OF OUTCOMES** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 2.1 | | Measurement and  monitoring of outcomes (including mental health) | Measurement of outcomes for children and young people in OOHC is being progressed through work on the Quality Assurance Framework (QAF). The QAF will include the three key outcome domains of Safety, Permanency and Wellbeing. The Wellbeing domain is divided into a further five subdomains including cognitive function, which incorporates educational outcomes.  The QAF is one element of the broader Human Services Outcomes Framework.  The capacity to measure outcomes will support efforts to ensure caseworkers and their agencies are delivering services ad supports to improve outcomes for individual children and young people. |
| 2.2 | | Accountability |
| **3. SYSTEMIC CHALLENGES** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 3.1 | | Access to services, particularly in regional, rural and remote areas | The Therapeutic Care Framework is intended as a high level policy document, therefore, issues relating to systemic challenges that may impact implementation are outside the document’s scope.  Service system challenges are also acknowledged for children and young people living in rural and remote areas, which may be further compounded for those living with disability and/or identifying as Aboriginal.  Addressing socio-economic inequality is also outside the scope of this project. |
| 3.2 | | Lack of collaboration/coordination between services |
| 3.3 | | Socio-economic disadvantage |
| **4. FRAMEWORK DEVELOPMENT INCLUDING CONSULTATION** | | | |
| **Sub-themes** | | | **TCF Working Group Comment** |
| 4.1 | | Youth input | Early consultations for development of the framework included representation from the CREATE Foundation, the national peak consumer body representing the voices of children and young people with an OOHC experience. Also, during promotion of the consultation period for the framework, agency representatives were also asked to encourage children and young people with experience of OOHC to comment.  Other opportunities for young people to provided feedback in the future are also being followed up through FACS Youth Consult for Change (UCChange). |
| 4.2 | | Expert input | With regards to the development of policy, the draft Therapeutic Care Framework was produced through collaboration between FACS and key peak agencies, the Association of Children’s Welfare Agencies (ACWA) and the Aboriginal Child, Family and Community Care State Secretariat (AbSec). There were also a number of other academic and agency representatives who provided input through the working group and preliminary consultations. |
| 4.3 | | Carer input | The views of carer were considered through the diverse membership of working group members. |
| 4.4 | | Lack of existing research and suggestions for research to be conducted/commissioned by FACS, such as longitudinal and cohort analyses | * *The NSW Pathways of Care Longitudinal Study* (POCLS) is the first large-scale prospective longitudinal study of children and young people in out-of-home care (OOHC) in Australia. The child developmental domains of interest are physical health, socio-emotional wellbeing, cognitive/learning ability and safety. POCLS is the first study to link data on children’s child protection backgrounds, OOHC experiences, health, education and offending held by multiple government agencies; and match it to first hand accounts from children, caregivers, caseworkers and teachers. The POCLS database will allow researchers to track children’s experiences and outcomes from birth. * One of the objectives of this program is to inform policy and practice to strengthen the OOHC service system in NSW to improve the outcomes for children in OOHC and their families. As this study progresses, it may contribute to the body of research on therapeutic care outcomes. |
| **5. LANGUAGE** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 5.1 | | Use of positive language | In developing the draft Framework, efforts were made to ensure the document would include positive language and reflect a strength-based approach. A further scan of the documents has taken place to remove or replace any words or terms considered inappropriate. |
| 5.2 | | Level of detail provided  Suggested changes to wording including level of detail provided in the definition and core principles | * Cultural Plans have also been recognised in Principle 1. * The term “statutory OOHC” will remain in the definition of therapeutic care provided for the framework to stress the point that this particular policy relates only to children and young people in OOHC. * Explicit reference to taking into account a child’s needs (Principle 2) has been included. * Principle 14 has been strengthened to emphasise the significance of collaboration across departments and agencies. Education and disability have also been added to highlight their importance. * To strengthen the framework in terms of its focus on family involvement, “family, kin and community” have been added to the definition and principles, where appropriate. * Correction of errors has been undertaken. * Wording in Principle 3 has been altered to clarify that while a service may seek to address “shared needs”, this does not negate the priority of individualised care. * Terminology has been changed in the definition from “evidence-driven” to “evidence-informed” |
| 1. **FAMILY INCLUSION** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 6.1 | Greater emphasis on importance of family involvement | | See comment above in relation to family involvement. |
| **7. CHILDREN AND YOUNG PEOPLE WITH DISABILITIES** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 7.1 | Complex needs of children and young people with disabilities in OOHC | | It is acknowledged that the delivery of therapeutic care to children and young people living with disability will be more complex. The definition on therapeutic care developed for the framework is intended to incorporate the needs of children and young people in OOHC living with disability. This is reflected in the phrase “and other forms of severe adversity”. To further highlight the need to reflect on issues relating to disability, the sector has been added to Principle 14. |
| **8. ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PEOPLE** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 8.1 | Acknowledgement of trauma | | Noted. Each therapeutic care framework document planned for publication includes acknowledgement of the trauma caused by the removal of Aboriginal and Torres Strait Islander children and young people. |
| 8.2 | Importance of family, kin and community | | To promote inclusivity and emphasise their significance, particularly to Aboriginal and Torres Strait Islander children and young people, “family”, “kin” and “community” has been incorporated into all aspects where family is referred to. |
| 8.3 | Cultural issues relating to disability | | When implementing therapeutic care it is expected that staff will demonstrate cultural competence and take a culturally sensitive approach to working with the child or young person, their family, kin and/or community. |
| **9. REFUGEE AND CALD CHILDREN AND YOUNG PEOPLE** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 9.1 | Importance of taking into account a child or young person’s cultural context | | This is reflected in the definition, which states that therapeutic care is to be achieved through the provision of a care environment that is “culturally responsive”. |
| 9.2 | Language | | When implementing therapeutic care, if there is concern regarding a child, young person, or family member’s interpretation of a word or concept, it is expected that staff will demonstrate cultural competence and use appropriate language to facilitate understanding. |
| 9.3 | Inclusion of religious beliefs | | Religious beliefs are recognised as a part of culture. |
| **10. OTHER CONTENT RELATED ASPECTS** | | | |
| **Sub-themes** | | | **Working Group Comment** |
| 10.1 | Consensus Statement of the International Work Group on Therapeutic Residential Care | | Academic paper noted and change made where appropriate. |
| 10.2 | Extent and forms of trauma experienced | | To clarify understanding that all children and young people in OOHC will have experienced some degree of trauma, wording has been changed where appropriate. |
| 10.3 | Child and young person participation in planning and decision making | | The importance of hearing the voices of children and young people is supported and has been incorporated in the new care and cultural plans, which will be rolled out in January 2017. Seeking and incorporating the views of children and young people has been established as an integral component of these plans. |
| 10.4 | Emphasis on/importance of carers | | Noted. This is also part of the work being carried out to improve Carer recruitment, training, support and retention. |
| 10.5 | Closer collaboration between agencies and departments, in particular Education and Health | | Noted. This is also a systemic challenge, which is being addressed through other projects and programs, including *Their Futures Matter*. |
| 10.6 | Home schooling | | Academic articles noted. |
| 10.7 | Consistency for children and young people including stability of relationships with people such as caseworkers, and school community | | The importance of consistency for children and young people is recognised and, where possible, service system redesign work will seek to address these concerns. The QAF domain of permanency focus on stability of placement and also stability of relationships in recognition of their importance to overall wellbeing. |