



Government of **Western Australia**  
Department for **Child Protection**

**Department for Child Protection**

# **Residential Care Conceptual and Operational Framework**

March 2009

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## **Introduction**

The Residential Care Conceptual and Operational Framework describes the overarching model and core elements of how the Department for Child Protection residential facilities plan to operate. The Framework is largely based on the principles of the Sanctuary Model developed by Sandra Bloom and a study into residential care conducted by James Anglin (2004). It introduces a coherent therapeutic approach to care and more importantly is a model for organisational change within the facilities. As this change is achieved it supports the gains already made and ways of working.

The Department for Child Protection has begun a major expansion and reform of residential care across the State. Concurrently with introducing this Conceptual and Operational Framework, the Department is transforming larger hostels into smaller houses and establishing additional facilities in partnership with the non-government sector.

## **The Problem**

“Traumatised children cannot heal within traumatising (or traumatised) organisations.”

Sandra L Bloom (2005)

## **The Situation**

- In many helping organisations such as ours, neither staff nor the administrators feel particularly safe with their children and young people, or even with each other. Working in an environment of recurrent or constant crisis severely constrains the ability of staff to constructively confront problems, engage in complex problem solving, and involve all levels of staff in decision making processes. Communication networks tend to break down under stress and as this occurs, service delivery becomes increasingly disjointed and unplanned.
- Without intending to do so, or recognising that it has happened, systems can become “trauma organised” – organised around repeating patterns that are keeping the individuals they are serving and their staff members from learning, growing and changing.
- There is a risk that as organisations become more hierarchical there is a progressive and simultaneous isolation of leaders and a “dumbing down” of staff. Standards of care deteriorate and quality assurance standards are lowered. When this spiral is occurring, staff feel increasingly angry, demoralised, burned out, helpless and hopeless about the people they are working to serve, a situation and system easily recognisable to us all.

## **Healing from Trauma**

- Strategies that focus on organisational culture change can draw upon the knowledge gained from helping individual survivors of traumatic experiences to heal and grow.
- In a therapeutic situation, it is essential that children and young people and the care workers understand what they want to achieve, so that their goals and strategies for achieving those goals are aligned.

- For individuals (and for systems), this requires a rigorous process of self-examination and the development of a core system of understanding, that will guide behaviour, decision making, problem solving and conflict resolution.
- Recovering trauma individuals need to learn how to listen and to talk. Our organisation must learn how to reconnect and integrate with the various parts of itself.
- A way forward is more democracy. This will require leadership support and involvement in the change process, an increase in transparency and restructuring to ensure greater participation and involvement. It will be through participation and regularity of work groups, teams and meetings that routine emotional management occurs within our organisation.
- This will mean us all ‘walking the talk’, embedding conflict resolution strategies at every level, and not turning them over to other areas or individuals.
- “Is it working?” is the question our organisation needs to repeatedly ask itself.
- Our department needs to heal from its own history of chronic stress and trauma and reject the notion of inevitable ongoing crisis. It needs to contain the turmoil so characteristic of working with traumatised individuals without becoming trauma organised itself. From this learning our organisation will become a “trauma informed system”.

### **The Plan and Way Forward**

Our aim is to develop an organisation that has as its culture, seven dominant characteristics, all of which serve as goals directly related to resolving trauma.

1. Culture of non violence.  
*Building safety skills.*
2. Culture of Emotional Intelligence.  
*Helping to teach affect management skills.*
3. Culture of Inquiry and Social learning.  
*Building cognitive skills.*
4. Culture of shared ownership.  
*Helping to develop skills of self control, self discipline and an administration of healthy authority.*
5. Culture of Open Communication.  
*Helping to overcome barriers to healthy communication, reduce acting out, improve self protection and self correcting skills, teach healthy boundaries.*
6. Culture of Social Responsibility.  
*To rebuild social connections, establish healthy attachment relationships.*
7. Culture of Growth and Change.  
*To restore hope, meaning, purpose and empower positive change.*

Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children’s Residential Treatment*, Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations 26(1): 65-81

Residential care staff need to be encouraged to attend regular staff meetings and engage in ongoing reflective practice. This should include safety planning and collaboration with children and young people in the development of safety plans. Wherever possible, two meetings per day should be held to provide structure for the beginning and end of the therapeutic day.

### **System Evaluation Framework**

The S E L F Framework is a trauma informed tool that helps staff and children/young people move through four critical stages of recovery.

<b>S</b>	<b>afety</b>	<b>Attaining safety for oneself, others and environment</b>
<b>E</b>	<b>motional</b>	<b>Looking at personal experiences and impact management</b>
<b>L</b>	<b>oss</b>	<b>Feeling grief and dealing with personal loss</b>
<b>F</b>	<b>uture</b>	<b>Trying out new roles, ways of relating to ensure personal safety and help to others</b>

Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children's Residential Treatment*, *Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations* 26(1): 65-81

Attachment A further elaborates on the elements of the evaluation framework.

### **The Organisational Process in the Residential Community**

To effect change and develop more democratic participatory processes in a care community, a number of transformations must occur:

- **Leadership commitment**  
All key organisational leaders must become actively involved in the process of change and participate in the core change team. The responsibility of the core team is to actively represent and communicate with their work colleagues and to become change agents for the whole Department.
- **Adopt an evaluation framework**  
This allows staff to deal with problems that arise within a treatment setting between staff and young people, amongst staff and between staff and administration/management. The final question is always "Are we safe?".
- **Create shared assumptions, beliefs and values**  
The core group must identify the most important organisational values and identify where the organisation is not actually operating within those values.
- **Become more democratic**  
The core team needs to learn what it means to engage in more democratic processes on the part of leaders, staff and children and young people.
- **Team work and collaboration**  
The core team develops a vision of how the groups and teams will function together to produce an integrated system. They then plan for steps to improve vision, teamwork and collaboration.

- **Understanding trauma and its impact**  
An understanding of the impact of trauma on individuals, families and systems needs to occur. A focus then needs to develop on the way in which this knowledge will be integrated into policy and procedures.
- **Care community meetings**  
The core team develops a format for regular meetings. These meetings will disseminate information and be an open and public process for decision making, a forum for personal feedback and a vehicle for members to exert pressure on those who are not conforming to the accepted norms.
- **Safety plans/individual contracts**  
Simple and straight forward safety plans developed by staff and young people for themselves. These plans identify the immediate steps that can be taken as soon as the individual finds themselves in a stressful, challenging or dangerous situation. The plans should be reviewed regularly (and may be carried by the young person, staff, etc. as a useful cognitive – behavioural tool).
- **Staff learning and development**  
Development of a learning and development program which incorporates the elements of trauma based behaviour, the evaluation framework and safety planning. This should begin at orientation and be ongoing.
- **Client participation**  
Children and young people should have multiple opportunities to participate in the planning around their care and outcomes expected.
- **Evaluation**  
The core team should develop indicators that allow for the ongoing evaluation of the program that are observable and measurable and consistent with the agreed standards.

Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children's Residential Treatment*, Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations 26(1): 65-81

### **Staff Therapeutic Behaviours with the Children and Young People**

Some of the key behaviours that staff can employ with young people that will make a difference to their sense of safety, healing and day to day behaviour include the following:

- Listening and responding with respect to young people helps them to develop a sense of dignity, a sense of being valued as persons and a sense of self-worth.
- Communicating a framework for understanding with young people helps them to develop a sense of meaning and a sense of the rationality within daily life.
- Building rapport and relationships with young people helps them to develop a sense of belonging and connectedness with others.

- Establishing structure, routine, and expectations with young people assists them to develop a sense of order and predictability in the world, as well as a sense of trust in the reliability of others.
- Inspiring commitment in young people encourages them to develop a sense of value, loyalty, and continuity.
- Offering young people emotional and developmental support helps them to develop a sense of caring and mastery.
- Challenging the thinking and actions of young people helps them to develop a sense of potential and capability.
- Sharing power and decision-making with young people encourages them to develop a sense of personal power and discernment.
- Respecting the personal space and time of young people helps them to develop a sense of independence.
- Discovering and uncovering the potential of young people helps them to develop a sense of hope and opportunity.
- Providing resources to young people helps them to develop a sense of gratitude and generosity.

Dr. James Anglin (2004) School of Child and Youth Care, University of Victoria, Canada

These staff behaviours can be mapped against the dimensions of the System Evaluation Framework – Safety, Emotional, Loss, and Future – to identify where efforts can be directed with particular children and young people. This is set out in Attachment A.

### **How to Monitor Success.**

Measurable and observable indicators of success should include:

- Less violence (physical, verbal, emotional).
- A system understanding of the impact of trauma.
- Less victim blaming: less punitive and judgemental responses.
- Clearer, more consistent boundaries and higher expectations (linked to rights and responsibilities).
- Earlier identification of, and strategies to deal with, perpetrator behaviour.
- Better ability to state clear goals, create strategies for change, justify need for a holistic approach.
- Understanding of repeat behaviour and resistance to change.

- More democratic environment at all levels.
- Better outcomes for children, staff and the organisation.

Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children's Residential Treatment*, Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations 26(1): 65-81

**ATTACHMENT A Residential Care Conceptual and Operational Framework**– Match the differences to the attainment of specific components of the System

<p align="center"><b>System Evaluation Framework</b></p>	<p align="center"><b>Safety</b></p> <p>Helping a young person to attain safety in self, relationships with others, and the environment</p>				<p align="center"><b>Emotions</b></p> <p>Helping a young person to identify different levels of affect and to adjust emotional response to memories, persons and events</p>		<p align="center"><b>Loss</b></p> <p>Helping a young person to recognise feeling grief, cope with personal losses, and confront resistance to change</p>			<p align="center"><b>Future</b></p> <p>Helping a young person to practice new roles and ways of relating and behaving as a "survivor" of trauma</p>
<p align="center"><b>Differences That Make a Difference</b></p>	<p><b>Physical Safety</b></p> <ul style="list-style-type: none"> <li>▪ Able to physically keep safe from harm</li> </ul>	<p><b>Psychological Safety</b></p> <ul style="list-style-type: none"> <li>▪ Able to foster self-discipline, self-esteem, self-control, self-awareness and self-respect</li> </ul>	<p><b>Social Safety</b></p> <ul style="list-style-type: none"> <li>▪ Able to feel secure with other people in relationships and in social settings</li> </ul>	<p><b>Moral/Ethical Safety</b></p> <ul style="list-style-type: none"> <li>▪ Able to uphold a consistent set of standards, beliefs and principles that guide behaviour and that focus on respect for life</li> </ul>	<p><b>Reduce:</b></p> <ul style="list-style-type: none"> <li>▪ Self-destructive and self-harming behaviours</li> </ul>	<p><b>Encourage:</b></p> <ul style="list-style-type: none"> <li>▪ Caution and the use of prescribed medication</li> <li>▪ Recognising others feelings</li> <li>▪ Appropriate emotional response and intensity of response for situation</li> <li>▪ Differentiating thoughts from feelings and behaviour</li> <li>▪ Using emotional energy creatively and applying self-soothing practices when necessary</li> </ul>	<p><b>Recognise Grief:</b></p> <ul style="list-style-type: none"> <li>▪ Identify signs of unresolved loss and grief e.g. depressed mood, pessimism, aggression towards significant others, risk-taking behaviour, negativity about future</li> </ul>	<p><b>Cope with Grief:</b></p> <ul style="list-style-type: none"> <li>▪ Identify particular loss and focus on accepting it is in the past and letting it go, reducing associated pain, adjusting emotions and reinvesting resources</li> <li>▪ Continue to address issues of safety and affect management while addressing grief</li> </ul>	<p><b>Confront Resistance:</b></p> <ul style="list-style-type: none"> <li>▪ Establish an agreement for working on loss and grief</li> <li>▪ Recognise, understand and challenge repetitive re-enactment behaviour</li> <li>▪ Help to identify any resistance to change</li> </ul>	<p><b>Continuously focus on:</b></p> <ul style="list-style-type: none"> <li>▪ Managing safety issues and feelings of grief to foster a sense of empowerment over life</li> <li>▪ Value imagination, creativity, good work, healthy practices, happiness, satisfaction, worth and wholeness</li> <li>▪ Help to recognise shared goals to work toward even if they are small</li> <li>▪ Encourage to look for different choices, alternatives and options available</li> </ul>
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