2020

Integrative Practice Framework

for young people with extreme and socially disconnected behaviours

Safe Places for Children

professional care, guaranteed outcomes

Safe Places for Children
professional care, guaranteed outcomes

The Safe Places Integrative Practice Framework for young people with extreme and socially disconnected behaviours
Version 4.0

This document was co-authored by Safe Places for Children and Trent Saville, Director of Complex Care.

All imagery used in this booklet is stock and posed by models.

FOR MORE INFORMATION

For more information about this document or Safe Places for Children, please contact:

Safe Places Community Services Limited
241 Adelaide St
BRISBANE QLD 4000

GPO Box 277
BRISBANE QLD 4001

Phone: 1300 993 483
Fax: (07) 3112 4202

safeplaces.com.au

CONTENTS

Introduction

Safe Places for Children provides children in care with individualised therapeutic residential services in Australia. Our goal is to offer every child in our care a solid foundation upon which to build a bright future. The Safe Places for Children Integrative Practice Framework is the product of many years of practical experience and evidence-based research. It draws inspiration from a range of internationally regarded, contemporary, evidence-based, therapeutic models of care. This document provides a detailed overview of the principles and practices of our therapeutic model and explains how the various components are integrated into our work.

APPLICATION OF THE FRAMEWORK

Typically children with whom Safe Places works have been through many stages of the care system, and experienced several dozen placements. While existing, well-known models of care have aspects which are applicable to our unique situation, no other model satisfies all of our requirements.

Safe Places also recognises that the most regarded and recognised frameworks were developed internationally, and as a result do not reflect an understanding of Australian Aboriginal and Torres Strait Islander cultures and traditions, and the legacies of dispossession.

For this reason, we developed the Safe Places Integrative Practice Framework; a flexible and adaptable model which ensures each young person in our care is treated individually and with regard for his or her particular culture, developmental history and current care needs.

PURPOSE OF THE FRAMEWORK

Without a set of guiding principles for understanding and responding to young people with extreme behaviours, there is a risk that care workers will interact with children based on their own interpretation of the role, the organisational culture surrounding them, and their own, personal philosophy of child-rearing (Holden, 2009).

In addition, if care workers are not supported to develop an understanding of the impact of complex relational trauma on children's development, they are at risk of personalising the young person's aggressive and resistant survival behaviours and may respond to children using counter-productive strategies that are coercive and punitive. A clear therapeutic framework is critical. Further, the framework must be based on a theory of how children develop and heal that is consistent with the needs of the children, motivates both children and care workers to adhere to routines, structures and processes, and minimises the potential for interpersonal conflict (Holden, 2009).

The Safe Places goal is to offer the young people in our care a solid foundation upon which they can build a bright future.

ELEMENTS OF THE FRAMEWORK

The Safe Places Framework integrates concepts from the Attachment, Regulation and Competency (ARC) model, Children and Residential Experiences (CARE) Framework and Sanctuary principles, and draws on strategies utilised in Bruce Perry's Neuro-Sequential Model of Therapeutics, Daniel Hughes' Dyadic Developmental Principles for Facilitating Attachment (PACE model), and Ross Green and Stuart Ablon's Collaborative Problem-solving Approach. The Safe Places Integrative Practice Framework consists of:

- Therapeutic Crisis Intervention training
- Child-focused case clinics for each young person
- Reflective individual supervision for employees
- Community meetings involving the young person
- Understanding Trauma training.

WHAT MAKES US UNIQUE?

Everyone at Safe Places is responsible for providing individualised therapeutic care with these processes maintained and continuously implemented, even at times of crisis. The Safe Places Integrative Practice Framework takes years of practice wisdom accumulated through our care of children with extreme behavioural needs, and amalgamates it with the core concepts and practices shared by internationally regarded models of care, to create a unique, customised, and culturally competent framework for caring for Australia's most at-risk and disconnected children.

The Safe Places Integrative Practice Framework incorporates six key practice domains:

1: ATTACHMENT
2: TRAUMA
3: COMPETENCE
4: FAMILY
5: HOME
6: ORGANISATION

Through building attachments with safe adults, children can learn to trust, feel safe, develop relationships, overcome obstacles and solve problems.

KEY PRACTICE DOMAIN 1

Attachment

In order to regulate emotions, manage behaviour, achieve autonomy and self-reliance, and develop a sense of self, a child must have confidence in, and feel secure with, an adult. Through building attachments with safe adults, children can learn to trust, feel safe, develop relationships, overcome obstacles and solve problems.

The Attachment domain of the Safe Places Framework recognises that the youth workers and case manager are shouldering the primary care-giving role. As such, they are fundamental parts of this system, even though the child's biological parents or other caregivers may remain involved.

In line with the Attachment domain of the ARC model, the Safe Places Integrative Framework targets three key areas of Attachment: Care Worker Emotional Management, Attunement, and Consistency.

CARE WORKER EMOTIONAL MANAGEMENT

Care workers' ability to recognise and regulate their own emotional experience is fundamental to the workers' capacity to facilitate healthy attachment in the children they support.

In line with the ARC, CARE and Sanctuary models, all Safe Places care workers receive training around the impact of trauma and disrupted attachment on a child's functioning both during induction and on an ongoing basis through refresher and ongoing development training.

Case clinics

An important clinical component of the ARC model involves providing ongoing opportunities to depersonalise a child's behaviours and actions. For this reason, the Quality and Systems (Q&S) managers are responsible for facilitating reflective case clinics for each child on a bi-monthly basis. Again, this helps to reframe the child's behaviours in the context of the child's developmental experiences of trauma, grief and loss. The case clinics also aim to explore other potential contributors to current difficulties in functioning or failure to meet expectations, such as developmental delays, or current environmental factors and stressors.

Most importantly, the reflective case clinics examine the child's current attachment base, including willingness or resistance to connect with care workers, control/avoidance strategies used to manage perceived vulnerability in becoming more connected, and the child's capacity to directly cue caregivers about her or his needs.

Strategies are then tailored to facilitate healthier attachments, increase opportunities for connection to

CASE STUDY

Joey arrived at Safe Places just before his seventh birthday and displayed challenging behaviours right from the start. He was soon placed on a two-worker model due to daily assaults on staff, property damage and assaulting other members of the community. He would not engage in school at all; even talking about it could cause an escalation.

Joey had experienced a significant number of placements for his age before coming to Safe Places, leading to significant attachment issues. He struggled to accept support, often assaulting those who began to build rapport with him. He always appeared to be in a tug of war emotionally and had a hard time building friendships with his peers for the same reason.

By keeping a consistent, well-matched and dedicated team around Joey, we slowly gained his trust. He began to show empathy and affection towards his carers and, over time, assaults and escalations reduced. One of the key strategies to build attachment was through safe and positive touch - hugs and high-fives and positive physical contact with staff.

One year later and Joey is back to a one-worker model with critical incidents occurring only very rarely. He is much better at controlling his emotions and has built a good network of friends both in and out of school. He attends school five days each week from 12 noon and is making good progress towards full days. This is a significant achievement for Joey as he struggled to even stand outside the school last year.

By focusing on the Attachment domain, Joey's team has supported him to make this wonderful progression. Joey now feels safe in his placement and says he is very happy at Safe Places.

others, and establish relational permanence, i.e. the child's perception of, and likely access to, reliable caregivers in the future, and the identification of potential attachment figures that could continue to support the child after their transition from the program.

Case clinics occur on a bi-monthly basis and the strategies developed are reviewed fortnightly in team meetings, facilitated by the case manager. This ensures that a deeper understanding of the child's needs remains at the centre of all decision-making and responses. In a similar process to the reflective case clinics, all employees also participate in individual reflective supervision with their line managers. The goal is to improve the ability of care workers to identify, understand and appropriately manage their emotions.

Workplace support

To ensure that this culture of reflective practice is paralleled on an organisational level, senior management ensures that operational systems are trauma informed and contracts ongoing clinical support, counselling and debriefing services from external clinical organisations around Australia.

This support, available either face-to-face or over the phone, provides opportunities to explore issues/stressors occurring both within and outside the workplace. The aim is to improve employees' reflective capacity, stress management, and use of healthy communication and coping strategies. The support also aims to mitigate burn-out and vicarious trauma, and ultimately increases care workers' capacity to respond therapeutically to children.

ATTUNEMENT

Attunement is the capacity of caregivers and children to accurately read each other's cues and respond effectively.

Both the ARC and CARE frameworks place significant emphasis on incorporating interventions that target a caregiver's capacity to recognise and respond to the emotional needs underlying a child's distressing behaviours or symptoms.

In line with these recommendations, and as part of the training in Trauma, all Safe Places staff are provided with training around Daniel Hughes' Dyadic Developmental Principles for Facilitating Attachment in Maltreated Children.

This approach draws on contemporary understandings of developmental attachment and the theory of inter-subjectivity.It teaches care workers to maintain engagement, soothe/co-regulate, and support the development of empathy in children through taking a calm, playful, accepting, curious and attuned response.

This process of safely reflecting back the child's emotions replicates the same pattern of engagement that occurs in a healthy infant-parent exchange, allowing care workers to help the child rebuild the early templates for trust and connection that they did not previously experience.

CONSISTENCY

Due to the aggressive, controlling and avoidant responses characteristic of children who have experienced complex relational trauma, a caregiver's ability to respond consistently and appropriately to the child's behaviour is often compromised, especially at times of crisis.

As Safe Places recognises the importance of having a clear system of strategies for consistently responding to young people at different stages of crisis, it ensures that all Q&S managers are accredited to deliver Therapeutic Crisis Intervention (TCI) training to frontline care workers as part of the comprehensive induction program.

The TCI system is a crisis-management protocol developed by Cornell University. Its purpose is to provide a crisis prevention and intervention model for residential childcare facilities which will assist them in:

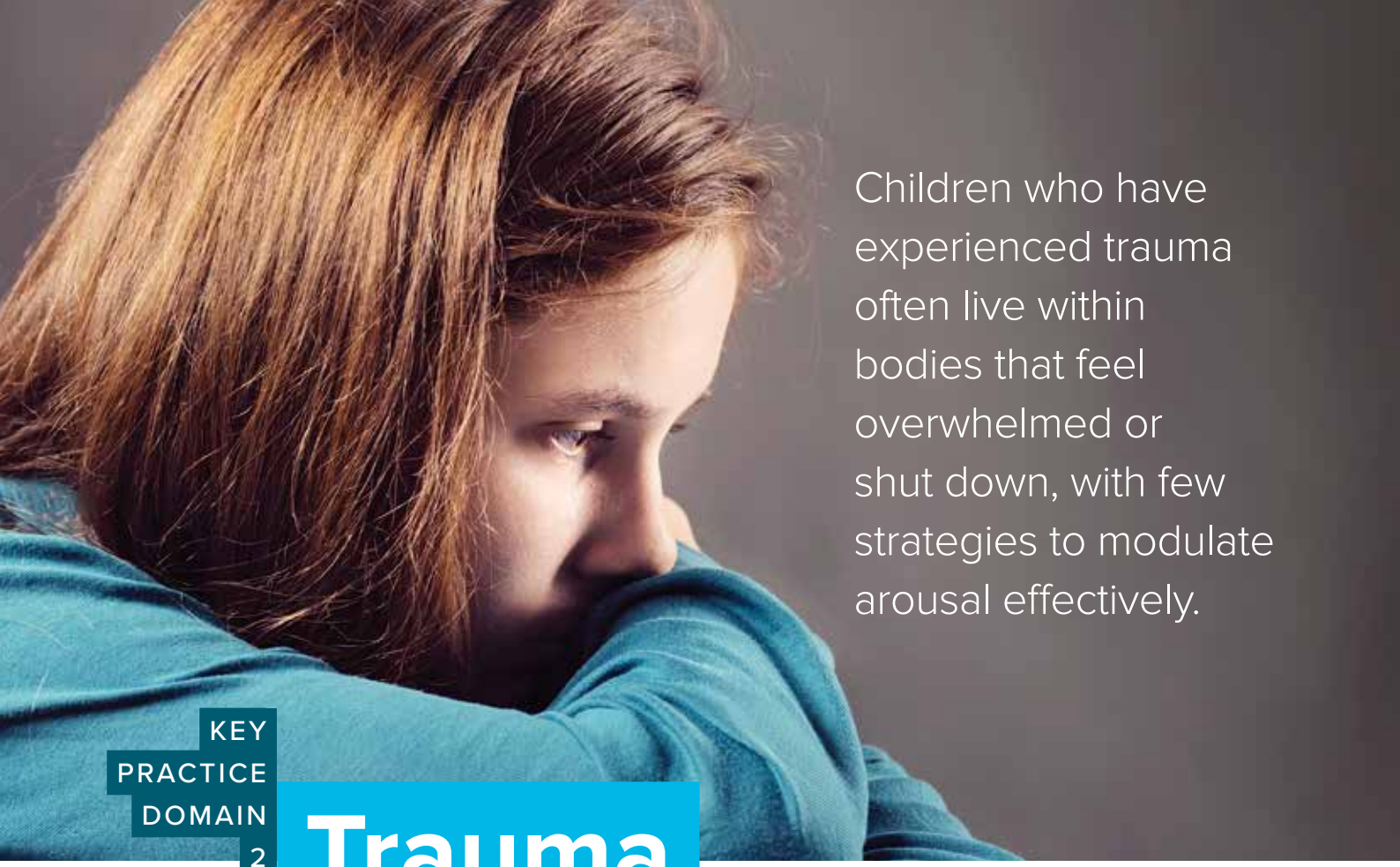
- preventing crises from occurring
- de-escalating potential crises
- effectively managing acute crisis phases
- reducing potential and actual injury to children and staff
- learning constructive ways to handle stressful situations
- developing a learning circle within the organisation.

The TCI system is further embedded into the Safe Places model through the provision of regular refresher training, the use of TCI flash cards, prompts in incident reports, formal post-crisis debriefing and reflective individual supervision.

Bi-monthly case clinics and fortnightly team meetings also support the child to experience a consistent response from caregivers. These processes ensure that the strategies provided in the Trauma and Attachment training are regularly reviewed and specifically tailored to the dynamic needs and situation of the child. They ensure a relevant, considered and consistent response from all care workers.

It's important to be non-judgemental and approachable, especially when the young person is new to Safe Places. You have to take a genuine interest in them, so they are comfortable enough to relax and be able to build that relationship with you.

Jacquie, Case Manager



Children who have experienced trauma often live within bodies that feel overwhelmed or shut down, with few strategies to modulate arousal effectively.

KEY PRACTICE DOMAIN 2

Trauma

Complex trauma has been defined as 'the experience of multiple, chronic and prolonged, developmentally adverse traumatic events'. For children in care, this has usually occurred within the context of a care-giving relationship. Complex trauma can compromise the development of relationships, thinking, memory, self-worth, health, and a sense of meaning and purpose in life (van der Kolk, 2005).

According to Allan Schore (2003), the most significant consequence of early relational trauma is the loss of the ability to regulate the intensity and duration of emotional states. In the absence of a care-giving system that supports the development of more sophisticated skills, children are unable to regulate internal states, such as fear, anger and sexual impulses, and are forced to either disconnect from their feelings or use unhealthy coping skills.

Not only do these children not develop the capacity to regulate emotions, but under conditions of chronic, overwhelming trauma, the child's stress activation system becomes overly sensitive to potential danger, and can trigger fight, flight and dissociative mechanisms in response to even minor stressors.

SAFETY

Creating physical, emotional and cultural safety for a young person is the critical platform required, before attempting to support any other area of their development. While preventing a young person from experiencing ongoing trauma is essential, the child's perception of safety in their environment and relationships is also critical for them to begin to trust and develop new skills. Providing a home environment with clear routines, supported by reliable, predictable and responsive caregivers helps to develop a sense of safety.

Creating cultural safety requires residential care workers to move beyond being culturally aware of the needs of Indigenous and other culturally diverse young people, and become culturally responsive through providing a physical and relational environment which is actually welcoming of and respectful of each young person's culture (QATSICCPP, 2014).

CASE STUDY

Kayla has been in care with Safe Places for more than four years, coming to us when she was just 13 from a remote coastal town in northern Western Australia. Now nearly 18, Kayla is almost set to transition back up north to semi-independent living situation surrounded by her family.

Kayla came to us from an extremely unsettled, traumatised background resulting in an array of very challenging behaviours, including physical and verbal aggression with regular assaults on staff, extreme property damage, sexualised behaviours, regularly putting herself at risk, illegal activity and unable to regulate her emotions and behaviours.

During the first two years, Kayla's team used therapeutic crisis intervention strategies daily to support Kayla and help her regulate the intensity and duration of her emotional states. Kayla's severe fetal alcohol syndrome disorders and developmental delays meant she struggled to understand why her emotions would go off track and how to control them. All the basics had to be taught.

A consistent and structured daily schedule and simple, concrete instructions helped to build a safe and stable environment around Kayla. The matching process was also vital, as many staff struggled to work with Kayla due to her regularly assaulting and targeting them. After reflecting on incidents and through staff feedback, we worked to match staff to Kayla's needs and stabilise the team around her.

As time went on, the team slowly started to build rapport and connection, which allowed Kayla's carers to use the TCI strategies more effectively and include more therapeutic conversations. Kayla's home began to feel safe for her and critical incidents lessened. Remarkably, over the nearly five years Kayla has been with Safe Places, we have never had her placement pause due to her being detained, hospitalised or disengaged.

We have seen Kayla go from strength to strength, engaging in education, reconnecting with family in a positive way, being able to regulate her emotions, and with a dramatic change in behaviours. She is a funny, caring and outgoing young person whom all of our team agrees is an absolute pleasure to be around. We look forward to supporting Kayla as she turns 18 and transitions into adulthood.

I think of the iceberg we learn in TCI and I picture the trauma underneath the iceberg. When the young person has an incident, then you can understand what you're seeing is just the tip of the iceberg.

Rochelle, Area Manager

EMOTIONAL IDENTIFICATION AND MONITORING

Children who have experienced trauma are often unable to identify internal emotional experience, or to understand from where these emotions come.

Through Trauma and Attachment training and TCI training, Safe Places equips all care workers with a range of strategies that support children to build a vocabulary for emotional experience, and to form connections between identified emotions and precipitating events, physiological states, behaviours, coping styles, and the impact of past experiences on current situations.

The Cornell University TCI training utilised by Safe Places is a fundamental part of this process, as the training incorporates a number of strategies that support the child to identify his or her emotions in real-time through reflecting back and labelling feeling states during the triggering phase. Later, using the Life Space Interview (LSI) process, the child is supported to connect identified emotions to triggers, behaviours and experiences.

Care workers are trained to ensure that the implementation of these strategies always occurs using the principles of Daniel Hughes' PACE model (Playfulness, Acceptance, Curiosity and Empathy), which ensures that children are constantly receiving feedback about their emotional state, even when at base-line, through the care worker's attuned and curious stance.

Care workers are also equipped with a range of mindfulness activities that assist young people to build their capacity to monitor and modify their emotional state. The act of being mindful, involves the conscious direction of awareness to the present moment in a non-judgmental way. Mindfulness activities can involve being purposefully aware of our thoughts, emotions, body, sensory experiences, and connections to others or our environment. Engaging in mindfulness practices has been shown to improve self-awareness, empathy, concentration, impulse control and our capacity to regulate emotions (Siegel, 1999).

EMOTIONAL MODULATION

Children who have experienced trauma often live within bodies that feel overwhelmed or shut down, with few strategies to modulate arousal effectively.

In the absence of a reliable, predictable, responsive caregiver, children do not experience the usual healthy ongoing arousal-relaxation cycle, within which the child is continuously soothed and redirected following periods of normal stress associated with care needs. As a result, the child is often delayed in their capacity to modulate arousal, which is then often compounded by the deleterious effects of abuse.

The Safe Places Integrative Practice Framework draws on a range of practices that target a child's ability to tune into, tolerate, and sustain connection to internal states, and to identify and use strategies to manage her or his emotions.

As part of the Trauma and Attachment training, all care workers are trained in the core principles of Bruce Perry's Neuro-Sequential Model of Therapeutics. This provides care workers with information critical to understanding why, and how easily, traumatised children can be triggered by their environment (below conscious awareness), and the important cognitive capacities that deteriorate once they move into a hyper-aroused or dissociative state. This training also supports the care workers to more accurately assess the child's state and tailor a response to their level of arousal.

The importance of continuous co-regulation through the use of empathy, soothing and playful redirection is taught within Daniel Hughes' PACE model, and a range of specific strategies for supporting redirection and maintaining safety during periods of escalation are provided to care workers as part of their TCI training.

Case clinics are then used to ensure that the child's ongoing behaviour is understood and not personalised by care workers, and to ensure the strategies are tailored, implemented and reviewed on a regular basis.

This ongoing reflective and consultative process is the key to ensuring a consistent therapeutic response, especially when the team is supporting a child who frequently escalates to intimidating or violent behaviour.

EMOTIONAL EXPRESSION

Sharing emotional experience is a critical aspect of human relationships; the inability to effectively communicate emotions prevents children from being able to form and maintain ongoing healthy attachments. Safe Places works with children to identify safe emotional resources, and build skills to effectively communicate inner experience.

The use of LSI and Collaborative Problem Solving ensure that the child has regular, structured opportunities at which a curious and attuned care worker supports the child to articulate needs, feelings and concerns. Each LSI validates experience and helps the child to integrate his or her own needs with the feelings and concerns of others.

Safe Places practice is also aligned with the Sanctuary model in that it incorporates daily community meetings into the routine of each child. This involves facilitating a space within which all children and care workers have an opportunity to communicate their feelings and concerns using the Sanctuary tool, SELF, which provides a shared language, and prompts ongoing dialogue around Safety, Emotions, Loss and Future.

Children in care usually require additional support and nurturing-replacement experiences to develop, function and meet normal social expectations.

KEY PRACTICE DOMAIN 3

Competence

All children require the same basic experiences and opportunities to develop into positive adulthood, however most children in care have missed out on fundamental developmental experiences or been subjected to traumatic experiences that do not support – and in many cases actually impede – their normal development.

Children experiencing trauma within the context of their early care-giving system must invest their energy into survival, rather than into the development of age appropriate competencies. As a result, they lag behind their peers in a variety of developmental domains, or fail to develop a sense of confidence and efficacy in task performance.

From this perspective, unusual behaviour can often be viewed in terms of where it fits into the child's developmental progression, instead of being labelled deviant or defiant behaviour. Safe Places recognises that, if an expectation or rule is important for teaching skills, maintaining functioning of the home, enhancing relationships or keeping people safe, then the focus should be kept on the actual expectation or competency, not the violation.

EXPECTATIONS

The Integrative Practice Framework facilitates the development of age-appropriate competencies and social skills, through a visual, positive, individualised, child focused rewards chart.Expectations are what we hope for the young person to achieve. Expectations remain, regardless of whether the child has met them. When the expectation is not met, it does not become an issue of noncompliance, but a challenge for the care worker to help the child meet the expectation in the future.

If the response is to assign consequences whenever an expectation is not met, the focus then immediately shifts to how to get the child to comply with the consequence, instead of how to develop the skills to consistently meet the expectation.

CASE STUDY

When Hayley first came to Safe Places, she had significant attachment and trauma issues and her behaviours were quite concerning. She was averaging approximately one critical incident every second day for her first month. Over a few months, however, Hayley's behaviours diminished to one incident a week and eventually to weeks without an incident at all.

Although only aged 11, Hayley initially had some very controlling behaviours, such as not allowing her carers to sleep and demanding that they stay up with her. Over time, team members also managed these behaviours down by gradually setting and keeping boundaries around bedtimes, lights out and doors closed.

The key to the change was building Hayley's competence in areas that played to her strengths, leading to greater overall confidence in tackling areas that seemed challenging. Hayley is a naturally bright, energetic and fun-loving girl who likes to be outdoors and around animals. She was trusted by the neighbours to walk their dogs which she has really enjoyed. Her care team also enrolled her in an Equine Therapy Program, which greatly improved her overall wellbeing and mental health.

Working with the horses made Hayley more aware of her emotional state and how to be calmly assertive without trying to dominate. The trainer paired Hayley with an animal that suited her personality, so that she had to learn to adjust to manage the animal. This awareness translated to her relationship with her care team and others around her.

Hayley's growing confidence in managing her emotions and facing difficult situations led to her re-enrolment in school, after about a year's absence. She now attends school for two half days each week, with support workers by her side. While not fully integrated into the classroom, Hayley's team hopes she will be there full-time within a year. Hayley is also keen to play rubgy league, and her team is working on getting her into a local club. And naturally, Hayley wants to continue with her beloved pony. Other trainers have seen her potential and are exploring opportunities to grow her skills and experience in working these beautiful animals.

ZONE OF PROXIMAL DEVELOPMENT

Strategies for change are more effective when they meet the child's present level of functioning, and when the skills and resources required to meet a new challenge do not overwhelm the child. This is known as the child's 'zone of proximal development'.

Typically, these strategies involve setting tasks and expectations that, while difficult for the child to achieve on their own, can be accomplished with the help of a care worker. Care teams define a small, specific set of achievable competencies linked to functional skills and social capabilities required for effective functioning to build relationships and operate in the community. Care workers ensure focus is on learning agreed and understood competencies rather than reactively enforcing each care worker's individual preferences of desired behaviour.

The ARC model, which goes beyond the targeting of pathology to support the mastering of key developmental tasks, has been considered when developing the Safe Places Integrative Practice Framework.

A COLLABORATIVE PROBLEM-SOLVING APPROACH

Children who have experienced chronic trauma may have difficulty with problem-solving and other tasks that require concentration, and they often lack a sense of personal agency. The Integrative Practice Framework emphasises the importance of care workers considering the array of developmental tasks crucial to healthy development, including but not limited to social skills, school/community connection and achievement, independent responsibility and autonomy.

Safe Places works actively with children to build an understanding of the link between actions and outcomes, and to increase their capacity to consider, implement and evaluate effective choices through the use of LSI (following critical incidents) and a collaborative problem-solving approach.

The Collaborative Problem Solving Approach (Ross Greene and Stuart Ablon) is a conversational tool that is often used by care workers whenever the child is faced with a problem or disagreement, has trouble meeting an expectation, or opposes a boundary.

This competence-based tool supports a child to articulate concerns and validate responses, and assists the child to develop solutions that integrate the needs and concerns of others.

In doing so, this response not only prevents power struggles and reduces the likelihood of a child escalating extreme behaviour, but teaches important skills across domains such as working memory, social skills (perspective taking), cognitive flexibility, frustration tolerance, language processing, and emotional expression and regulation. This process also helps to build healthy attachment, through teaching children that they can directly cue adults and have their needs met, without using threatening behaviour or other attempts to gain control over their environment.

WHEN TO USE NATURAL OR LOGICAL CONSEQUENCES

Only when the care team has established that the child has all the required skills and emotional capacity to meet an expectation in that moment, but still chooses not to, would the team consider using a consequence.

In that situation, natural consequences should be highlighted or logical consequences provided (providing they have previously been established and agreed upon) by a calm, empathetic and nonjudgemental care worker.

Competence is also confidence. Often you see behaviors in the young person, because they think they can't do something or they're not capable of doing something. Through encouragement or giving them a reason to do it, they see, "Aha, I can do it". If they do try, they realise they are capable of doing it and they continue it.

Abby, Quality and Systems Manager

KEY PRACTICE DOMAIN 4

Family

Safe Places recognises the importance of involving a child's family in the child's care whenever possible, and where emotionally and physically safe to do so.

The child's ethnic, racial and cultural identity are all tied to the child's family, which is particularly relevant to Indigenous children and those of other culturally and linguistically diverse backgrounds. While it is not always possible or safe for the children in our programs to have contact with their families, we recognise that engaging in cultural activities alone is not enough, and that children need to experience their culture within the context of a relationship and ideally a community.

SUPPORTING CULTURAL TIES

Safe Places ensures children who identify as being Aboriginal, Torres Strait Islander or from other culturally diverse backgrounds have opportunities to connect with their culture. Safe Places has established contact with an Aboriginal and Torres Strait Islander agency in each geographic region where we operate. These agencies function as the first contact point for collaboratively gathering information and connecting Indigenous children with their culture.

For non-indigenous culturally diverse children, Safe Places links young people into culturally specific support services and local community networks, through the Multicultural Youth Advocacy Network.

Children also need permanent ties to caring and nurturing adults. Consequently, children require focus and encouragement to form and maintain ongoing connections to external support people.

BUILDING FAMILY CONNECTIONS

Involving a parent or other concerned adult in the child's care and treatment, as well as planning adequate supports for the child's return to the community, are two of the few indicators of 'successful treatment' with empirical validation (Curry, 1991; Whitaker & Pfeifer, 1994). These outcome studies highlight the need for contact and involvement with the family, both during and after placement.

CASE STUDY

While all placements with Safe Places focus on building healthy attachments and better coping strategies, caring for sibling groups often means working towards re-unification with family rather than supporting a longer-term transition to independence. Sometimes that requires intensive support and guidance for family members too, to ensure they are capable of and can maintain good parenting behaviours.

A sibling group of three children aged 14, 13 and 10 years of age has been in Safe Places care for nearly two years, with the Safe Places team directly engaging with and guiding Mum for the past six months.

Contact started gradually with weekly meetups with Mum in the park or at local community venues, and then moved to having Mum over for lunches and dinners in the home. Home visits with Mum dramatically reduced the rate of absconding as the children began to look forward to predictable and regular planned contact with their mother.

Mum has been very willing to engage in this partnership between Safe Places and the Department to support her to develop better parenting skills. She relocated to be nearer to the young ones and so that she could participate more easily in the home routine.

Mum is now coming into the Safe Places home up to four times each day, including cooking dinner with the children and getting them to bed, and is learning to replicate the structure and routines that support healthier behaviours across the whole family. The Safe Places team is also replicating some aspects of the set-up at Mum's house, so that the eventual transition for her children will be even smoother

The children love it. They are very aware of the longer-term goal and know that Mum is working towards getting them back. Over time, Mum's skills and confidence have grown and the team is also teaching her some therapeutic crisis intervention (TCI) strategies. This model of family contact is helping to ensure that these children have a stronger and more secure attachment base following their transition from Safe Places.

While the responsibility for authorising and coordinating family contact typically sits with each state's relevant child protection agency, Safe Places takes an active role in supporting the child to explore potential connections with family, and advocates on the child's behalf to establish and maintain these relationships.

As part of this process, case managers meet with each child entering the program, and on an ongoing basis use the Safe Places Care Map to explore and develop a list of family members and other significant relationships. This information and the child's wishes are then explored in collaboration with the relevant child protection agency, and used to establish or improve existing connections that can continue to ensure the child has some form of attachment base following their transition from Safe Places.

Safe Places takes an active role in supporting this process through helping children to write letters home, supporting contact with siblings and parents out in the community, and planning for successful weekend stays in relatives' homes.

Safe Places also recognises that promoting healthy attachment to a young person's family also requires helping the child to cope with the grief and loss of separating from her or his family or previous attachments. In some respects, the CARE framework is similar to the Safe Places Integrative Practice Framework.

Our young person is nearly ready for transition from Safe Places and has a very close connection with his family. In all meetings with stakeholders and the Department we've tried to include his dad. When he sees his dad is involved, he's more inclined to go with all our ideas and suggestions, because his dad is a massive influence. Keeping his dad included in all the decision-making has really worked well for us.

Nicola, Case Manager

Significant time and financial resources are invested into ensuring that every home is attractive, well- maintained, and communicates to the child that he or she is cared about.

KEY PRACTICE DOMAIN 5

Home

Children in care have often experienced both external and internal chaos. A consistent, reliable, care-giving response occurring within a comfortable, homely and predictable environment or routine forms the basis for establishing safety and improving self-regulation.

STABLE ROUTINES

Safe Places ensures that all children are provided with a consistent, predictable structure to their day, within which expectations, rules and limits are discussed with the children in advance. Safe Places uses the reflective case-clinic process, along with fortnightly team meetings, to review routines, adapt the program to support the child through difficult times such as transitions and, wherever possible, remove/avoid activities or events that are likely to trigger the child's stress response beyond their capacity to self-regulate.

PROMOTING NURTURING INTERACTIONS

The two most critical aspects of a home are the social and physical features that enable and encourage the child to participate in a variety of activities with children, adults and on their own. The more the environment is enhanced to motivate the child's participation in more complex activities and relationships, the more growth and development will occur. In line with the CARE and Sanctuary models, Safe Places actively seeks to incorporate activities that promote nurturing interactions and future orientation, such as caring for animals, plants and people.

CASE STUDY

It says a lot about a young person's past when the only place they feel safe is surrounded by the four walls of their cell. To the point where that young person will assault others just to "get back inside".

At 14 years of age, Tracey had already spent almost 300 days incarcerated in a juvenile facility, with many of these days spent in isolation due to her extremely violent behaviour. She had no less than six major mental health diagnoses, was not engaging in any form of educational program and was considered an exceptionally high-risk young person. In fact, when Tracey first came to Safe Places for Children, it was only possible after a detailed safety plan for her and those working with her was agreed between Safe Places and the Department.

Moving Tracey from detention to a stable home environment was no easy transition, both for her and Safe Places staff. In Tracey's case, as in so many others, the key was Safe Place's model of assessing the individual and tailoring the care to each person.

In the early months, the staff was lucky if she would string more than two words together, though Tracey would assault them almost daily. It was important to carefully manage Tracey's environment, keeping the home free of potential weapons, such as glass objects, cords, mops, brooms, even paper clips.

Her care team experienced high turnover so that Tracey's area manager was continually recruiting and selecting staff and specialists that Tracey could respond to and with whom she would build a connection. Eventually, a core team was built, who listened and acknowledged her feelings, used caring gestures, acted quickly when Tracey knew her mental state was fragile and took her to hospital.

The team listened closely to Tracey, identifying her needs and following through. When Tracey came home following one particular visit to detention, she made it clear the house she was in made her feel uncomfortable and she couldn't settle. After some discussion with the Department, the decision was made to find a new house and Tracey started over. From that point on, the changes in Tracey's behaviour started to show.

Nearly four years later, Tracey has achieved what many thought impossible. She takes pride in her belongings and respects her surroundings. The walls of her home are now filled with positive messages of support on posters and bright, colourful emojis she created herself. She has caring and capable female role models in her life and is learning how to present as a young woman, to wear make-up and groom herself, allowing people to take her photo.

Once someone who never engaged in meetings and would lash out, Tracey now is her own best advocate, speaking up at her NDIS plan meetings and case plan meetings, and occasionally chairing her own care team meetings. Safe Places also helped Tracey connect with her culture and heritage, bringing some of Tracey's relatives from interstate to visit with her and share a meal, teaching her to be proud of her background.

Over the past year, Tracey has been preparing to live independently. She has an account on Centrelink and manages her money in her own bank account. She is excited about going to live with another young person and had fun using an app to design her new bedroom. Feeling stable in a secure environment that she can call "home" has meant Tracey can also feel more positive and in control of her future.

Our young person had a habit of leaving placement and we were very nervous that she wasn't going to come back. One of our youth workers is also a foster mum, so she did what she does with her own and she went off to Kmart and got lots of homely touches and picture frames and she made her bedroom all nice and made her bed look really cosy. She said the young people always want their own bed, as they usually haven't been sleeping in a regular bed. She sent the pictures to the young person and she was home within an hour to see what her new room looked like.

Lauren, Case Manager

The case clinics are also used to identify social, physical and educational activities that can be incorporated into the child's routine and provide opportunities to support the child to practice skills in residential and community settings, without overwhelming the child's capacity to cope. The use of the Sanctuary model's daily community meetings is a fundamental part of the routine, and teaches critical social and cognitive skills, while improving safety and a sense of democracy within the home.

PERSONALISING THE HOME

Being strongly influenced by the research of Jim Anglin (2003), the CARE framework views the physical setting as a fundamental component of a well-functioning, extrafamilial living environment. Significant time and financial resources are invested into ensuring that every home is attractive, well-maintained, and communicates to the child that he or she is cared about. The use of homely furnishings and uplifting pictures aims to promote a sense of warmth and normality within each home, while the efforts invested by care workers to help each child personalise her or his room adds a sense of ownership and belonging, as well as an opportunity for the child to express their individuality.

Atmospheres of recurrent or constant crisis can severely constrain the ability of an organisation to involve all levels of staff in decision-making processes.

KEY PRACTICE DOMAIN 6

Organisation

A core theme of the Integrative Practice Framework (and of other models, such as CARE and Sanctuary) is the importance placed on the organisation's culture and the need for all levels of management to reflect the same values as those practiced by frontline care workers in their engagement with children.

LIVING THE VALUES

Safe Places incorporates a number of key processes to ensure organisational congruence around decisionmaking and to mitigate the risk of stress or secondary trauma being paralleled across different levels of management.

Safe Places understands that parallel processes can occur on an organisational level as a result of the complex interaction between traumatised children, stressed care workers, the external pressures placed on services by other agencies, and an often unsupportive social and economic environment (Bloom, 2005).

Atmospheres of recurrent or constant crisis can severely constrain the ability of an organisation to involve all levels of care workers in decision-making processes. In turn, this impacts an organisation's ability to constructively confront problems and engage in complex problem solving.

Importantly, Safe Places recognises that internal communication is integral to safety, i.e. the better the communication, the safer the residential environment. This knowledge has strongly influenced Safe Places' practice and led to the development of a number of processes that serve to promote increased democracy, open communication, reflection and emotional management. These include community meetings, case clinics, reflective supervision, post-crisis response and the use of the SELF language and process in team meetings.

A DEDICATED QUALITY AND SYSTEMS TEAM

Another important and unique component of the Safe Places system is the development and function of the Quality and Systems team.

As the Quality and Systems team provides all training and facilitates the case clinics, it plays a fundamental role in ensuring that the Integrative Practice Framework is successfully implemented and embedded into Safe Places' systems.

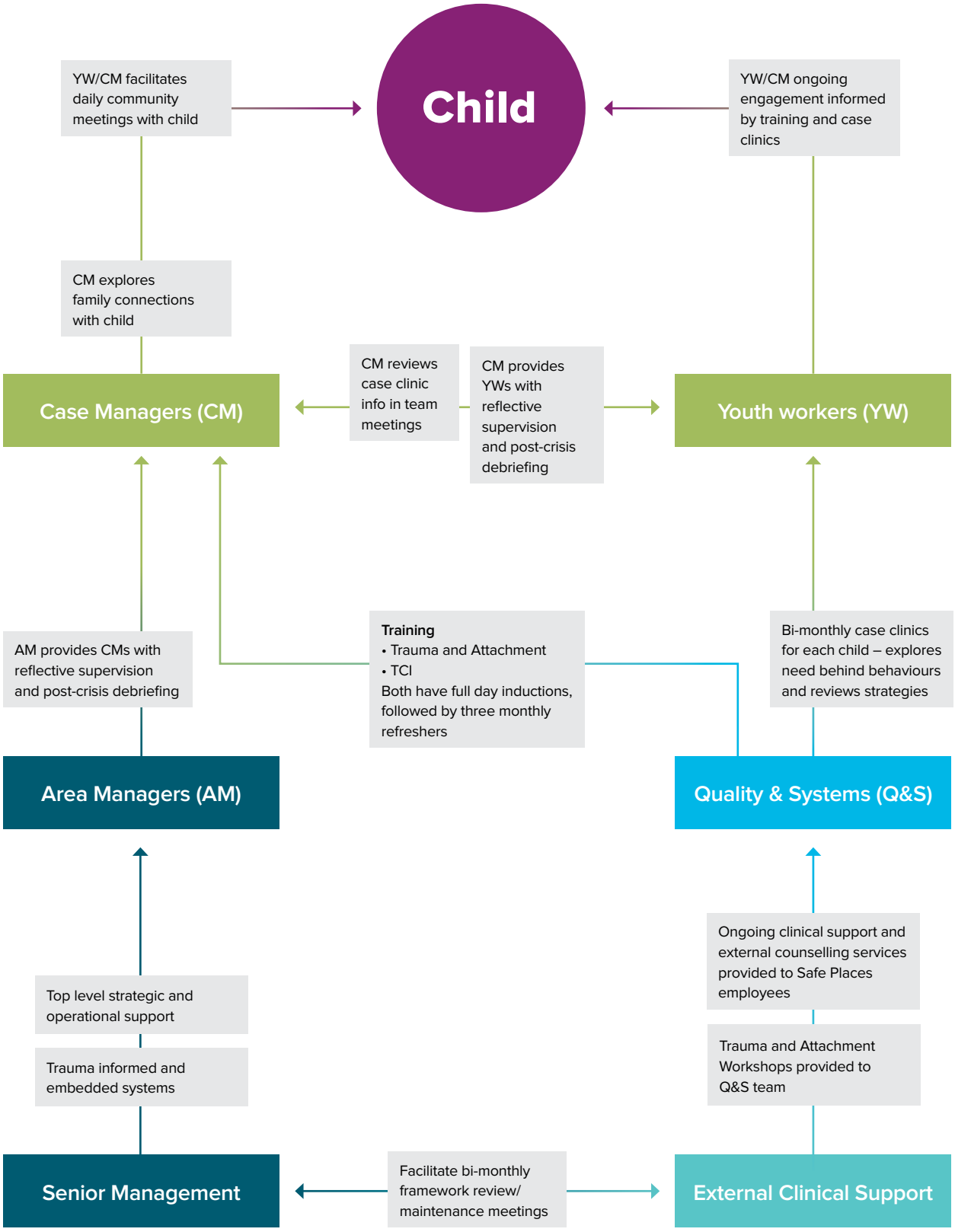
Allocating this responsibility to a team that is not directly responsible for case management or line supervision drastically reduces the risk of the team being pulled into crisis at times of increased stress, and ensures the continuation of all processes required for the Integrative Practice Framework's successful implementation.

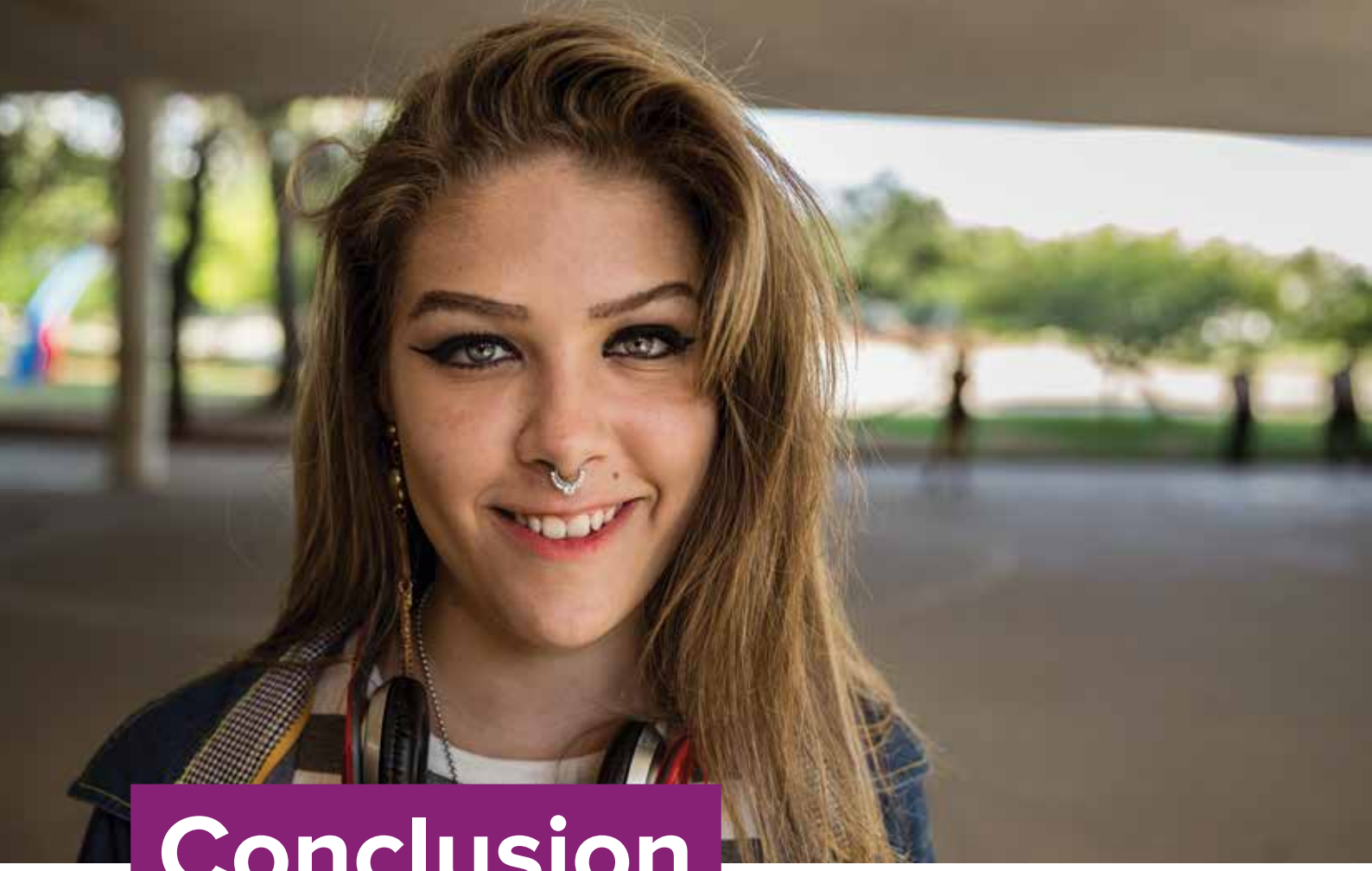
ALIGNMENT WITH ORGANISATIONAL STRATEGY

The final overarching process required to successfully implement and maintain the Integrative Practice Framework is senior management support, including Chief Executive and Board support, to align with organisational strategy.

Without top management support, conflicting environmental demands can result in pressures or conflicts that undermine the effectiveness of practice. Once a year, senior management will engage an external clinical consultant to review the Integrative Practice Framework's contents and implementation. This process will identify gaps between theory and practice, explore opportunities to further develop the Integrative Practice Framework, overcome challenges and better support the care workers to engage in therapeutic practice.

THE SAFE PLACES INTEGRATIVE PRACTICE FRAMEWORK SYSTEM





Conclusion

The Safe Places Integrative Practice Framework has similarities with the core practice elements of the CARE, ARC and Sanctuary models presented under the practice domains of Attachment, Trauma, Competence, Family, Home, and Organisation.

It incorporates a range of processes across each level of the organisation to ensure that these evidence-based theoretical concepts are successfully integrated into care workers' practice and the program's physical and social environment.

Implementing the Integrative Practice Framework is the responsibility of everyone at Safe Places, supported by senior management and the Quality and Systems team to ensure it is consistently applied and continuously improved, even at times of crisis.

The ongoing evaluation and development of this system is also maintained and supported through reviews involving consultation with care workers and managers from every level of the organisation as well as external clinical consultancy.

This ensures that new, emerging, evidenced-based strategies and models of care continue to be integrated into practice. This also allows the Integrative Practice Framework to continue evolving, and ultimately ensures that all children placed with Safe Places receive the high level of care, nurturing, structure and individualised therapeutic support they require for optimum healing and development.

REFERENCES

Anglin, J. (2002). Pain, normality, and the struggle for congruence. New York: The Haworth Press.

Blaustein, M. E. & Kinniburgh, K. M. (2010). Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-Regulation, and Competency. New York: Guilford Press.

Bloom, S. L. (1997). Creating Sanctuary: Toward the Evolution of Sane Societies. New York: Routledge.

Bloom, S. L. (2005). The Sanctuary Model of Organizationa Change for Children's Residential Treatment. Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations 26(1), 65-81.

Bowlby, J. (1988). A Secure Base. New York: Basic Books.

Curry, J. (1991). Outcome research on residential treatment: Implications and suggested directions. American Journal of Orthopsychiatry, 61, 348-358.

Encompass & PeakCare (2015). Hope and Healing framework for Residential Care.

Greene, R. W. & Ablon, S. (2006). Treating Explosive Kids: The Collaborative Problem Solving Approach. New York: Guilford Press.

Hughes, D. A. (2004). Facilitating Developmental Attachment. Maryland: Rowman & Littlefield.

Holden, M. J. (2009). Children and Residential Experiences: Creating Conditions for Change. Arlington: The Child Welfare League of America.

Perry, B. D. (1995). Maltreated Children: Experience, Brain Development and the Next Generation. New York: W. W. Norton.

Perry, B. D. (2008). Introduction to the Neurosequential Model of Therapeutics. Journal of Strength Based Interventions.

Queensland Aboriginal and Torres Strait Islander Child Protection Peak (2014). Practice Standards: Working with Aboriginal and Torres Strait Islander Children and Families. QATSICPP: Brisbane

Schore, A. N. (2003b). Affect Regulation and the repair of the self. New York: W. W. Norton.

Siegel, D. (1999). The developing mind: Toward a neurobiology of interpersonal experience. New York: Guilford.

van der Kolk, B. A. (2005). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric Annals, 35(5), 401-408.

Whitaker, J. & Pfeifer, S. (1994). Research priorities for residential group child care. Child Welfare, 73, 583-601.

GLOSSARY

ARC Model	Attachment, Self-Regulation and Competency model
CARE Model	Children and Residential Experience model
LSI	Life Space Interview
PACE Model	Playfulness, Acceptance, Curiosity and Empathy model (Daniel Hughes' Dyadic Developmental Principles)
Safe Places	Safe Places Community Services Limited trading as Safe Places for Children ACN 131 345 910
Sanctuary Model	The Sanctuary Model of Organizational Change for Children's Residential Treatment
SELF	Safety, Emotions, Loss and Future, a Sanctuary Model tool
TCI	Therapeutic Crisis Intervention

Safe Places
for Children

professional care, guaranteed outcomes

safeplaces.com.au