



Government of Western Australia
Department for Child Protection

Better Care, Better Services Forum 2012

Showcasing Practice and Shared Learning with Colleagues

The *Better Care, Better Services Forum 2012* was held on 29 February. This e-booklet contains précis of the presentations delivered by placement service organisations and the Department for Child Protection and summary notes of the two working group sessions.

A joint presentation by

DGP Gelorup Residential Service, MercyCare, Parkerville Children and Youth Care (Inc), The Salvation Army, UnitingCare West, Wanslea, Yorganop Association Incorporated and the Department for Child Protection.



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Session 1: The Peer Monitoring Experience

Presented by Justine Bishop, Mercycare; Michelle Francis, Department for Child Protection; Yvonne Hunt, The Salvation Army & Anne Leyden, Parkerville Children and Youth Care (Inc).

The Department for Child Protection and Out of Home Care Placement Services completed the joint development of the *Better Care, Better Services* Standards in 2007. Monitoring of placement services commenced in mid 2010 with Department monitors and this was extended to Peer Monitors from placement service agencies in 2011, reflecting a strengthening of this partnership approach. To date, a total of five monitoring visits have been conducted with Peer Monitors.

Eight different placement service providers have committed between 30 and 40 days of work per year for a staff member to be available to work with the Standards Monitoring Unit (SMU) in the role of Peer Monitor. Not all funded out of home care providers are able to commit to the peer monitoring initiative. Assigning monitors to visits takes into consideration potential conflicts of interest.

Initial training was completed in August 2011 however, due to a range of factors monitoring visits with Peer Monitors did not begin until December 2011. The delay between training and commencing an assignment caused concern amongst Peer Monitors prior to their first on-site visit.

The training to become a Peer Monitor was intensive and generally, Peer Monitors feel that there are many expectations attached to the role. The overarching message received at training was that monitoring is about identifying trends and themes within services, both positive and some requiring attention which can, in turn, inform sharing of best practice and service improvement opportunities. There is confidence amongst Peer Monitors that this is a positive and collaborative process rather than a 'big stick' approach.

Working alongside the SMU team member, the Peer Monitor assesses the performance of a service against the Standards to examine the evidence, to seek information from staff and stakeholders in order to identify excellence in service

provision and opportunities for service improvement. There is also scope to recognise the hard work and successes of the service providers in providing quality care to children and young people.

The group training provided Peer Monitors with clear information on values and personal behaviours, different placement models, confidentiality expectations and the detail of the monitoring process itself from notification to the service, the onsite visit and drafting the report. Templates, notes and resource materials were provided for Peer Monitors to keep.

The trainers discussed and provided examples in relation to each supporting standard in order that Peer Monitors gain a comprehensive and shared understanding of each supporting standard.

Additional learning occurred during the first assignment with SMU co-monitors taking the lead at the on-site visit, providing role modelling for interviews and assisting in identifying the supporting standards that were highlighted during the interviews. This allowed Peer Monitors to gain confidence during the day and take lead when comfortable to do so.

Meeting quarterly as a group provides a forum for debriefing, sharing of both positive and negative experiences, support and informal training.

Peer monitors are expected to complete a minimum of two monitoring visits per year, attend training and participate in quarterly meetings. After reflecting on their experience, the five peer monitors who have undertaken their first standards monitoring visit have identified time constraints and time management as the primary challenges faced - finding a good balance between existing ongoing work commitments and accommodating the additional duties of peer monitoring is difficult. Peer monitors feel that the enormity of the task of being a lead monitor has been underestimated and consider that further discussions are needed between line managers and SMU to better manage this for future monitoring visits.

Service providers are now becoming more transparent through opening their doors to other agencies and are welcoming constructive feedback, which will ultimately bring benefits to those for whom care is provided. Peer monitoring also enhances the relationships and connections between service providers by more frequent contact through monitoring visits and at the BCBS forums.

The SMU monitors also benefit from working with Peer Monitors as the role provides a fresh view of the process and the individual performance of each SMU monitor.

An important benefit of the peer monitoring process is the opportunity to experience the good practice of other services. Sharing ideas and resources can greatly enrich the services that are provided across the sector and even more can be learnt from challenges which services have faced and the ways in which they have been overcome. Often it is difficult to be open to sharing challenges which are faced, however so much can be learned from the experience of peers.

For additional information, please contact Justine Bishop, Mercycare (ph: 9442 3450); Michelle Francis, Department for Child Protection (ph: 9249 0116); Yvonne Hunt, The Salvation Army (ph: 9328 1600) & Anne Leyden, Parkerville Children and Youth Care (Inc) (ph: 9295 4400).





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Session 2: **Utilising Child Feedback into Service Operations Improvement by Meaningful Participation**



Presented by Michaela Bell and Deb Goble, UnitingCare West

Who we are:

UnitingCare West is part of the UnitingCare National network of more than 400 Uniting Church agencies providing community services to millions of Australians each year. Our far reaching vision is **"Justice, hope and opportunity for all"**. The mission is **"to support, serve and empower people most in need"**.

Tier One Service:

- We have six Tier One Houses, three north and three south of Perth.
- We provide Therapeutic Care in each of our homes and house to up to four or five young people at any given time in each house.
- We have a partnership arrangement with Australian Childhood Foundation who have completed training with staff members on their Therapeutic Care Model.
- The vision is to support every young person to be more active and empowered to take part in decisions about their future including in gaining a better understanding of "what is going on" and in articulating their views and attending planning sessions.

Standards Monitoring

UCW have not undergone external standards monitoring but have considered strategies to enhance the implementation of the Standards. One fundamental change which we have been working on is the participation of young people in their care planning and reviews.

Pathway to creating a culture of participation

Using Hart's Ladder of Participation gives us a way of thinking about the true meaning of participation. Hart saw families as the primary setting for most children to develop their social responsibilities and competency to participate.

How might we engage "our" children in participation with others in society?

- Where we start – development of carers meeting and a training calendar to reflect on practice issues including how we help young people have a voice.
- Who needs to take part - agencies needing to share information and change the culture towards greater collaborative working. Good relationships and honest communication between staff, agencies and young people underpin effective models of participation
- What need to happen - staff training is fundamental to organisational culture and creating meaningful participation of young people.

An exploration of the reasons for participation proposed by Ruth Sinclair 2004 demonstrates that there are benefits arising from improved child participation which have wide ranging impacts including on service provision generally, development of skills for the children, addressing safety concerns and moral imperatives.

An 'everyday' approach to participation, where there is no distinction between participation and service delivery, is most effective in children and young people's participation.

A case study examined the advantages and disadvantages in relation to child participation.

For further information please contact Michaela Bell or Deb Goble on (08) 6279 1800.



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Session 3: Supporting Carers – What Works?

Presented by Kathleen Pinkerton, Yorganop Association Incorporated



Yorganop is committed to providing the best journey through care for Aboriginal children.

Placement Services

Funded by State Government, placement services are Yorganop's core focus and one of the areas under this program will be explored in the presentation.

Placement Services Support

- Assessment process for Carers.
- Clarity of role essential.
- Informing Carers of their role.
- We will explain how we support Carers within staff role.
- Planned events.
- Scheduled agreed training and flexible model of providing opportunity.
- Identify challenges to carrying out the level of support to maintain Carers.

For further information please contact:

Email: admin@Yorganop.org.au Phone: (08) 9321 9090



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Session 4: Summary of Working Group Session 1 – Valuing and Supporting (Foster and Paid) Carers

Group Discussion: Given the critical role of carers in facilitating the child's safety and wellbeing and providing stability of placement, what strategies are implemented by service providers in supporting carers to do their job: to maintain the carer's energy and focus in their role and demonstrate to the carer, their value to the organisation and the child.

Working groups identified the following points.

Broad principles:

- Maintaining a child focus starts with the views of carers.
- A service provider's biggest resource is its staff and carers.
- Acknowledgement of the high level of skills and knowledge that carers bring to the role.
- Management place value on expert opinion of carers.
- Recognising the role of the carer and their impact on the child.
- Acknowledge isolation of carers.
- Inherent difficulties in supporting carers due to remote/isolated locations.
- All inclusive team approach – move away from silos to a group solution process.
- Team people – move away from institutional model of carers and management being separate.
- Creativity is required to meet different needs of carers.
- Communication is key - involve all stakeholders in discussions, decision making and meetings.
- Normalise family environment by including carer's children.
- Flexibility in practice delivery and support.

Orientation and Induction

- Induction to role of being a carer.
- Initial visits to carers includes talking about what is required and assessment.

- Formal training to break down specific models, terminology and what it means to be a carer.
- Establish clear expectations.
- Clear policies around leave.
- Awareness of how to resolve issues and dealing with conflict.
- Provision of information package.

Training

- Ensuring carers have correct skills.
- Design training specific to needs of carers
- Access to initial compulsory and ongoing learning and development opportunities for carers.
- Strong commitment to professional development opportunities for carers.
- Carer attendance at conferences both local and interstate.
- Continuing training – Therapeutic Crisis Intervention and Sanctuary Model
- Read policy monthly.
- Carer involvement in strategic planning.

Supervision

- Regular supervision for carers – internal/external, group (peers) /individual (1:1)
- Annual appraisals.

Participation in Meetings

- Team meetings, often held weekly and including the young person.
- Regular care team meetings.
- Staff involved in setting meeting agendas.
- Group decision making.
- Profiles of responsibility.
- Monthly carers meeting.
- Carers attend review meetings for the child.

Support Initiatives

- Support to carers being available at the time when it is needed.
- Country – outsourcing of clinical support services.
- Regular communication and information sharing – support with other carers and team meetings.
- The Department pilot of carer helpline.
- On call telephone support to carers, mostly 24 hour support.
- Access to advice from care team including specialist staff such as Recreational officer, Cultural liaison officer, Service manager, Clinical support, Therapeutic specialist, Team leader, after hours officers, Australian Childhood Foundation Consultant.

- Regular visits and catch ups.
- Focus on self care.
- Manager takes on more than a case management role and need to be available to staff.
- Availability of sessions with an independent counselling service such as Employee Assistance Program.
- Buddy system.
- Debriefing including for critical incidents with different staff as needed.
- Providing a safe environment for debrief.
- Observation and opportunities to talk.
- Being aware of vicarious trauma.

Activities for Carers

- Extra respite in a valued activity eg gym, yoga, music class for rural/country based carers.
- Sponsor self help activities (eg going to the gym) in remote areas.
- Social events for carers.
- Badge for recognition of services.
- Sending birthday cards including to carer's children.
- Additional support for carers when needed eg before and after school if carers work, paying for child care.
- Celebrating and acknowledging achievements.
- Recognition for years of service.
- Inclusion of all members in family in activities.
- Celebrations eg Christmas parties, lunches, special occasions (birthdays etc).
- Pamper days.
- Carer appreciation certificates (monthly or as appropriate).
- Regular newsletters for carers – staff/carer profile and updates.
- Special events for carers and children eg dinners especially for carers only, overnight hotel stays.

Ways of Interacting with Carers

- Open, upfront, honest.
- Acknowledgement and affirmation.
- Acknowledge carer's family.
- Being realistic with staff and carers.

Monitoring Responsiveness to Carer Needs

- Direct evidence collection - point of contact is recorded and illustrates any gaps in support arrangements.
- Database records contact with carer.
- Regular planning forums to discuss with carers the support that they need.



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Session 5: Helping Children Be Heard

Presented by Judy Garsed, Advocate for Children in Care, Department for Child Protection

The ***UN Convention on the Rights of the Child*** Articles 12 and 13 state that:

Article 12: Respect for the views of the Child:

When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account

Article 13: Freedom of Expression:

Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the right to share information in any way they choose, including including by talking, drawing or writing.

These notions are reflected in:

- *Children and Community Services Act 2004*, Sections 8 and 10.
- *Better Care, Better Services Standards*, Standards 4, 5 and 9.
- National Standards for Out of Home Care, Standard 13.

What stops our kids from speaking up?

- Often vulnerable, disadvantaged, marginalised.
- In the centre of a complex environment involving lots of adults with confusing roles and lot of power.
- May have problems expressing themselves in words or talking about feelings.
- May find it hard to talk to adults, especially those in authority.

- May be reluctant to participate because they feel no-one will listen.
- May be embarrassed about their worries or questions.
- Don't know their rights.

Some things we can do

- Child-inclusive practice - engagement, respect.
- Active listening - checking perceptions.
- Child-sensitive language/translation.
- Encourage discussion about feelings/worries/uncertainties.
- Help children and young people to work out what their issues are.
- Encourage and support them to ask questions or seek information.
- Help them to navigate and make sense of the system.
- Make sure they have an age appropriate copy of the Charter of Rights and that someone helps them to understand it (again and again!).
- Use the available materials - posters, leaflets, websites, booklets.
- Make sure you know about or can connect them with someone who knows about processes and resources, eg Advocate for Children in Care, Viewpoint, Case Review Panel, and the Complaints Management System.

For further information please contact Judy Garsed on (08) 9222 2518.



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Session 6: The Transition Journey of DCP Gelorup House

Presented by Danny Phiri, House Manager, Department for Child Protection

Who we are:

- Gelorup House – under Accommodation & Care Services
- Four bed home – currently four children, originally 8 + 2 bed hostel
- Residents range between 10 and 17 years of age
- Residential Care Officers do rotating shifts 24 hrs a day.
- Various ages, gender, backgrounds, cultures and religions
- Various levels of education and experience of staff
- One Residential Care Manager, 4.5 FTE Senior RCOs, 4 RCOs and 6 Casual staff
- Direct liaison with the Districts where case managers are located, Education, other service providers and community.

The Transitioning

- Held various discussions with both staff and residents.
- Children were anxious as they did not know whether or not they will all move to a new house.
- Staff were concerned about open space and safety for themselves.
- Staff assured of safety and protection.
- Reduced number of residents was an experience they all looked forward to.
- Home environment and open space, though scary at first, was a motivation to move to the new house by both staff and residents

What environment existed and how it influenced the house at the time:

- Intra and inter-staff relations were not good: Many shift book-off as some staff did not want to be on same shift with others.
- Communication and coordination were bad. Some documents would go missing. Even shift rosters had to be locked.
- Most of the places had locks on them. Residents would usually force their way into pantry to get food or throw away food.

- Residents did not feel at home as food was locked away and would usually abscond.
- Staff feared residents and would lock themselves in the office. Most of the time there were no interactions between staff and residents.

How transition has changed things at Gelorup House

- Intra and inter staff relationships have improved. No more books off or staff refusing to work because of not wanting to work with another staff member.
- Residents no longer have restricted access to food and other services as fridges are loaded with food and basic requirements. No cases of residents forcing their way into pantry.
- Residents are no longer afraid of staff as the open space house plan encourages positive interaction between staff and residents.
- Therapeutic care is the norm with no physical restraints as the preferred mode of dealing with escalations. Residents are now confiding more in staff.
- Standards of care are clearly understood by almost all residents and are accessible to residents in the house. Individual Therapeutic Plans, Safety Plans and ACS Care Plans are available to residents.
- Residents have understanding of their rights which they do read and sign for.
- Relationships with neighbours and other service providers such as education providers, law enforcement agencies and Department Case Officers is very good resulting in good networks and resident support. We have had Police engage our residents at the house and even brought afternoon tea for the residents. We also had a BBQ with neighbours and neighbours no longer feel threatened.
- All residents attend school now and are involved in other extra-curricular activities such as sports and drum lessons.
- Home environment has eliminated cases of absconding as residents feel safe at home now.
- Transitioning of residents has been very good and this is evident by residents not having incidents when moving to other service-providers or re-uniting with their families.
- Residents have positive and meaningful relationships with staff as never before.
- Residents now call Gelorup House their home.

For further information please contact Danny Phiri on (08) 9795 3456.



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Session 7: Children Have a Say About the Standards

Presented by Stephan Lund, Wendy Ayres & Charlotte Cain, Wanslea



Why are we here??? Children have a say about the Standards.

Children and young people should be central in our work. After all, their care is the reason that our agency exists. When Wanslea staff were planning for improvements to our program, we decided that what better way to proceed than to ask children what they think of us.

A group of three staff commenced by planning the best way to capture the views of as many children as possible with the resources at our disposal. We had previously sent survey questionnaires to children and young people which carers and staff have worked through with them. Staff were keen to expand on and improve this method of participation by meeting with children face to face. The idea was floated to establish a focus group format which would bring children together to discuss their views of our service.

The format features activities to engage children initially and to break the ice in the group. Once the group is showing some level of comfort, the focus shifts to asking children to comment on the standard of care they are receiving in line with some of the Better Care, Better Services standards. The method of eliciting information is in line with best practice, non-threatening and ensuring that the information provided by the children is done confidentially.

The focus groups have shown some success in attracting children and young people but staff are constantly reviewing the content and methods of promotion and attraction. Lately it has proven more difficult to attract children and young people to the groups, so the working group has thought of different formats for the group and renaming the group from 'Focus Group' to 'Have Your Say Day' or something similarly catchy to describe the day and to capture children's attention.

Outcomes from the focus groups are fed back to the whole staff team at team meetings and have influenced changes to policy and procedure. It is anticipated that the focus groups will grow and will continue to be a forum to allow children to safely participate in the pursuit of excellence in service delivery at Wanslea.

For more information contact Wendy Ayres or Stephan Lund on 9245 2441.



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Session 8: Summary of Working Group Session 2 Facilitating Stakeholder Input into Planning

Group Discussion: What are reasonable expectations on service providers to facilitate stakeholder input into that planning which is the responsibility of DCP and how does this occur?

Service providers can assist children and young people in relation to Care Planning by:

- Contacting the DCP Case Manager to initiate Care Plan Meetings if not held in a timely manner and make available relevant information.
- Ensuring young people are involved in planning and decision making including being invited to Care Plan Meetings.
- Obtaining input from children and young people in ways which are creative and comfortable eg familiar and comfortable setting, on their own or using people children are confident with eg carer.
- Key workers in residential homes attend Care Plan Meetings to support the child.
- Talking to children and young people about the process and their views (such as through an informal pre Care Plan Meeting).
- Conducting confidence building exercises eg "Have your say day" for children and young people.
- Staff and carers actively listening to children.
- Perform role plays.
- Talk to child after Care Plan Meetings (or in follow up meeting) to talk about decisions made and what they mean.

Service providers can ensure information about the children and young people of carers and staff are captured in Care Planning by:

- Using stakeholders reports to Care Plan Meeting - carer's report, child's report, agency report either in writing, verbally or both.

- Advocacy role of carers for children towards placement service and the Department.
- Key workers in residential homes attend Care Plan Meetings to support the child.
- Undertake preparation with carers before the meeting eg Preparation for Care Plan document used with carers.
- Encourage staff to attend meetings and participate so that “everyone is on the same page”.

Service providers can raise awareness about the available appeals avenues for review of Care Plan decisions to children, young people, carers and staff by:

- Talking to the child after Care Plan Meetings about decisions made and what they can do if they are unhappy with Care Plan decisions.
- Conduct workshops on the Charter of Rights.
- Utilise the Advocate for Children in Care.
- Promotion of information on the Charter of Rights and review processes through distribution of brochures, posters and discussions.
- Ensuring young people receive copies of their Care Plan.
- Promote membership with Create to children.
- Improve carer and staff knowledge of the Case Review Panel and the ACiC.

Barriers to effective engagement and collaborative planning are:

- Time constraints, skill set and limited direct discussion with the child of DCP Case Managers.
- Resistance to timely initiation of Leaving Care Planning by the Districts.
- Limited opportunities for placement services to be involved with planning which can be perceived as exclusion.
- Department Case Managers not including foster carers/residential workers in the Care Plan Meeting which may be perceived as a lack of respect of the knowledge carers have about the child.
- Department Case Managers infrequent visits with the child means that they don't know the child well.
- Disagreement over what is in the best interests of the child.
- Reluctance of stakeholders to come together or reluctance of some metropolitan Districts to allow placement service contact with biological family.
- Care Plan can be out-dated so review of old Care Plan can be unproductive.
- Unclear understanding of planning responsibilities.
- Perception that some decisions by DCP are predetermined before the meeting and therefore the process feels tokenistic.
- Ineffective communication by DCP of planning details.
- Including the views of younger or non-verbal children.

- Lack of information or up to date information provided.

Working groups overall considered the key to effectively engaging stakeholders in Care Planning is the nature of the partnership relationship between the Department, the placement service, carers and the child.

Placement services will have their own planning processes that complements the Department's planning for the child. A holistic, collaborative, coordinated and progressive approach to all planning should occur from the preparation for Care Planning, through:

- The eight dimensions of wellbeing.
- Therapeutic Care Plan.
- Individual Residential Care Plan.
- Education plan.
- Health plan.
- Cultural plan.
- Safety plan.
- Exit plan.
- Leaving Care Plan.
- Quarterly report and reviews.

Care Planning participation can be improved by:

- Using language which is understood by participants ie limit jargon used in Care Plan Meetings.
- Format of meetings and location being conducive to open communication.
- Continuous planning/discussions over the annual planning cycle.
- Scheduled meetings with DCP planned in advance, involving all care team and also as needs arise.
- Shared understanding of roles and communication protocols.
- Regular review of Care Plans and using these to initiate change.

Partnership approach can be strengthened by:

- Conducting visits by the Department Case Manager and placement services jointly, covering the eight dimensions of wellbeing and quarterly care reviews.
- Continuous/ongoing Information sharing, therefore when Care Planning occurs there is no new information or surprises.
- Undertake visits or meet as the child needs/wishes.
- Placement services regularly contacting by phone or email Department workers encouraging contact with the child including around special events.
- Promote improved relationships with districts with good communication and visits.