



Therapeutic Services for children in OoHC

**A pilot Collaboration
between DCF & RANT**

Background

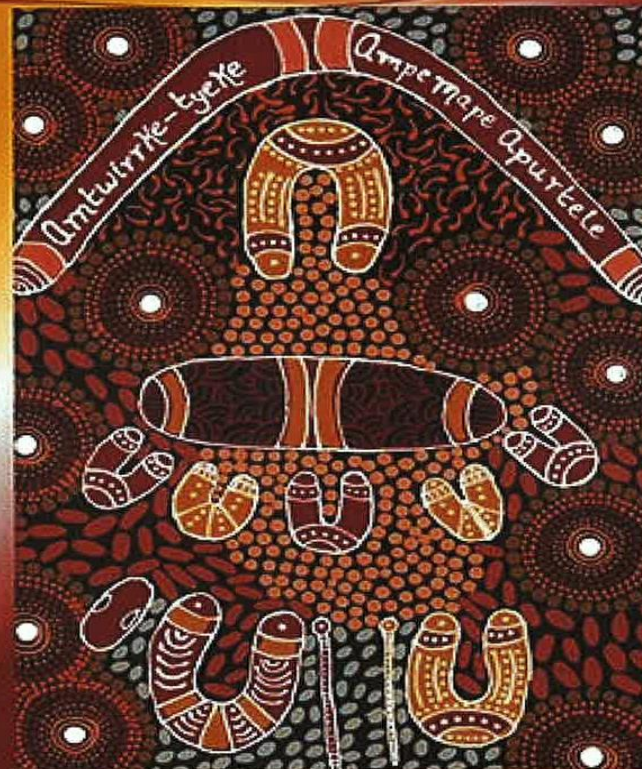
- **Context of DCF / NGO partnership group**
- **Priorities ;**
- **Working groups;**
 - 1) **The Shared practice guidelines**
 - 2) **Cross Sector orientation workshop**
 - 3) **Projects**

(subcontracting of a Therapeutic services position to RANT)

Relationships Australia.

NORTHERN TERRITORY

HOLDING CHILDREN TOGETHER



**COMMUNITIES
FOR CHILDREN**
ALICE SPRING REGION



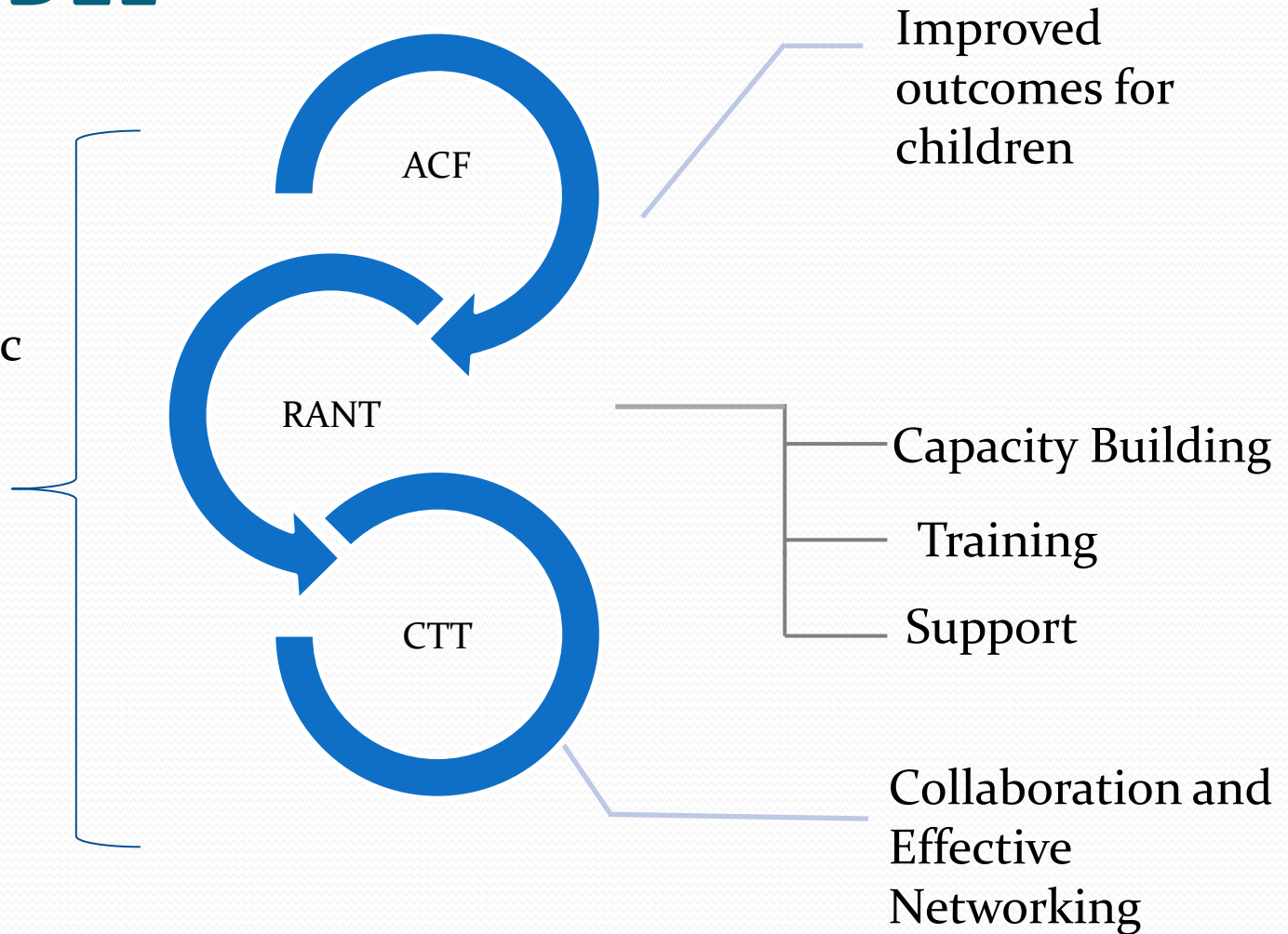
Australian
Childhood Foundation
Protecting Children

INTRODUCTION

- **Established in July 2011, funded via C4C.**
- **Initial collaboration involved 8 agencies.**
- **Integration of cultural advice & practice.**
- **Program logic & Evaluation**
- **The development of care team approach**

THE MODEL

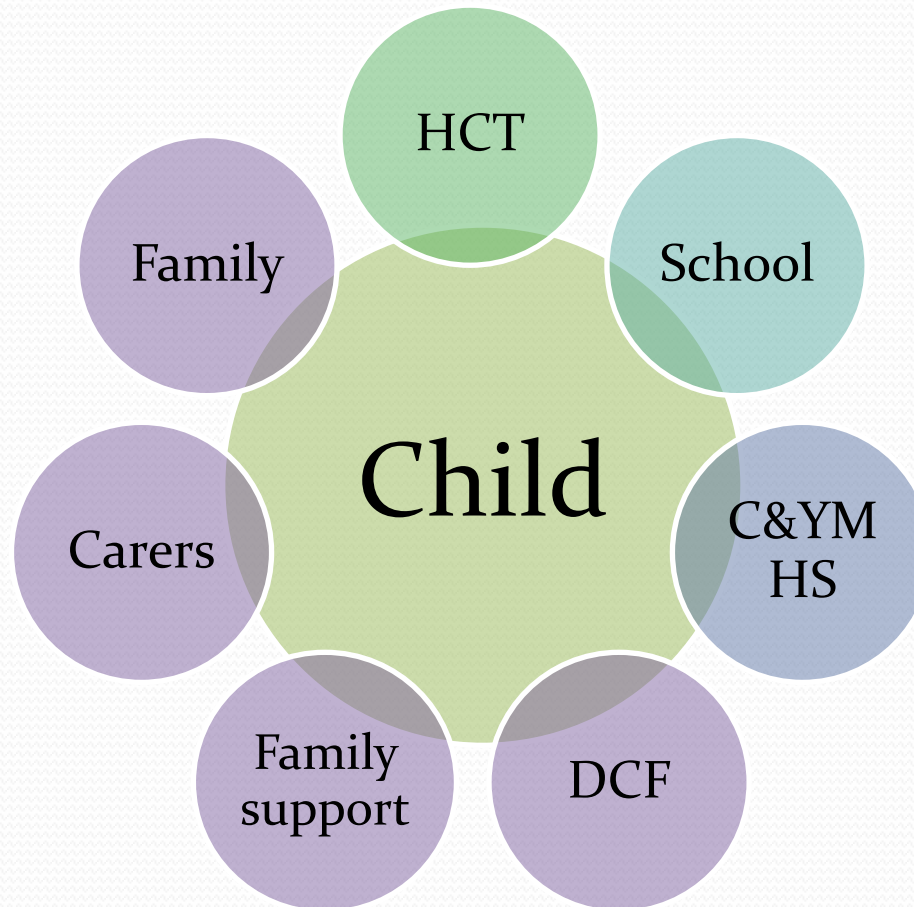
Integrating culturally specific ways of working in a therapeutic context with children and with the environmental impacts on their lives.



Key features of the agreed service plan

- 1) Referrals from DCF will be consistent with the goals and criteria of HCT
- 2) Care teams will be formed around each individual referred
- 3) Negotiations between DCF & RANT will be based on the child's care plan
- 4) Support agreed for at least 6 months – 12mths. (re negotiated after that)
- 5) RANT would take the clinical lead for the team in working together to identifying and respond to the therapeutic needs of the child.

What is a Care team?



Piloting a Care Team, what's involved?

- **Training, supervision and support in Care teams**
- **Consistent & committed team across DCF, RANT, School & Care environment**

DCF: Implementation and Practice

- All children case managed within the same team
- All DCF staff were provided with in-house briefings to ensure they understood the alignment of the project with their statutory role
- DCF staff attended project briefing with RANT
- DCF staff provided background information for each child to RANT
- DCF staff provided current care plan for each child
- DCF staff participated in the “Neurobiology of Complex Trauma ” training facilitated by ACF
- DCF participated in care-team meetings
- DCF received therapeutic assessment reports and therapeutic plans

DCF: Benefits and Challenges

- **The first six months saw slow progress**

Challenges:

- **Different frameworks of practice**
- **Building a common understanding and shared goal between stakeholders**

Benefits:

- **Children receive a consistent response from the adults around them as stakeholders better understand their needs and are more supported to engage appropriately with them**

Case Study

**2 Siblings boy 8 yoa and sister 10 yoa
In Care March 2014**

Referred July 2014

History:

Transient, Neglect, FDV, AOD

Issues:

Trauma based behaviour

- **violent outbursts in care and at school**
- **Attacking each other with weapons**
- **Threatening others with weapons at school**
- **Absconding daily from care some days 3 times**
- **Poor peer relationships**

Children's Needs

- **Developing trust in relationships**
- **Routines**
- **Boundaries**
- **Co regulation**
- **Consistency**
- **Predictability**
- **Stability**

The work

HCT & DCF Work with School, Family, Carers, to establish healing relationships to provide for the above.

What has changed?