

Intensive Therapeutic Care

Fact sheet explaining ITC service system and types

Intensive Therapeutic Care

The new Intensive Therapeutic Care (ITC) service system is replacing residential care to better support children and young people with identified high and complex needs. These children and young people are either unable to be supported in foster care, or require specialised and intensive supports to maintain stable care arrangements. The ITC system is a major initiative of the Permanency Support Program (PSP).

The ITC system is designed to be flexible enough to respond to the needs of children and young people with the most complex support needs. It is anticipated that all children and young people with high and complex needs can be supported within ITC.

ITC will address the needs of children and young people more effectively and holistically to improve their safety, permanency and wellbeing outcomes. This will be achieved by providing a consistent approach to therapeutic care and offering person-centred funding packages.

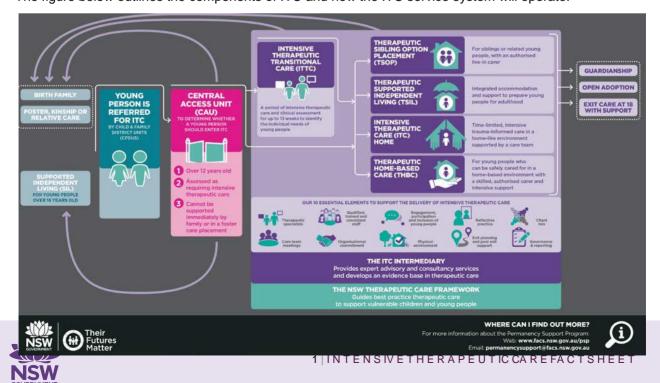
The ITC system is founded on Ten Essential Elements of Therapeutic Care. These must be incorporated into existing service delivery models to achieve consistency across the continuum of ITC services.

Central Access Unit

The new FACS Central Access Unit (CAU) is providing centralised oversight and governance of ITC. This will ensure all children and young people receive the right placements for their needs, including disability and challenging behaviours, with a clear step-down pathway to less intensive supports.

Components of ITC

The figure below outlines the components of ITC and how the ITC service system will operate:



ITC will better meet the high and complex needs of children and young people by:

- providing consistent therapeutic care and ensuring recovery from trauma
- introducing the Ten Essential Elements of therapeutic care, using the therapeutic care principles to achieve consistency in service delivery
- emphasising the need to achieve permanency and placing them in the least intensive placement types wherever possible
- centralising oversight and governance through the CAU
- establishing an intermediary organisation to:
 - o support ITC implementation
 - guide service delivery
 - o develop a knowledge bank of evidence-informed best practice
- creating a hub-and-spoke service model with nine different locations for ITC in NSW
- introducing the Intensive Therapeutic Transitional Care (ITTC) service for better assessment and planning
- introducing minimum requirements for staff qualifications, and mandatory therapeutic care training
- introducing Therapeutic Specialists and Multidisciplinary Specialist Teams
- introducing data collection and reporting practices to support planning and outcomes.

New ITC contracts will be more closely aligned with the individual needs of children and young people.

There will be increased expectations of service providers to deliver better quality care and to transition children and young people out of residential care into less intensive placements.

ITC locations

ITC services will be clustered in strategic locations to enable a strong interface with relevant mainstream and specialist services that can support the therapeutic needs of children, including:

- health services
- mental health services
- · drug and alcohol services
- education services
- · restoration services

- Juvenile Justice NSW
- NSW Police
- FACS services
- disability service providers

ITTCs will be co-located with clustered ITC services in the following nine locations:

- Gosford
- Lismore
- Newcastle
- Orange
- Queanbeyan

- Tamworth
- Wollongong
- Blacktown
- Liverpool

Clustering the ITTC and ITC services (Intensive Therapeutic Care Homes [ITC Homes], Therapeutic Supported Independent Living [TSIL], Therapeutic Sibling Option Placement [TSOP] and Therapeutic Home Based Care [THBC]) will:

- support the ITC service system model
- share practice and any lessons learnt
- build the professional capacity of providers and their expertise.

ITC service types

ITC is a temporary measure. It focuses on achieving permanency and stepping down wherever possible through the ITC service continuum.

ITC has been designed to provide 'step-down' placement options so that as a child or young person's needs become less intensive, they receive individualised therapeutic supports in a family based setting.



Children and young people transitioning from more intensive ITC service types may be supported in any of the following:

- a foster care placement
- Supported Independent Living (SIL)
- less intensive service type such as TSOP, THBC or TSIL.

The individual needs of children and young people will be addressed through their case plan goals. These goals will be reviewed regularly and aligned with the changing needs of each child or young person while they remain in services across the ITC continuum.

	Intensive Therapeutic Transitional Care (ITTC)		
Key objectives	The ITTC provides children and young people with direct care supported by a highly skilled and multi-disciplinary care team (including but not limited to psychologists, play therapists, counsellors, psychiatrists, and education specialists), led by a Therapeutic Specialist.		
	The care team will provide services to address behavioural, emotional, psychological, educational and physical needs of children and young people.		
	The team will collaboratively deliver a range of assessments and tailored interventions that reflect best practice and research in trauma, attachment, neglect and resilience to accurately determine and address a child or young person's immediate and ongoing needs.		
Client group	These are children and young people in the PSP who have been assessed by the CAU as eligible for entry.		
	They will have complex and high support needs, a CAT score of 5 or 6, be 12 years of age and over, and will benefit from a suite of assessments and evidence-based interventions within a program of intensive therapeutic support.		
	It is expected that the ITTC will accept all eligible referrals from the CAU and will work closely with the CAU to enable immediate placements.		
Other	The ITTC is a stand-alone unit which provides accommodation, care, assessment, intervention and planning for up to six children and young people for up to 13 weeks.		
	Each child or young person is allocated a caseworker to ensure that their individual needs are integrated into the day to day running of the unit.		
	The caseworker supports the child or young person through the process of entry, assessment, and the development of their case plan.		
	It is expected that the ITTC unit is staffed 24 hours per day with a minimum of two direct care staff rostered on at all times including active overnight shifts.		

Intensive Therapeutic Care Home (ITC Home)		
Key objectives	ITC Homes provide children and young people with a safe and home-like environment guided by an overarching philosophy of therapeutic care.	
	They will holistically address the needs of children and young people through an intensive, time limited program of integrated individual and group therapeutic interventions, consistent and planned daily routines.	
	The key objective is to assist the child or young person, where possible, to make a successful transition to a permanency outcome or less intensive placement type such as Foster Care, SIL, THBC, TSIL or a TSOP.	
Client group	The client group for an ITC Home placement is a maximum of four children and young people who have been assessed by the CAU as having complex and high support needs with a CAT score of 5 or 6 who are 12 years old and over, in the PSP.	



A caseworker is to be allocated to each child or young person to support the achievement of their case plan goals and ensure that their individual needs are integrated into the day to day running of the home.

Each ITC Home will have a full time House Manager who will be based in the home and spend the majority of time onsite.

Qualified, trained and consistent direct care staff will provide day to day support to children and young people based on a house routine and structure designed to meet their individual needs.

The ITC Home must be staffed during the 'day worker' hours (as defined in the Award) with a minimum of two staff when children and young people are present. This could include rostered staff, caseworkers and the House Manager.

Staff are required to provide transport, supervision and support for children and young people within business and after hours. The ITC Home staffing roster must also have an ability to flexibly adapt the staffing intensity of the overnight shift depending on the risk assessment of the ITC Home. The minimum expectation is that each home has a staff member on a sleep-over shift and another staff member available on call during the night.

It is expected that higher risk houses will be staffed by two staff members at all times, including an active night (24/7x2).

Providers will establish a Risk Management Plan to determine rostering, including at peak times in the home, and update the plan when children or young people enter or exit the home. Risk Management Plans are provided to the CAU upon request.

Therapeutic Supported Independent Living (TSIL)

TSIL is an integrated accommodation and support program that aims to prepare and support young people to make a smooth transition from OOHC to independent living, self-reliance and adulthood.

This is achieved through the provision of public or private rental accommodation, case management and support services for up to 24 months. Living arrangements can include lead tenant households, supported tenancies and supported shared housing.

Key objectives

Other

The goals of the program are to:

- prevent young people transitioning from the PSP to homelessness services
- maximise young people's capacity to live independently in the community
- improve social, economic and health outcomes for young people leaving care.

TSIL supports young people to successfully acquire independent living skills through the provision of accommodation, casework support and structured and individualised life skills programs integrated with therapeutic care and intervention offered within ITC.

TSIL provides a comprehensive and integrated response that prepares young people for independence by strategically addressing their identified needs and implementing their case plan.

Client group

The client group for TSIL entry is young people aged 16 to 17 years old at entry and assessed as CAT 5 or 6 who:

- are in the statutory PSP, or
- are exiting the PSP to live independently, or have left a PSP placement but require further support to successfully transition to independence, and
- have been assessed by the CAU as having the capacity to be placed in a supported independent living program and will have the capacity to live independently after a period of tailored support.

The maximum amount of time a young person can remain in the program is 24 months.



TSIL does not have a prescriptive delivery structure. This is to encourage innovative sector responses to the specific needs of young people.

Other

Providers of TSIL are expected to deliver therapeutic care to support the young person to achieve their case plan goal. Each young person in a TSIL placement must be allocated a caseworker to ensure that their individual goals are incorporated into their case plan and appropriate exit pathways are identified.

Therapeutic Specialists are to provide support to caseworkers, the care team, authorised carers and volunteer authorised carers to formulate and implement the therapeutic aspects of the young people's case plans, facilitate access to specialist services and transition to exit. They must ensure that the staff and volunteers have a thorough understanding of and commitment to the guiding philosophy of therapeutic care.

Therapeutic Sibling Option Placement (TSOP) The TSOP is a care option for siblings or related groups of children and young people in the PSP. In a TSOP, children and young people are cared for by permanent authorised live-in carers who provide 24-hour care seven days a week in a home provided and maintained by the service Key provider. The carer's primary role is to provide a safe, structured, nurturing and supportive objectives environment to meet the emotional and physical needs of the children and young people. This placement option is designed to support sibling groups to live together as a family unit and nurture the attachment bond between family and kin. The client group for TSOP is a minimum of three children and young people in the Permanency Client Support (OOHC) Program who are part of a sibling/relative group, at least one of whom is CAT 5 group or 6 and assessed by the CAU as requiring ITC. Children under 12 years of age can be placed in this service type if this placement option is required to keep a sibling/relative group together. Service providers will be able to develop innovative, tailored responses for children and young people to ultimately support their exit from ITC and improve their safety, permanency and wellbeing outcomes. The children and young people must receive ongoing casework, respite and access to specialist Other support services. Regular reviews and assessments of their changing needs must be undertaken. TSOP carers must be authorised carers and can be single individuals or a partnered couple, including kinship carers. Carers must be consistently available to meet the needs of the children or young people.

Therapeutic Home Based Care		
Key objectives	The key objective of THBC is to provide a step-down option from ITTC, ITC Homes, and individual placements. THBC can also be provided as an option to divert children and young people away from a more intensive service type and to offer an alternative service type to TSOP and TSIL.	
	THBC is a flexible service type. Service providers will be able to develop innovative, tailored responses to children and young people's needs to better achieve exit from ITC and improve their safety, permanency and wellbeing outcomes.	
Client group	THBC is for children and young people who are assessed as eligible for ITC by the CAU. These children and young people are CAT 5 or 6, aged over 12 years and can be safely cared for in a home based placement with the provision of therapeutic care services in ITC.	
	THBC is primarily for individual placements (1:1) but in limited circumstances may apply to related groups or kin with a CAT score of 5 or 6.	



	THBC is provided by a permanent authorised live-in carer/s who are supported by an ITC service provider to deliver a therapeutic approach to daily care.
Other	THBC can be delivered in a carer's home or in a residence provided and maintained by a service provider.
	A caseworker is allocated for each child or young person, to ensure that their individual needs are integrated into the day to day running of the house.

	Supported Independent Living (SIL)		
Key Objectives	The key objective of SIL is to prepare and support young people to successfully transition to independent living by acquiring independent living skills through the provision of accommodation, case management and structured and individualised life skills programs.		
Client Group	As a differentiator from TSIL, the client group for SIL are young people assessed as CAT 1-4 who do not require therapeutic support.		
	 SIL placements are for young people aged 16 to 17 years old at entry and who: are in the statutory Permanency Support (Out of Home Care) Program, or are exiting the Permanency Support (Out of Home Care) Program to live independently or who have left a Permanency Support (Out of Home Care) Program placement but who require further support to successfully transition to independence, and have been assessed by the CAU as having the capacity to be placed in SIL and will have the capacity to live independently after a period of tailored support. 		
	SIL is not part of the ITC system.		
Other	SIL is an integrated accommodation and support program, where public or privately rented living arrangements can include lead tenant households (2-4 persons), supported tenancies (1-2 persons) and supported shared housing (3-4 persons).		
	The maximum amount of time a young person can remain in SIL is 24 months. However, the service provider is obligated to offer a 'stay put' option to young people exiting the program who have demonstrated the capacity to maintain a tenancy.		
	The service provider is to assist young people exiting SIL with establishing their own tenancies in the private or public sector if the option of remaining in the property is not available, or if the young person wishes to move to be nearer support networks, educational services, or employment.		

Detailed information on the ITC service requirements will be uploaded on the PSP section of the FACS website once the outcome of the ITC tender has been announced.

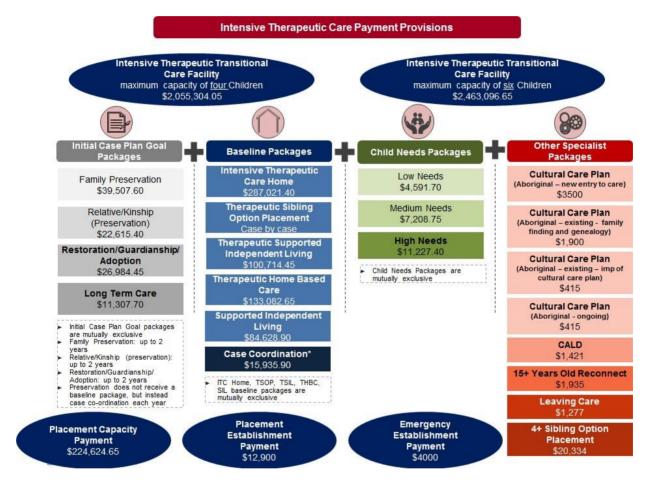


ITC payment provisions

Children and young people in ITC Homes, TSIL, TSOP, THBC and SIL will be eligible for a service payment which is determined using a build-up approach whereby the total payment will reflect the individual characteristics, placement type and needs of the individual child or young person.

The total payment will include a Case Plan Goal Package, Baseline Package and Child Needs Package as a minimum, and Other Specialist Packages where FACS has provided written approval. For example, for a child receiving the Intensive Therapeutic Care Home Baseline Package of \$287,021.40, plus the Restoration Case Plan Goal Package of \$26,984.45, plus the High Needs package of \$11,227.40, and no Other Specialist Packages, the service provider would receive \$325,233.25 per year in funding.

ITTC facilities will be funded using one of the two Baseline Packages (dependent on the capacity of the facility) to cover all non-accommodation costs. Below is an overview of the different types of payments:





More information

If you have any questions, please contact the OOHC Recontracting team at: $\underline{\text{OOHCrecontracting@facs.nsw.gov.au}}$

