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Residential Care and Transitional Services

Program Overview and Outcomes Framework

Mercy Community SEQ Limited



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Program Overview “Who with and why”

The Residential Care and Transitional Services (RCaTS) program provides a comprehensive range of graduating care and placement options for young people in the care of the Department of Child Safety, Seniors, and Disability Services (the Department).

This program encompasses a continuum of smaller programs designed to meet the different presenting needs of children and young people within the child protection system. This continuum includes General Residential, Sibling and Preadolescent, and Supported Independent Living programs.

These programs range from providing 24 hours a day support to drop-in services. Regardless of the intensity of the support, children and young people supported by Mercy Community (MC) (herein referred to as ‘people we support’) are surrounded by a team of suitably experienced and qualified MC people, who are working towards providing targeted, intentional, and therapeutic support to best meet the people we support’s needs and enable recovery and growth.

The option of residential care provides an opportunity to help the people we support to feel safe, experience a stable living environment and be supported to develop the skills and capacities required to transition into a less intensive living environment when appropriate.

People We Support

This continuum of program options primarily targets young people aged 12 to 17 years with high, complex, and extreme support needs. All young people are welcome within MC programs, in line with MC values. While most people we support are between 12 and 17 years old, it is important to acknowledge that within the Sibling and Pre-adolescent Program, children under 12 years can be supported with the required Child Safety approval. This is often due to the opportunity to support sibling groups to remain together once they have entered the child protection system, however, it could also occur to provide targeted support to young people under 12 years who have experienced significant harm and/or neglect and require the type of intervention a therapeutic residential provides. Within the Supported Independent Living Program, people we support may continue to receive support past 18 years if Child Safety has approved ongoing support in writing in a community-based setting. All these young people are under child protection orders.

The level of support required by young people in out-of-home care is categorised by the Department in the following categories:

Moderate	typical of all children and young people who are placed in care; requires support such as counselling to ameliorate the effects of the harm they have experienced.
High	children and young people express serious emotional, medical, or behavioural components that require additional professional and specialist input.
Complex	children and young people have significant needs, usually characterised by health conditions, disabilities and/or challenging behaviours that significantly affect their functioning.
Extreme	children and young people have significant and pervasive needs, usually characterised by multiple potentially life-threatening health or disability conditions and extremely challenging behaviours that impact their functioning and/or necessitate a constant level of supervision and care.

Our ‘Why’

Supporting vulnerable young people, women and families has been at the centre of the mission of the Sisters of Mercy since their foundation. This core connection is often a driving ‘why’ behind the RCaTS programs. Many vulnerable young people have experiences of not being heard, of other

people putting their needs before the child's, of being powerless to make changes in their lives, and having limited support or opportunities to grow and develop naturally. Ensuring that children and young people experience relief from these experiences of abuse, neglect and disadvantage is the key element driving the 'why' of the RCaTS team and program design.

The collective 'why' of the RCaTS team is based on empowering young people and families to make positive changes in their lives; providing space and opportunities for young people to form connections with peers, community and culture; upholding the rights of children and young people and offer support in having their voices heard; correcting social injustices and supporting children to have positive childhood experiences that allow opportunity for healing from trauma, personal growth and the experience of joy.

RCaTS staff understand the critical nature of age-appropriate development, the real opportunity to support recovery from intergenerational trauma and focus on personal achievement and its impact on sustainable wellbeing. While this stage of life offers great opportunity for growth, the need for protection and nurturing is still just as fundamental. In this, the RCaTS team find a 'why' through acknowledging the far-reaching and often negative social policy impacts on minority groups and its effects. This includes the disruption to attachment and connection with family, community, and culture.

Engaging with and navigating this space of nurturing, supporting, teaching, and protecting children and young people is challenging and often only sustainable through the work of a collective of like-minded and motivated people. It is this collective of MC people working together towards the same desired outcome, that provides an additional 'why' the RCaTS team do this vital work.

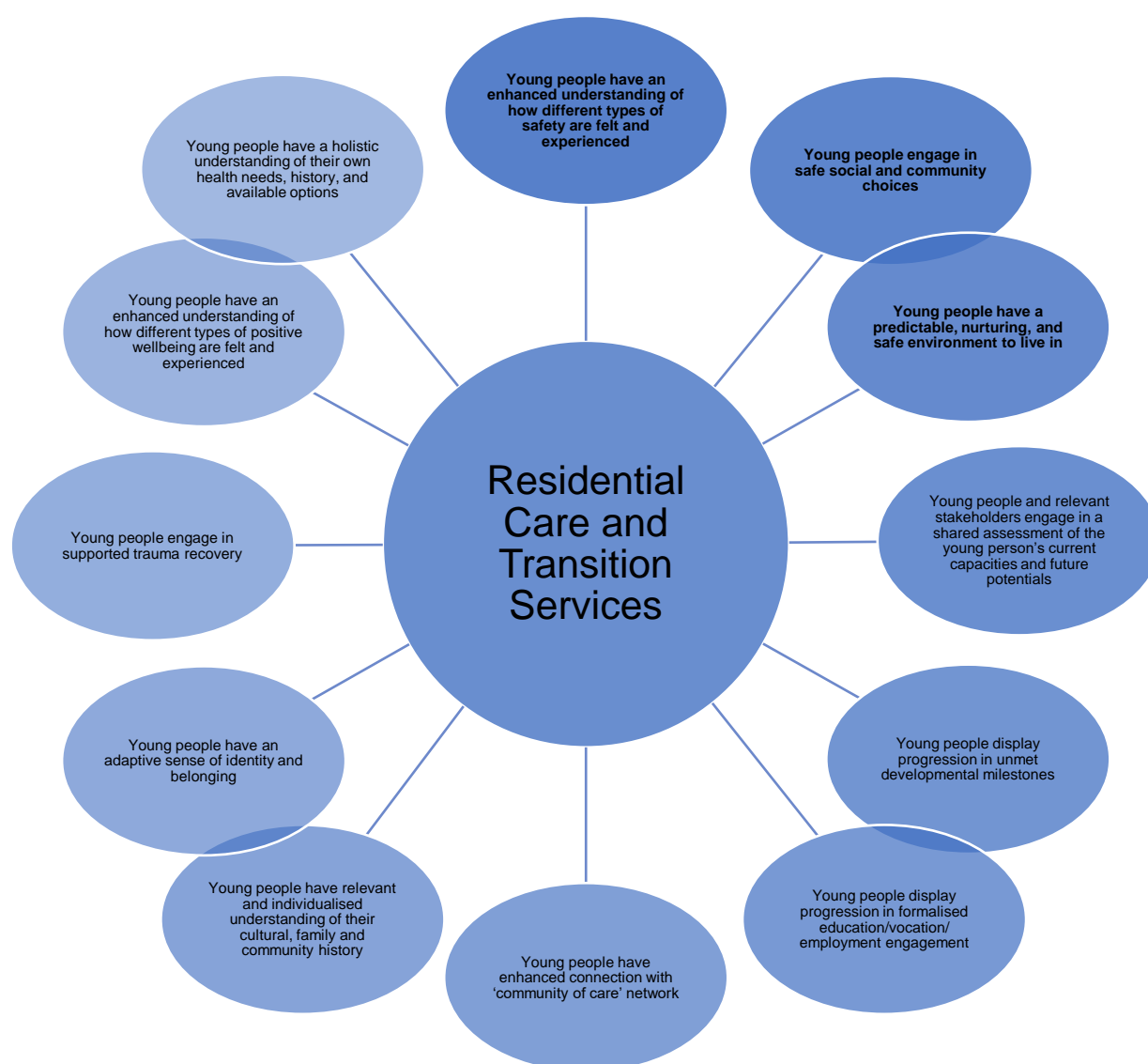
Program Specific Outcomes Framework “What happens”

MC has developed an organisational outcomes framework that is applied to all MC programs and reflects their individualised outcomes for those supported by MC.

Within Families and Young People (FYP), the MC Outcomes Framework focuses on six domains, with four (4) being focused on outcomes for people we support; these are Safety, Capacity, Connectedness and Wellbeing. The remaining two (2) domains are related to organisational outcomes, being Satisfaction and Service Led.

Each FYP program has developed individualised outcomes that speak directly to the purpose of the program and the needs of the people supported. Outcomes in this context reflect the program’s goal, *where we hope to finish*. By *starting with the end in mind*, we are better equipped to plan the individual’s or family’s pathway out of crisis and into resilience. When working with individuals or families in crisis, it is critical to understand where we are heading, so we can support their journey in an individualised and proactive way.

Outcomes Map



Outcomes Indicators

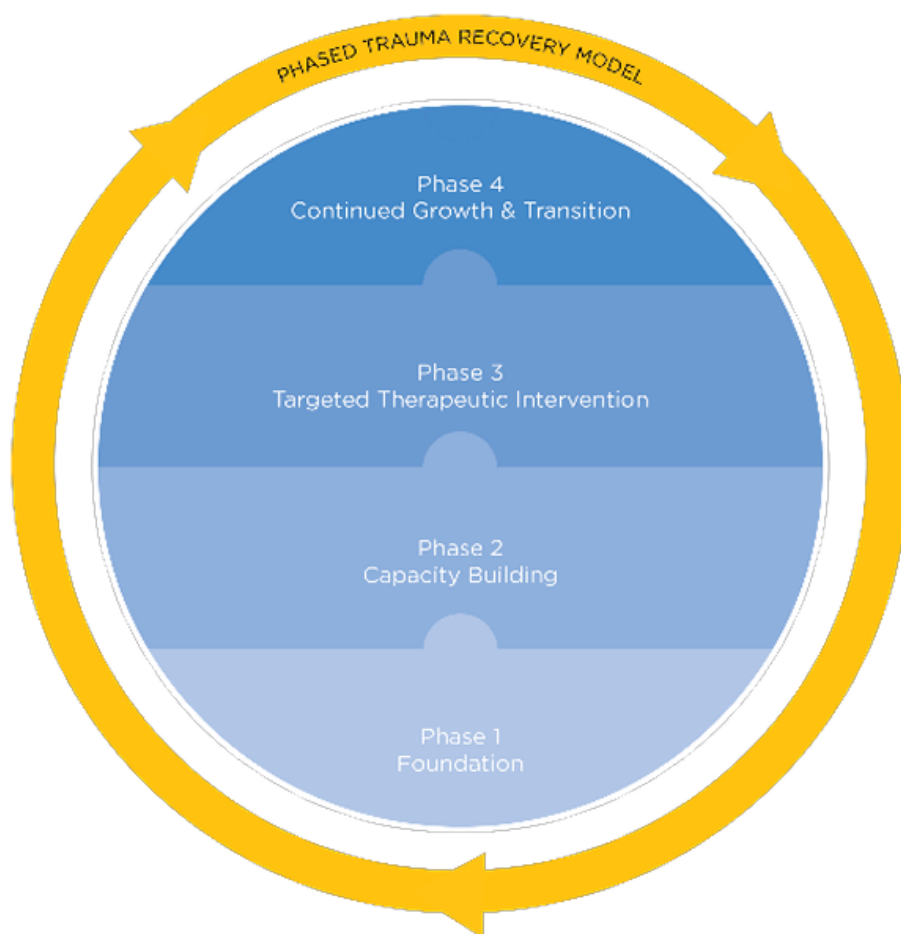
Outcome	Immediate Indicators	Intermediate Indicators	End of Program Indicators
Safety	<p>The young person has knowledge of:</p> <ul style="list-style-type: none"> • Safe choice options • How to have safe choice conversations • Their program expectations • Engaging safely within their living space • Their personal trauma triggers • A safe therapeutic relationship • Setting future-focused goals • Personal well-being and choices • Personal health and how to seek appropriate health support • What safe and age-appropriate independence is • How they would like to engage in education/vocation / employment • Personal and family history 	<p>A young person displays a growing skill of:</p> <ul style="list-style-type: none"> • Engaging in safe choices • Having safe choice conversations • Engaging in program expectations • Positive placement ownership/ engagement • Personal regulation/ reduction in hypervigilance • Engaging in therapeutic relationships • Engaging in future-focused goal planning • Making positive well-being choices • Engaging in health-related choices and actions • Engaging in safe and age-appropriate independence • Engaging in agreed education/ vocation/ employment • Engaging in Life History/Time Capsule work 	<p>Young people have an enhanced understanding of how different types of safety are felt and experienced.</p> <p>Young people engage in safe social and community choices.</p> <p>Young people have a predictable, nurturing, and safe environment to live in</p>
Capacity			<p>Young people and relevant stakeholders engage in a shared assessment of the young person's current capacities and future potential</p> <p>Young people display progression in unmet developmental milestones</p> <p>Young people display progression in formalised education/vocation/employment engagement</p>
Connectedness	<p>Stakeholders and relevant family members know of:</p> <ul style="list-style-type: none"> • How to the following support the young person to be safe from social and community harm 		<p>Young people have enhanced connection with 'community of care' network</p> <p>Young people have relevant and individualised understanding of their cultural, family and community history</p> <p>Young people have an adaptive sense of identity and belonging</p>
Wellbeing	<ul style="list-style-type: none"> • The role of the collective members • Developmental and living skill assessment outcomes • Individualised natural support networks 	<p>Stakeholders and relevant family</p>	<p>Young people engage in supported trauma recovery</p> <p>Young people have an enhanced understanding of how different types of positive wellbeing are felt and experienced</p> <p>Young people have a holistic understanding of their own</p>

		<p>members display a growing skill of:</p> <ul style="list-style-type: none"> • Protecting the young person from social and community harm • Supporting acceptable and age/developmentally appropriate risks • Working together to have a cohesive group planning • Responding to the young person's developmental and living skills needs • Supporting young person connection with natural support networks 	<p>health needs, history, and available options</p>
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Stages of Change “When it happens”

Stages of Change is how the desired change is expected to happen. It is focused on mapping out what a program or change initiative does (activities or interventions) and how these lead to desired goals being achieved. This process of understanding the Stages of Change within each individual program, supports the achievement of the Program Outcomes. Though understanding the expected Stages of Change, those working within the program can understand where the person they are supporting are ‘at’ in their progress and target their ongoing support in the best way to continue to growth and meaningful change.

These four practice domains of the MC Outcome Framework work together to create the theory of change.



All RCaTS program align with Phased Trauma Recovery Model. For information on the details of this model, please refer to the *PP RCaTS RES Phased Trauma Recovery Model*.

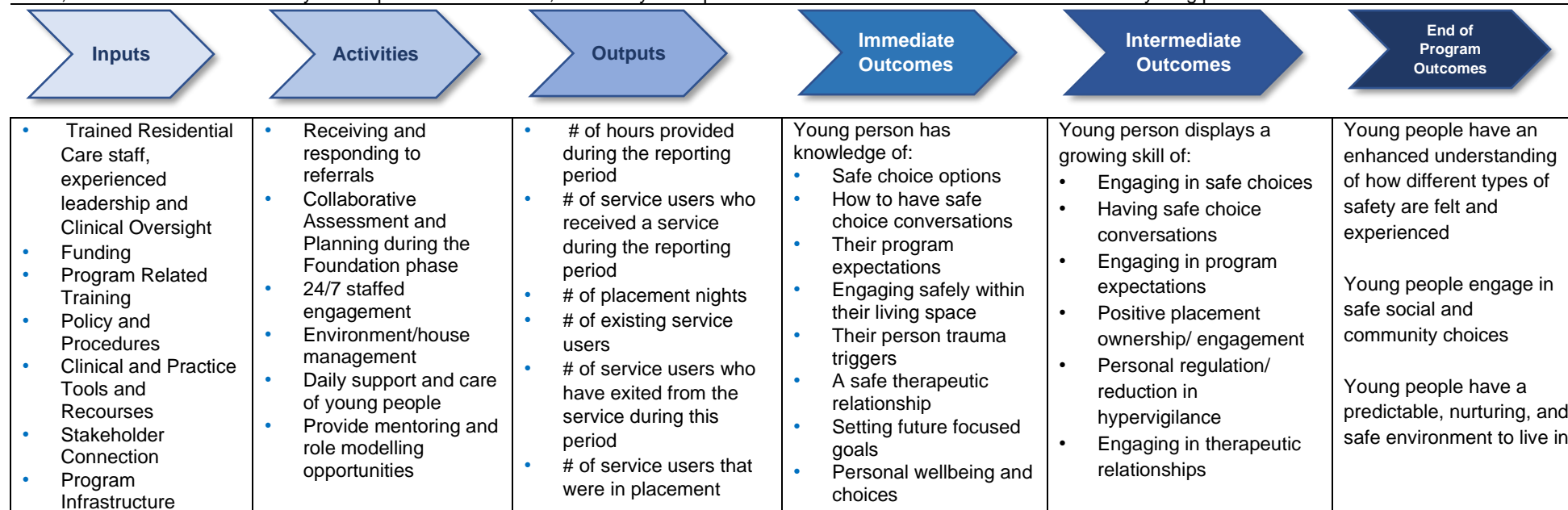
Program Logic “What we do”

A Program Logic provides a visual representation of how a program is designed to work. The Program Logic displays the resources and activities that make up the program and the changes/outcomes that are expected to occur as a result from them. Program Logics are also tools of evaluation, helping the program check its use of resources and the effectiveness of the activities in reaching the desired outcome. In this way, Program Logics can be fluid documents, that are updated and improved on as the program evolves and grows. By understanding the Program Logic, you are better able to ensure your inputs and activities are working towards to desired outcomes and have a good idea of what ‘should’ be happening along that journey.

MC General Residential Care Program Logic

Objective: The Residential Care Program provides a comprehensive range of graduating care and placement options for young people aged 12 to 17 years with high, complex, and extreme support needs in care of the Department 24 hours a day support by a team of suitably experienced and qualified Residential Care Workers. It provides workers for young people in need of intensive support in highly structured and therapeutically responsive environments. The aim of the program is to provide supportive and therapeutically responsive placements to young people to contribute to their recovery from trauma, improve their wellbeing, and promote resilience. It also aims to assist young people to develop independent living skills to help them in their preparation for leaving care.

Situation/Problem Statement: The Child Protection system requires a range of safe options to support children and young people who have been removed from their families. While family-based placements are the desirable option for most children, due to neglect and abuse some children require additional support that family-based placements cannot offer, or there is no suitable family-based placement available, or a family-base placement is not in the best interests of the child or young person.



<ul style="list-style-type: none"> Office Infrastructure IT Systems 	<ul style="list-style-type: none"> Create safe relationships with carers and peers Psychoeducation <ul style="list-style-type: none"> CTL lead session RCW support session Family Group Meeting Attendance Case Consult, SCAN and Practice Panel Attendance Advocacy and Services Connection Support or advocacy skill building to attend medical and health appointments Planning and coordination of additional supports Building and maintaining community service networks Participating in program evaluation 	<p>during the reporting period</p> <ul style="list-style-type: none"> # of referrals received during the reporting period # of service users with Placement Agreements # of service uses with Education Support Plan # of service users receiving support from Evolve Interagency Service # of service users over 15 y/o with Transition from Care Plans # of new service users # of service users identifying as Aboriginal and/or Torres Strait Islander # of service users identifying as being from Culturally and Linguistically diverse backgrounds # of service users under 10 y/o # of service users over 14 y/o # of service users 18-21 y/o # of female service users # of male service users # of service users over 15 y/o # of service users over 12 y/o 	<ul style="list-style-type: none"> Personal health and how to seek appropriate health support What safe and age-appropriate independence is How they would like to engage in education/vocation/employment Personal and family history <p>Stakeholders and relevant family members have knowledge of:</p> <ul style="list-style-type: none"> How to support the young person to be safe from social and community harm The role of the collective members Developmental and living skill assessment outcomes 	<ul style="list-style-type: none"> Engaging in future focused goal planning Making positive wellbeing choices Engaging in health-related choices and actions Engaging in safe and age-appropriate independence Engaging in agreed education/ vocation/ employment Engaging in Life History/Time Capsule work <p>Stakeholders and relevant family members display a growing skill of:</p> <ul style="list-style-type: none"> Protecting the young person from social and community harm Supporting acceptable and age/ developmentally appropriate risks Working together to have cohesive group planning Responding to the young persons developmental and living skills needs Supporting young person connection with natural support networks 	<p>Young people and relevant stakeholders engage in a shared assessment of the young person's current capacities and future potentials</p> <p>Young people are supported to recover from unmet developmental milestones</p> <p>Young people display progression in formalised education/vocation/ employment engagement</p> <p>Young people have enhanced connection with 'community of care' network</p> <p>Young people have relevant and individualised understanding of their cultural, family and community history</p> <p>Young people have an adaptive sense of identity and belonging</p> <p>Young people engage in supported trauma recovery</p>
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		<ul style="list-style-type: none"> # of cases per caseworker 			<p>Young people have an enhanced understanding of how different types of positive wellbeing are felt and experienced</p> <p>Young people have a holistic understanding of their own health needs, history, and available options</p>
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Theory of Change Statement: This program aims to enhance the wellbeing, safety, capacity and community connection of children and young people within the child protection system. We will achieve this by taking an evidenced-based approach to strengthen child and young person competencies and confidence within a nurturing and protective environment. In this program we acknowledged that all four elements of the MC Outcomes Framework (Safety, Capacity, Wellbeing and Connectedness) are critical for enacting change and growth. Using these domains, this program applies a Theory of Change that focus on increasing personal resilience, trauma recovery, social and family connection and educational/vocational success.

Assumptions:

- Young people are willing to engage with MC workers
- Young people engage with the whole program
- Referrals to the program are appropriate and able to be supported by the program
- Community partners and services are available
- Community partners can accept out-bound referrals for potential ongoing support
- Environments are safe for all young people and staff to engage
- Ongoing program funding from funding body
- Transition planning is actively underway
- Recruitment and retention of specialty staff
- Stakeholders and family are collaborative in the approach and design of the program

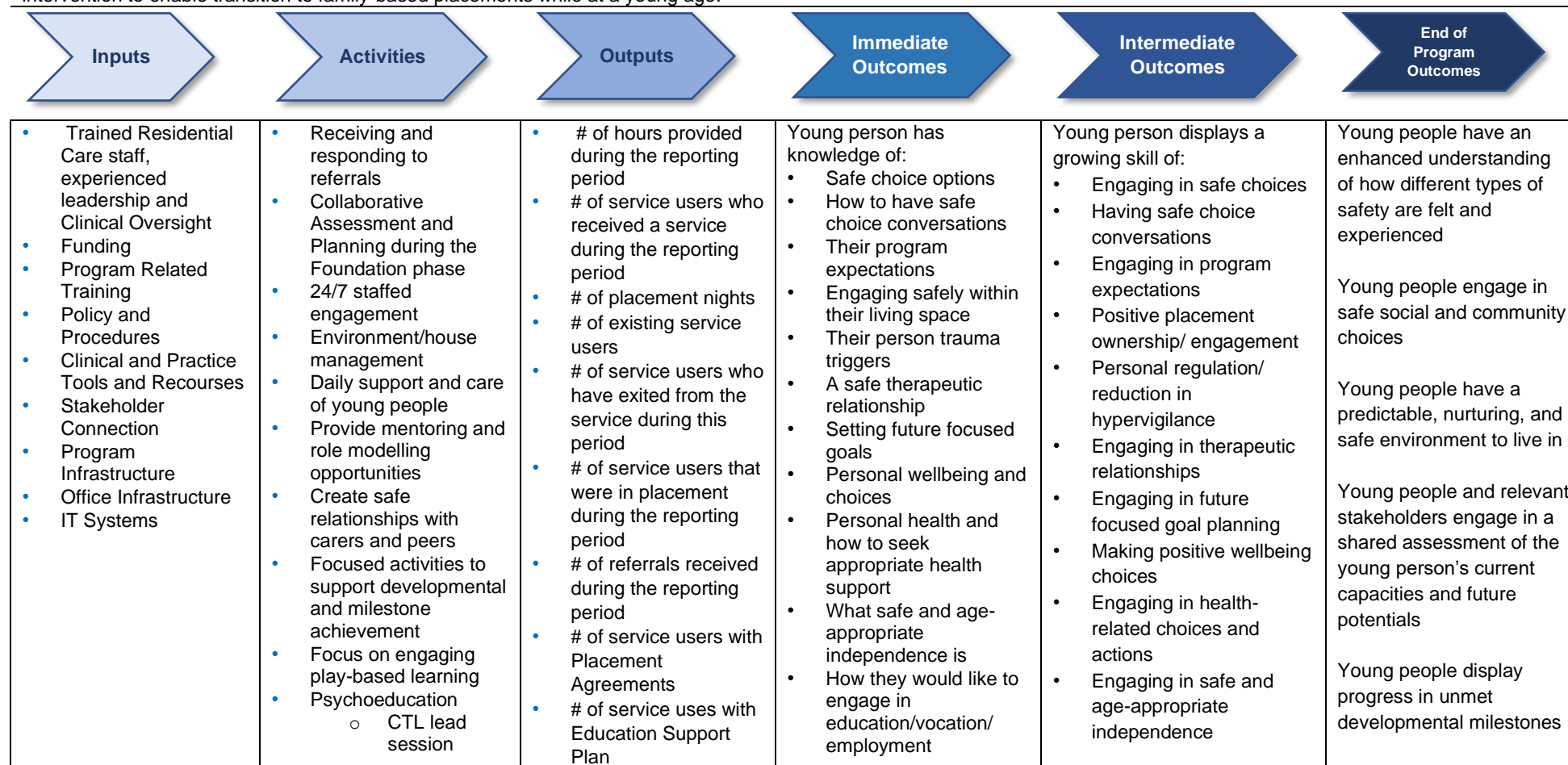
External Factors:

- Other local community connections and services are willing and able to engage the young people
- Other factors impact Child Safety assessment resulting in the young person not completing the program
- Unexpected Covid-19 and natural disasters impacts on providing community visiting services
- Significant pressure that the whole community system is under
- Location impacts workforce availability.

MC Pre-Adolescent and Sibling Group Program Logic

Objective: The Pre-Adolescent and Sibling Group (PASG) Program provides placement services for children, or sibling groups, under the age of 12 years with complex or extreme needs, who are in the care of the Department of Children, Youth Justice and Multicultural Affairs (DCYJMA). The program provides intensive therapeutic care to children and young people where no suitable family-based placement can be sourced; where their needs are so complex, they are unable to be met in a family-based placement or a family-based placement is assessed as not suitable; or to provide a placement option that keeps a sibling group together.

Situation/Problem Statement: A growing unintended trend is occurring, with children under 12 years, requiring the support and intervention provided by residential care. This trend presents with unique challenges such as meeting the different developmental needs of younger children, supporting the unique dynamics of sibling group cohorts and targeted intervention to enable transition to family-based placements while at a young age.



	<ul style="list-style-type: none"> ○ RCW support session • Family Group Meeting Attendance • Case Consult, SCAN and Practice Panel Attendance • Advocacy and Services Connection • Support or advocacy skill building to attend medical and health appointments • Planning and coordination of additional supports • Building and maintaining community service networks • Participating in program evaluation 	<ul style="list-style-type: none"> • # of service users receiving support from Evolve Interagency Service • # of service users over 15 y/o with Transition from Care Plans • # of new service users • # of service users identifying as Aboriginal and/or Torres Strait Islander • # of service users identifying as being from Culturally and Linguistically diverse backgrounds • # of service users under 10 y/o • # of service users over 14 y/o • # of service users 18-21 y/o • # of female service users • # of male service users • # of service users over 15 y/o • # of service users over 12 y/o • # of cases per caseworker 	<ul style="list-style-type: none"> • Personal and family history <p>Stakeholders and relevant family members have knowledge of:</p> <ul style="list-style-type: none"> • How to support the young person to be safe from social and community harm • The role of the collective members • Developmental and living skill assessment outcomes 	<ul style="list-style-type: none"> • Engaging in agreed education/ vocation/ employment • Engaging in Life History/Time Capsule work <p>Stakeholders and relevant family members display a growing skill of:</p> <ul style="list-style-type: none"> • Protecting the young person from social and community harm • Supporting acceptable and age/ developmentally appropriate risks • Working together to have cohesive group planning • Responding to the young persons developmental and living skills needs • Supporting young person connection with natural support networks 	<p>Young people display progression in formalised education/vocation/ employment engagement</p> <p>Young people have enhanced connection with 'community of care' network</p> <p>Young people have relevant and individualised understanding of their cultural, family and community history</p> <p>Young people have an adaptive sense of identity and belonging</p> <p>Young people engage in supported trauma recovery</p> <p>Young people have an enhanced understanding of how different types of positive wellbeing are felt and experienced</p> <p>Young people have a holistic understanding of their own health needs, history, and available options</p>
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Theory of Change Statement: This program aims to enhance the wellbeing, safety, capacity and community connection of children under the age of 12 within the child protection system. We will achieve this by taking an evidenced-based approach to strengthen child and young person competencies and confidence within a nurturing and protective environment. In this program we acknowledged that all four elements of the MC Outcomes Framework (Safety, Capacity, Wellbeing and Connectedness) are critical for enacting change and growth. Using these domains, this program applies a Theory of Change that focus on increasing personal resilience, trauma recovery, social and family connection and educational/vocational success.

Assumptions:

- Young people are willing to engage with MC workers
- Young people engage with the whole program
- Referrals to the program are appropriate and able to be supported by the program
- Community partners and services are available
- Community partners can accept out-bound referrals for potential ongoing support
- Environments are safe for all young people and staff to engage
- Ongoing program funding from funding body
- Transition planning is actively underway
- Recruitment and retention of specialty staff
- Stakeholders and family are collaborative in the approach and design of the program

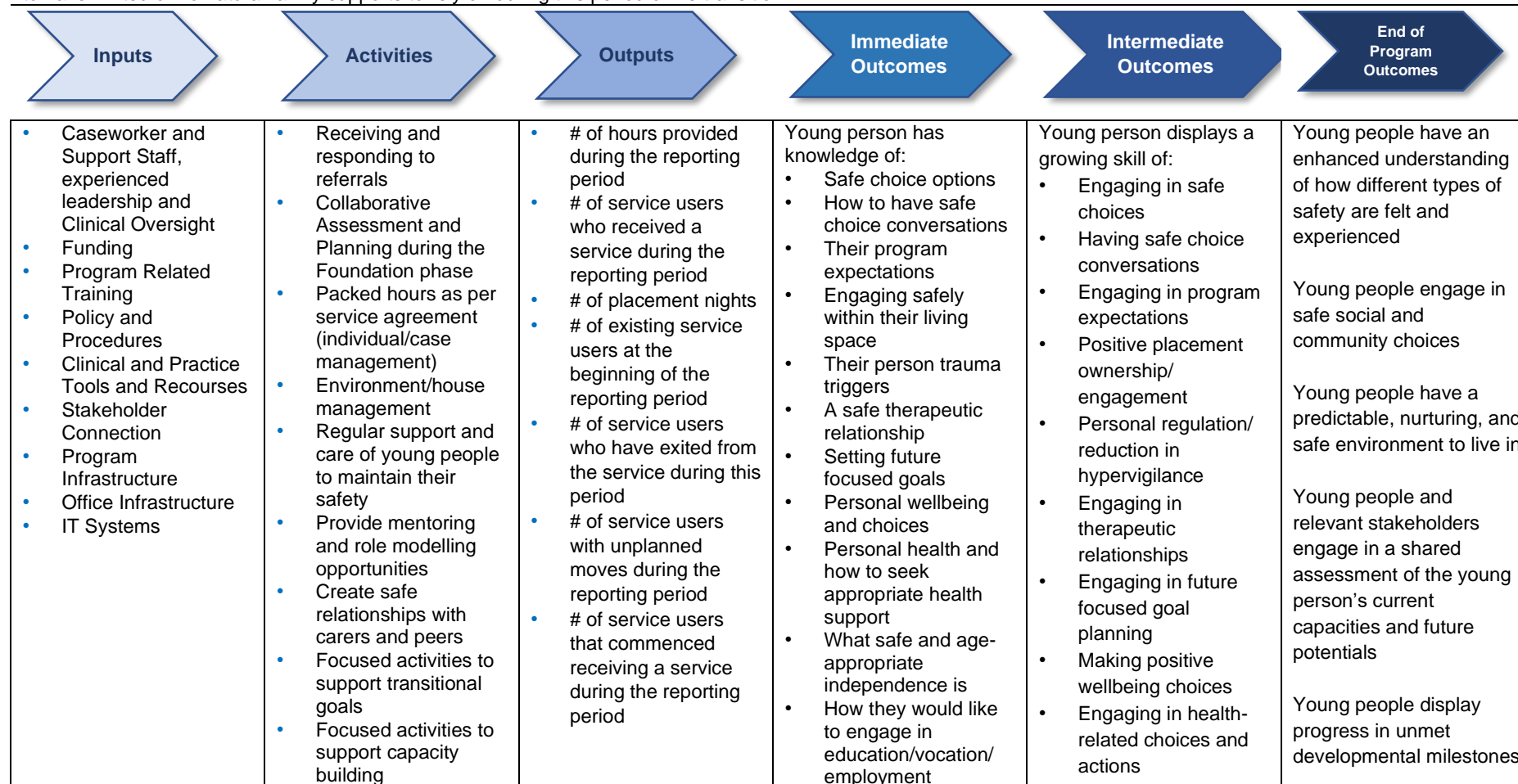
External Factors:

- Other local community connections and services are willing and able to engage the young people
- Other factors impact Child Safety assessment resulting in the young person not completing the program
- Unexpected Covid-19 and natural disasters impacts on providing community visiting services
- Significant pressure that the whole community system is under
- The occurring trend is operating outside the current system approach to minimising children and young people in out-of-home care settings
- Location impacts workforce availability.

MC Supported Independent Living Program Logic

Objective: The Supported Independent Living Program (SILP) is designed to support young people aged 15 to 18 years, subject to statutory intervention, to make a successful transition to adulthood. The program is also able to provide ongoing support to young people up to 21 years when this is identified as appropriate. The program offers two (2) options: 1) SILP transitional accommodation and support; and 2) Outreach support for those who require support but are not utilising SILP accommodation.

Situation/Problem Statement: There is significant evidence to show that young people who are in, or transitioning from, out-of-home care are overrepresented in the statistics on homelessness, early school leaving, contact with the criminal justice system, unemployment, poverty, and mental illness. It is evident that young people in transition from care programs have a range of needs to be addressed to manage the gap from being in care to becoming independent. Young people in this group also tend to have limited or no natural family supports to rely on during this period of life transition.



	<ul style="list-style-type: none"> • Psychoeducation • Family Group Meeting Attendance • Case Consult, SCAN Attendance • Advocacy and Services Connection • Support or advocacy skill building to attend medical, health, Centrelink, housing appointments • Planning and coordination of additional supports • Building and maintaining community service networks • Participating in program evaluation 	<ul style="list-style-type: none"> • # of referrals received during the reporting period • # of service users with Placement Agreements • # of service users with Education Support Plans • # of service users with Cultural Support Plans • # of service users receiving support from Evolve Interagency Service • # of service users over 15 y/o with Transition from Care Plans • # of new service users • # of service users identifying as Aboriginal and/or Torres Strait Islander • # of service users identifying as being from Culturally and Linguistically diverse backgrounds • # of service users 18-21 y/o • # of female service users • # of male service users • # of service users over 15 y/o 	<ul style="list-style-type: none"> • Personal and family history <p>Stakeholders and relevant family members have knowledge of:</p> <ul style="list-style-type: none"> • How to support the young person to be safe from social and community harm • The role of the collective members • Developmental and living skill assessment outcomes 	<ul style="list-style-type: none"> • Engaging in safe and age-appropriate independence • Engaging in agreed education/ vocation/ employment • Engaging in Life History/Time Capsule work <p>Stakeholders and relevant family members display a growing skill of:</p> <ul style="list-style-type: none"> • Protecting the young person from social and community harm • Working together to have cohesive group planning • Responding to the young persons developmental and living skills needs • Supporting young person connection with natural support networks 	<p>Young people display progression in formalised education/vocation/ employment engagement Young people have enhanced connection with 'community of care' network</p> <p>Young people have relevant and individualised understanding of their cultural, family and community history</p> <p>Young people have an adaptive sense of identity and belonging</p> <p>Young people engage in supported trauma recovery</p> <p>Young people have an enhanced understanding of how different types of positive wellbeing are felt and experienced</p> <p>Young people have a holistic understanding of their own health needs, history, and available options</p>
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		<ul style="list-style-type: none"> • # of full time equivalent (FTE) direct care workers • # of Aboriginal and/or Torres Strait Islander full time equivalent (FTE) direct care workers • Significant achievements or factors that have impacted on the quality of service delivery during the reporting period • Average Cost per place per annum 			
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Theory of Change Statement: This program aims to enhance the wellbeing, safety, capacity and community connection of young people preparing to transition out of the child protection system. We will achieve this by taking an evidenced-based approach to strengthen young person competencies and confidence to successfully transition to adulthood. In this program we acknowledged that all four elements of the MC Outcomes Framework (Safety, Capacity, Wellbeing and Connectedness) are critical for enacting change and growth. Using these domains, this program applies a Theory of Change that focus on increasing personal resilience, future preparation, social and family connection and educational/vocational success.

Assumptions:

- Young people are willing to engage with MC workers
- Young people engage with the whole program
- Referrals to the program are appropriate and able to be supported by the program
- Community partners and services are available
- Community partners can accept out-bound referrals for potential ongoing support
- Environments are safe for all young people and staff to engage
- Ongoing program funding from funding body
- Transition planning is actively underway
- Recruitment and retention of specialty staff
- Stakeholders and family are collaborative in the approach and design of the program

External Factors:

- Other local community connections and services are willing and able to engage the young people
- Other factors impact Child Safety assessment resulting in the young person not completing the program
- Unexpected Covid-19 and natural disasters impacts on providing community visiting services
- Significant pressure that the whole community system is under
- The occurring trend is operating outside the current system approach to minimising children and young people in out-of-home care settings
- Location impacts workforce availability.

Learning Pathways and Practice Papers

Professional development and continuous improvement are critical components of the MC culture. Due to the unique design and function of each program, it is important for new staff to understand which information they should focus on as key during their induction and first six (6) months. The following table is a program specific outline of recommended Practice Papers to review in a timeline of the first six (6) months of working within the program.

Timeframe	Practice Papers
During the first month	PP Risk Assessment PP Responding to Disclosures PP Working in a Child Protection Context (101) PP Therapeutic Planning for Trauma Recovery and Resilience Building
Month Two	PP Trauma Informed Practice PP Attachment Theory PP Therapeutic Goal Based Incentive PP Ethics of Consent PP Culminative Harm
Month Three	PP Producing Quality Documentation PP Mental Health and Mental Illness PP Therapeutic Consequences
Month Four	PP Therapeutic Alliance PP Attuned Engagement PP Learning and Teaching Regulation
Month Five	PP Supporting CALD People PP Working with Neurodivergent People
Month Six	PP Supporting People with Intellectual Impairment PP Cyber Safety for Out-of-home Care Psychoeducation PP Repeat Allegation Pattern Behaviour Intervention
Ongoing Development	