



**MacKillop
Family
Services**

Outcomes 100:

Residential Care Case
Reviews Summary Report

Contents

Contents.....	1
Executive Summary.....	2
Background and Purpose.....	2
Key Findings.....	3
Recommendations.....	6
Outcomes 100 panel process.....	7
Demographic data.....	10
Care history and case management.....	13
Trauma history.....	17
Information-sharing and access to reports and early history.....	19
Presenting risks.....	20
Incident Reporting Analysis.....	24
Education.....	25
Views of children and young people.....	27
Young people’s worries and wishes.....	30
Practice learnings.....	31
Panel reflections and feedback.....	33
Glossary.....	35
Attachment 1: Reports presented to the panel.....	38
Attachment 2: Outcomes 100 Case Practice Review Report.....	39
Attachment 3: Outcomes 100 Residential House Report.....	50

Executive Summary

Background and Purpose

This report details the findings of MacKillop Family Services' *Outcomes 100* process of deep dive case reviews of young people in residential care. The voice and wishes of 100 young people in residential care have been carefully listened to by practitioners and senior agency representatives who have actively participated in the reviews. This proactive attention to each young person and the critical thinking that probes the question 'what can we do better?' is part of our commitment to the Child Safe Standards and Child Rights-based practice. Focussing on the culture within each of our homes, Outcomes 100 is only one initiative in a range of concurrent, continuous quality improvement initiatives within MacKillop's residential care program.

This initiative has been systematically underway since June 2018. To date the Outcomes 100 panels have undertaken deep dive reviews into 145 young people across MacKillop residential care in Victoria and NSW. This report presents learnings and data on the first 100 young people reviewed in Victoria. The collation of the data has provided more intelligence on:

1. the nature of the children and young people in our care and their families;
2. the systemic barriers to good outcomes; and
3. 'what works'; and 'what needs to change' to improve the safety, stability and development of the young person.

This report focuses on the first domain - the detailed understanding of the children and young people - and the key learnings from the Outcomes 100 process. The rigorous gathering of their histories, and synthesis of all of the available information, has enabled us to gather an accurate and detailed data set. The findings are confronting and establish beyond doubt that young people in residential care have more complex needs than what has been previously understood.

The data presented in this report highlights the traumatic and significant abuse history of all children and young people who reside in residential care. The report documents the complexity and depth of their traumatic histories - the loss of loved ones, their experience of horrific family violence; neglect; and physical, sexual and emotional abuse, followed by disrupted attachments, multiple placement breakdowns, mental illness and disrupted education. Their experience of sexual exploitation whilst in care reflects their extreme vulnerability and the challenges faced by carers and agencies to keep them safe.

65% of the young people reviewed are aged 15-17 years, and 25% are aged 12-14 years, with nine children under the age of 11 years (the youngest child is 8 years old). Of the nine children aged 11 years and under, seven are boys and all have had more than 10 placements, prior to their current placement. Some in the youngest group had experienced over 30 placements in other agencies, with multiple kinship and foster care relinquishments. 16% of the young people are identified as Aboriginal and/or Torres Strait Islander.

A key, overarching finding is that there is no difference in the challenging behaviours and complex needs of young people in therapeutic residential care and non-therapeutic residential care. All children present with complex issues and require a therapeutic response.

Further papers will be provided at a later date that focus on the systemic barriers and the increasing knowledge and experience of 'what works' and 'what needs to change'.

Key Findings

The concerns of children and young people

- Overwhelmingly **young people stated their priority concern was for their families**, particularly for their mothers (including her whereabouts and lack of safety with her current partner, drug use, mental health and financial situation) and for the safety of siblings. Despite their suffering in the past, many children and young people wanted to return home. The second most prevalent theme was anxiety about leaving care and where they would live, and how they would survive financially.

Significant histories of trauma and abuse

- Almost all young people (**87%**) **are known to have suffered significant family violence** in their childhood. Some of this was not previously known, and the identification of family violence at several Outcomes 100 panels resulted in a different approach to support the mother who had been victimised, and the healing with her child in care. Even if the child could not be returned to their mother's care, increasing contact and enabling the discussion of past trauma helped the young person enormously.
- All 100 children and young people have experienced multiple forms of abuse, and **88% had experienced multiple episodes of physical abuse within their family of origin, with similar rates of neglect and emotional abuse.**
- Almost half (**48%**) **have documented experiences of some form of sexual abuse (usually intrafamilial) prior to entering care.** This is unsurprisingly much higher than community prevalence rates, however given most children and young people do not disclose in childhood, the actual rate for young people in residential care is likely to be higher.

Presenting risks and complexities of young people

- **Most children and young people (80%) have diagnosed and significant mental health issues.** Drug and alcohol use and self-harm are very challenging issues for young people in residential care and place these young people at very high risk. Of those reviewed, **60% have experienced problems with drug and alcohol misuse at some time.**
- **55% are known to have self-harmed.** Many of these young people have self-harmed and attempted suicide on multiple occasions and this remains an ongoing concern. External mental health agency responses are often fragmented, ineffective and not trauma informed, and too often fail to provide therapeutic engagement with the underlying family dynamics, sexual exploitation or dating violence that most often triggers and precipitates the self-harm.
- **37% of young people have a diagnosed disability or learning disorder.** This figure is much higher than the 15% that cited in the Australian Institute of Health and Welfare (AIHW) data in 2017. Some young people have more than one diagnosed disability. 27% of young people reviewed have a formally diagnosed Intellectual Disability and 13% had a diagnosis of Autism Spectrum Disorder, which includes young people diagnosed with Asperger's Syndrome.
- Due to their experiences and vulnerabilities, young people in residential care are at high risk of being targeted for sexual exploitation. **43% have experienced sexual exploitation at the time of or prior to the onset of their current placement.** Follow up with case managers post-panels indicated that **this figure reduced to 22%.** This is the result of a strong collaborative approach responding to sexual exploitation, and an increased focus on prevention within MacKillop. Of note, online grooming has increased during Covid-19 and presents a further risk for young people in residential care.

- **Almost a third (32%) of young people in residential care have exhibited harmful sexual behaviours.** Of note, 18 were male and 14 were female, contrasting with gendered assumptions that this is overwhelmingly associated with boys.
- Our young people in residential care have also been subject to **violent partner relationships, 19% young people were known to have experienced this.** Some young people have been perpetrators of violence in their relationships, and/or have bullied other young people in care, at times violently.
- **Educational engagement and attendance are significant issues for young people in residential care.** Over a third (34%) of young people were not attending a school or education/vocation program. While 88% of young people were enrolled in school or educational program, 22% did not attend, and 31% attended part-time. The dominant reasons for young people not attending education full-time is the young person's refusal, dis-regulation, and the school's refusal due to the young person's behaviour (see page 28).

Stability, safety and the pathway to residential care

- Most young people in residential care have experienced **multiple placement changes and breakdowns in all placement types in other agencies**, prior to their current residential placement with MacKillop. 42% had experienced 10 or more placements, and 18% had lived in over 20 placements - two young people had experienced 55 placements. Whilst these young people had spent long periods in care (62% had been in care for over 2 years and 32% had been in care for over 6 years), most had been in their current placement for a relatively short period of time.
- Young people's histories reveal **a series of missed opportunities for the system** to either support families earlier with the intensity and therapeutic skill that was required, but was not available at the time, or to make permanency decisions earlier in life before the extensive cumulative harm had occurred. The multiple placements that were driven by crises, poorly planned and supported reunifications, were then often followed by inappropriate kinship care and temporary foster care placements. The children and young people were frequently displaying such challenging, violent and disruptive behaviours that they 'bounced' through a series of placements with various agencies.
- The mental health system often refers to the presentations of young people as 'behavioural' and are not willing to respond to the needs of Child Protection and the agencies for a timely, skilled and accessible intervention.
- **Instability is the norm in residential care.** 55% of young people reviewed have resided in their current placement for under 6 months and 82 young people have resided in their current residential placement for under 12 months. This means that young people are often residing with other young people who have also only been in the home for a short period. This impacts the capacity of young people to form significant relationships and to feel safe. Settled homes where young people are attending school and achieving can be quickly disrupted when a new young person is placed into the home who may have extreme trauma-based behaviours, for example drug addiction, sexual exploitation and violent outbursts. Given most young people have experienced family violence, the disruption can be triggering for the other young people in the home, and exhausting for staff who have made often heroic efforts to manage the competing needs of the young people.

- The matching of children and young people to placements and to each other is a complex issue given that most young people in residential care experience or display significant risks. The high demand and pressure on DHHS Placement Co-ordination Units results in difficult negotiations with funded agencies where the competing needs of young people are frequently at odds. Young people need long term homes until they are ready and confident to live independently. They need stable placements with consistent carers and intense, timely and accessible psychiatric or clinical support. **A staffing structure/model must support individual responses to the needs of young people and have the capacity to keep young people safe, whilst staff are safe themselves.** A foundation of stability and safety is critical for young people to be able to engage in such things as education, pro-social activities and positive friendships - all which are foundation for a hopeful life and future.

A comprehensive care response

- We know that what works to support and stabilise young people is to have routine, predictability, consistency and structure. **A strong, collaborative care team, assertive outreach and strong partnerships** with senior police and Child Protection are important to keep young people safe and have achieved improved outcomes with many of the young people.
- The residential care system needs **clear leadership within each home and skilled, well-supervised carers.** Young people need carers who are able to have brave conversations with them about behaviours and risks and can firmly hold boundaries while warmly responding to their needs. Young people have achieved better outcomes where they have strong relationships with carers. The Outcomes 100 panellists frequently commented on the impact of the carers' warmth and the quality of their relationships, for example one child protection manager commented on a boy who has acted out with sexually harmful behaviours: "[The carers are] setting boundaries appropriately with no internet in his room, only supervised in lounge room. [They are] enabling him to feel connected and feel safe enough to open up about his abuse. [The] commitment of the team...how quick the young person has been to disclose information and [the] bravery of having difficult conversations [has been the result of] fantastic leadership and teamwork." (see Panel Feedback and Reflections section on page 33 for additional comments).
- **Access to timely therapeutic support** for young people is required to effectively support them to heal from their trauma. Many young people required more timely access to psychiatric assessments and medication reviews. Similarly, clinically informed supervision, reflective practice and support for carers is critical. This is needed to support their challenging role responding to young people's trauma-based behaviours and can be achieved by embedding therapeutic clinicians within the residential home. Clinically facilitated fortnightly group supervisions, known as Reflective Space, now occurs in every MacKillop home and results in more skilled engagement with young people.
- **Skilled family outreach and therapeutic work is needed to address the traumatic histories** of these young people and to reconnect them with the non-offending family members that they ache for - particularly their mothers and siblings. Too often there is a fragmented and ineffective engagement between professionals, and a lack of expertise to have the assertive conversations that promote connection. MacKillop has directly addressed this by increasing the therapeutic support to enable increased family-centred practice, however there is no adequate funding to sustain this.

The Outcomes 100 process has highlighted a range of learnings to inform improved practice (see Practice Learnings section on page 31). The importance of developing a comprehensive understanding of the history and experience of each child and young person has been reinforced. Too often critical information such as assessments or reports were not considered in the development of strategies and plans.

Collaboration and information sharing is the foundation of good practice and the active and the coordinated participation of agencies, including senior representatives, to address barriers and better support young people was a key to achieving better outcomes.

Embedding critical review in practice was an important way of overcoming examples of the systemic desensitisation to the seriousness of the risks that was evident in some reviews.

The strengths-based approach adopted in the panels further put into practice a clear child-focussed agenda and supported a stronger focus on family-centred practice and therapeutic repair work in the residential carer setting.

Recommendations

1. **All residential homes should be funded as therapeutic** with the capacity for staff to have individual time with young people to keep them safe and where both young people and staff have access to therapeutic response and support.
2. **More case management transfer should occur to agencies** to allow a more nimble and integrated response. This will enable a more coordinated focus on family engagement concurrently with risk mitigation strategies.
3. **Family work is fundamental to address the mental health and anguish of young people** and to support their connections and relationships with family. This will provide them with hope for the future.
4. **A greater range of residential care options are required, specifically two-bed homes** that are adequately funded. The four-bed model can contribute to the disruption and inadequate matching that occurs when there are highly disturbed young people requiring care.
5. **Some young people will spend their youth in residential care given their complex presentations and/or disabilities.** They need a planned permanency approach and a stable ongoing home with ongoing funding that is not reliant on a contingency home being established as a reaction to a crisis, after cumulative harm has occurred. This includes extending the purposeful care response beyond 18 to better support young people with the transition to independent living.
6. **Missing from placement requires more urgent, systemic intervention** and collaborative, planned work with police and DHHS.
7. **Greater advocacy with schools and a stronger governance approach on the rights of children in care to an education** is required.

Outcomes 100 panel process

Methodology

The Outcomes 100 project commenced in July 2018 and is ongoing within MacKillop. To date the Outcomes 100 panels have undertaken deep dive reviews into 145 young people across MacKillop residential care in Victoria and NSW. This report presents learnings and data on the first 100 young people reviewed in Victoria.

The process for Outcomes 100 case reviews involves collaboratively engaging the key professionals and carers in a young person's life to:

- develop a joint understanding of the key issues, achievements, views and wishes of the young person and their family;
- promote information sharing; and
- develop an action plan with agreed tasks and responsibilities to address any identified issues or systemic blockages.

Each Outcomes 100 review panel is chaired by MacKillop Family Services (MacKillop) CEO, Dr Robyn Miller and core panel members include senior MacKillop and Child Protection (CP) staff, carers, mental health, youth justice staff and educationalists. The presence of senior leaders ensures a congruent approach to practice, and the follow up with key staff and stakeholders beyond the meeting. MacKillop's General Manager Aboriginal and Torres Strait Islander Service Development, Esmai Manahan is invited to attend panels for Aboriginal children and young people alongside the local Aboriginal Community Controlled Organisation (ACCO). The General Manager Client Outcomes, Edith Loch presents Viewpoint Survey results, Critical Incident summaries and facilitates data collection and analysis. Each panel generally takes 1.5 hours per young person. Outcomes 100 Panels are usually scheduled to review all the young people residing in the one home on the one day. The broader residential home compliance and staffing stability patterns are also considered, along with the critical matching and peer group dynamics.

The panel review is one part of a thoughtful process of critical reflection and has between 8 and 25 participants. Summary reports developed by the case worker/house supervisor/therapeutic specialist were submitted, along with other key assessments and reports (**attachment 1 outlines the full list of documentation**). Supporting case workers, therapeutic specialists and carers to be able to formulate the current issues in the context of each young person's lived experience has been a rich quality improvement process. Decision making has been reviewed, behaviour management responses have been reflected upon and either endorsed, respectfully challenged, or sometimes directly altered.

Standardised and detailed report templates ensured the consistency and synthesis of key information provided to the panel (**see attachments 2 and 3**).

Preparation of the reports by local teams took weeks; and the pre-reading for each young person averaged between 2-4 hours. Key demographic data and information was subsequently collated and analysed. File audits were also completed by MacKillop's Quality and Compliance Team to provide independent eyes along with review of every Incident Report with chronological graphing and thematic analysis.

The house supervisors provide an important perspective on the day to day issues, what has been tried, what works well and what needs to change. Case managers and therapeutic specialists are also key to the process and present the Outcomes 100 reports, provide key assessments and identify issues for discussion and resolution.

Each member of the panel provides feedback to carers and staff on positive practice that they have noted and what has gone well, along with suggestions (and a sense of urgency at times) for a change in the strategies and approach. This feedback is recorded on video and provided directly to carers by the house supervisor at their team meetings. This provides a unique appreciation of the skill, commitment and creative nurturing that residential carers provide on a daily basis. The senior Child Protection senior staff have welcomed the insight into the human warmth and care that is happening on the ground and that is not always available via the incident reports that cross their desk.

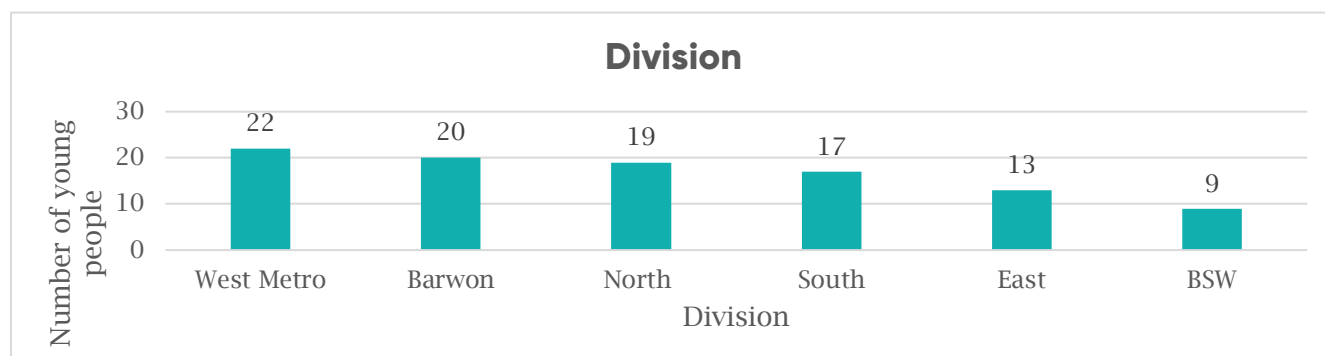
Approximately 15% of reviews resulted in follow-up consultations by the CEO and the minutes and actioning of the panel recommendations have been overseen at Director level.

Table 1: Summary of MacKillop Family Services Residential Homes in Victoria as at March 2020

Division		Total no. of homes (as at March 2020)	Residential Care Model Nos					Total no. of young people (target nos as at March 2020)
			4 bed TRC	4 bed general resi	3.5 bed	2 bed	1 bed	
East		6	3	-	1	-	2	17.5
North		9	2	3	-	3	1	27
South		8	2	3	-	2	1	25
West	West Metro	8	2	2	-	4	-	24
West	Barwon	7	3	2	-	2	-	24
West	BSW	2	1	-	-	1	-	6
Total		40	13	10	1	12	4	123.5

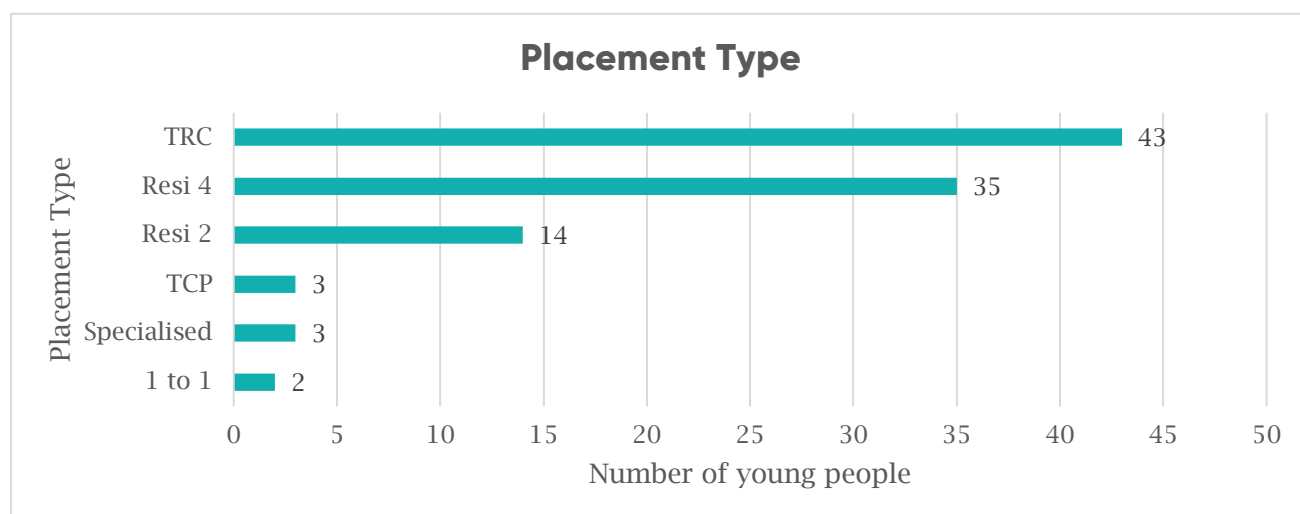
As outlined in Table 1 MacKillop as at March 2020 operated 40 residential homes in Victoria, with target numbers of approximately 123 young people in our care each night. The actual targets fluctuate due to there being periods of agreed reduced targets in some houses due to the high level of complexity and risk of some of our children and young people.

Table 2: Number of young people reviewed by division/area



A total of 100 young people in MacKillop’s Victorian residential homes were reviewed between 9 July 2018 and May 2020. Panels were convened in each region as outlined in Table 2. Approximately 40 panels were convened, with some panels reviewing more than one home on the day and some panels being convened for one young person.

Table 3: Number of young people reviewed by placement type

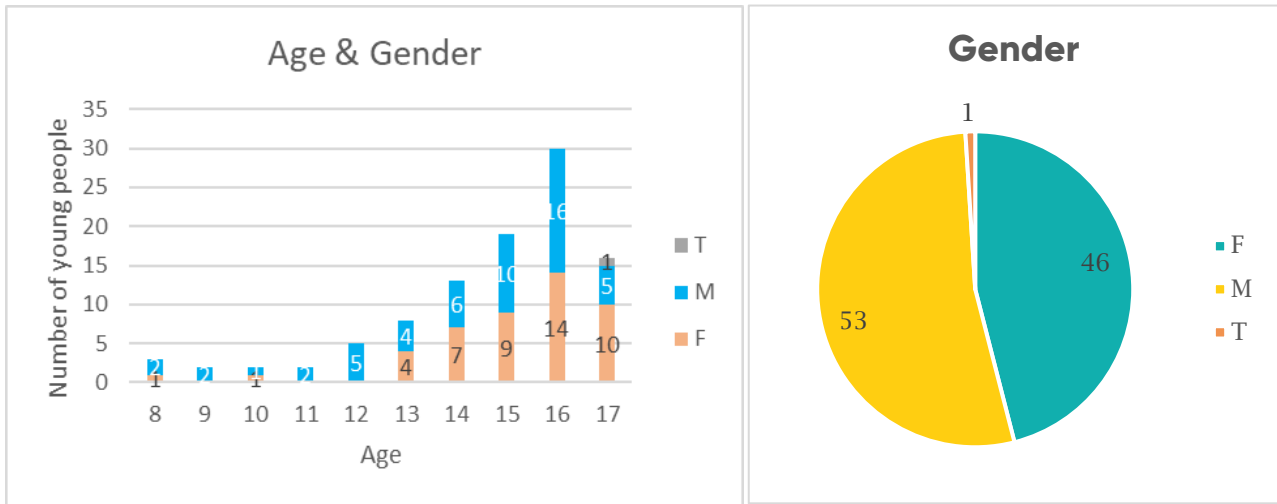


The majority of the young people reviewed resided in four-bed residential homes (78%). The residential care models operated by MacKillop in Victoria are predominantly four-bed Therapeutic Residential Care (TRC) homes, four-bed general residential care, and two-bed residential care models. There are also homes funded by Targeted Care Packages (TCP) which can have varying numbers of residents. In addition, at times there are one-to-one contingency homes where a staffing group cares for one young person in a residential home. We also operate a three-bed ‘specialised’ house which is a residential home to support young mothers who have been in out of home care and have their own high needs in caring for their babies.

Some homes are single sex (female) homes, due to their program focus and there are other single sex homes at various times depending on referrals and/or placement matching issues.

Demographic data

Table 4 and 5: Age and Gender

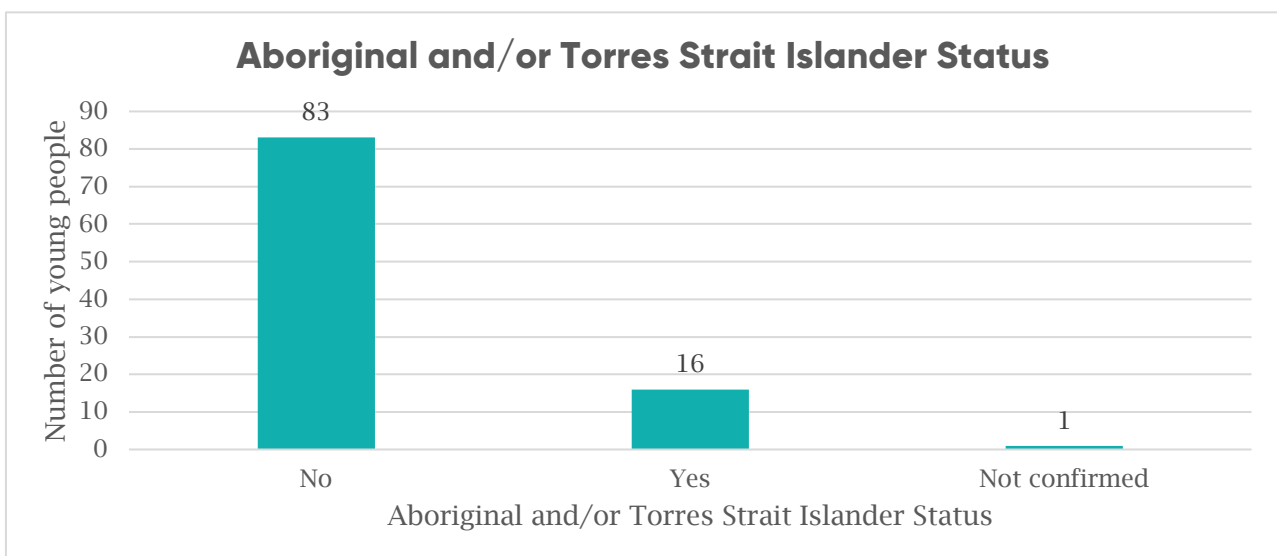


There were slightly more males (53%) in our residential care (at the time of the panels) compared to females (46%) and one young person who identifies as transgender (1%).

The young people in our homes were primarily older adolescents - 65% of young people were aged 15 years plus. There were also 26% aged 12-14 years and 9% were under 12 years old, with three of the youngest children all being just 8 years old.

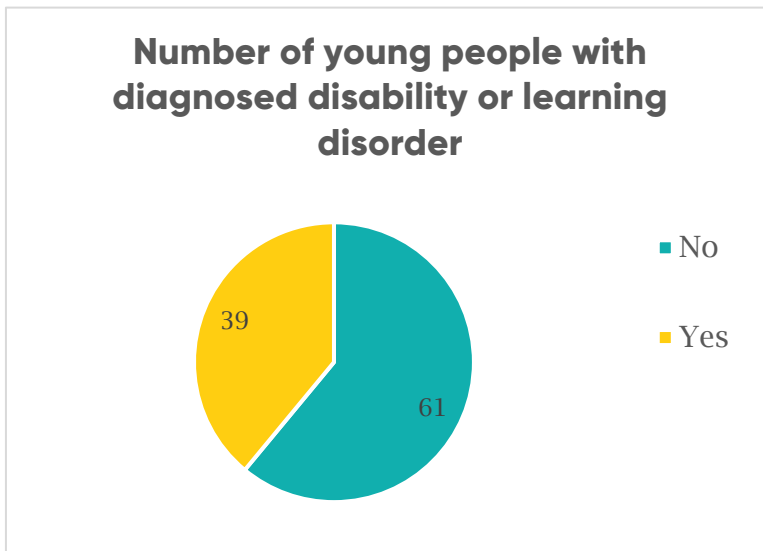
Most of the young people under 12 years old were male - there were 7 boys and 2 girls - possibly reflecting both the difficulty in placing young boys in foster care and the complex issues and needs of all of these young children, which has led to their placement in residential care.

Table 6: Aboriginal and Torres Strait Islander (ATSI) children and young people



Sixteen young people (16%) were Aboriginal or Torres Strait Islander. One young person is listed as not confirmed due to being told by a relative that they were not Aboriginal - this is being further investigated.

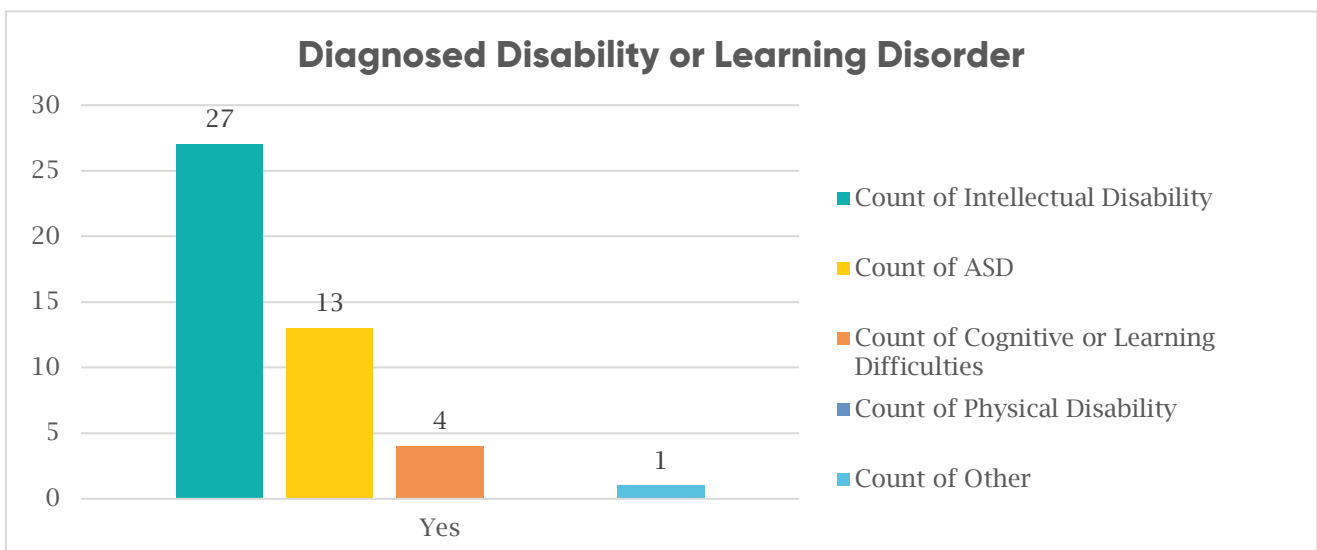
Table 7: Disability or learning disorder



Of the young people reviewed, approximately 39% were reported as having a disability or a learning disorder. This proportion is significantly higher when compared to the Australian Institute of Health and Welfare (AIHW) data, regarding the disability status of children in out of home care across six jurisdictions, representing 71% of children in out of home care at 30 June 2017. The AIHW data indicated that 15% of children in out of home care on 30 June 2017 were reported as having a disability. The report noted that 'as disability is a multidimensional and complex concept, differences may exist across jurisdictions in how disability is defined, including which health conditions are classified as a disability. There are also differences in how information about disability is captured in jurisdictional processes and client information systems'.

Citation: Australian Institute of Health and Welfare 2018. *Child protection Australia 2016-17. Child welfare series no. 68. Cat. no. CWS 63. Canberra: AIHW.*

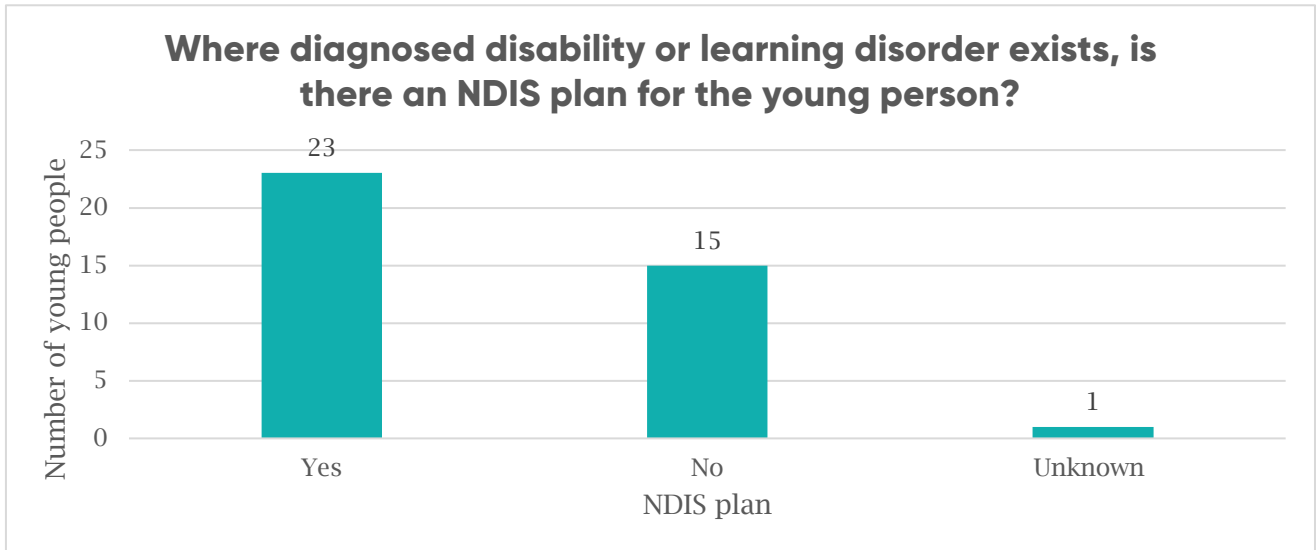
Table 8: Diagnosed disability or learning disorder



The range of the most prevalent diagnosed disorders are listed in Table 8 above. Some young people have more than one diagnosed disability. 27% of young people reviewed had a formally diagnosed intellectual disability and 13% had a diagnosis of Autism Spectrum Disorder, which includes young people with a diagnosis of Asperger's.

The four young people listed as having 'cognitive or learning difficulties' include young people noted to have a suspected intellectual disability that has not been formally diagnosed, have a cognitive impairment and speech delay, learning and cognitive difficulties, or considered to be low functioning. The 'other' category included a young person with Foetal Alcohol Spectrum Disorder (FASD). This figure is likely to be under-reported as FASD data was not specifically collected for this report.

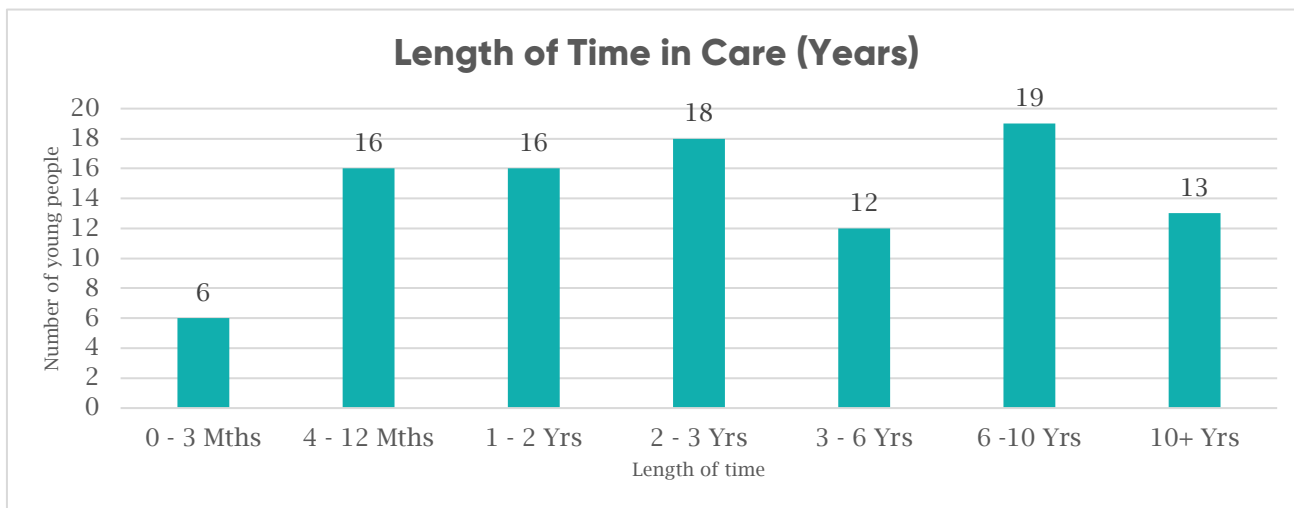
Table 9: Existence of an NDIS plan



Of the young people with a diagnosed disability, 23 (59%) were reported as having a NDIS plan. Fifteen (38%) did not have a plan and one was not known. Some young people were awaiting a formal diagnosis needed for an NDIS plan.

Care history and case management

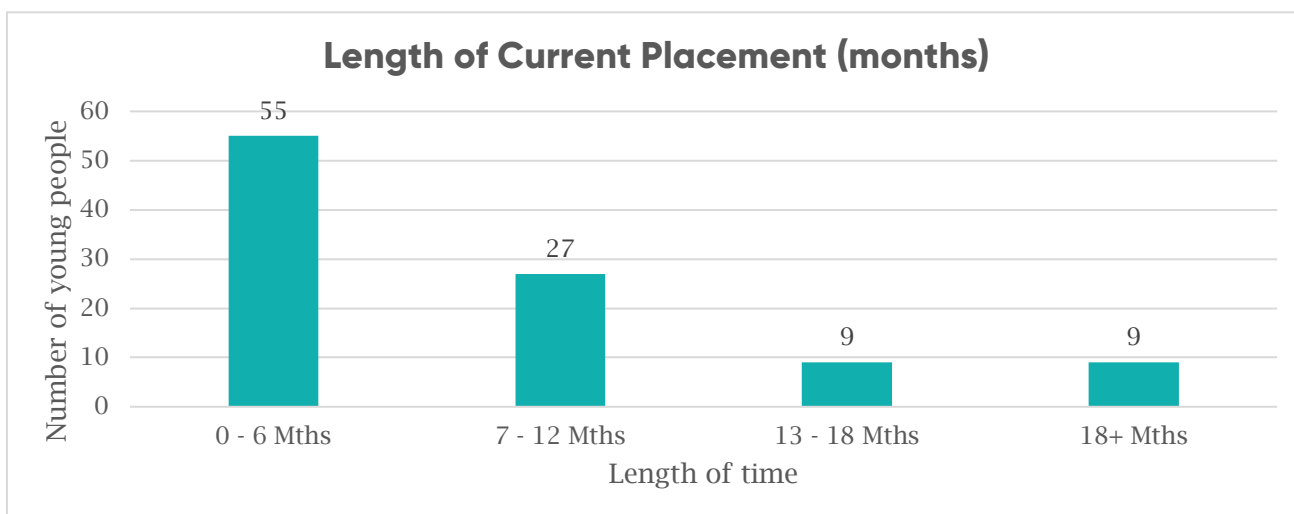
Table 10: Length of time in care



Of the young people reviewed 62 had been in care for over 2 years (62%). Significantly, 32 young people had been in care for over 6 year and 13 young people had been in care for 10 years or more. This sadly highlights the lack of permanency for many young people who have come to live in residential care.

In contrast there were 38 young people (38%) who have been in care for under 2 years including 22 young people (22%) who have been in care for under 12 months.

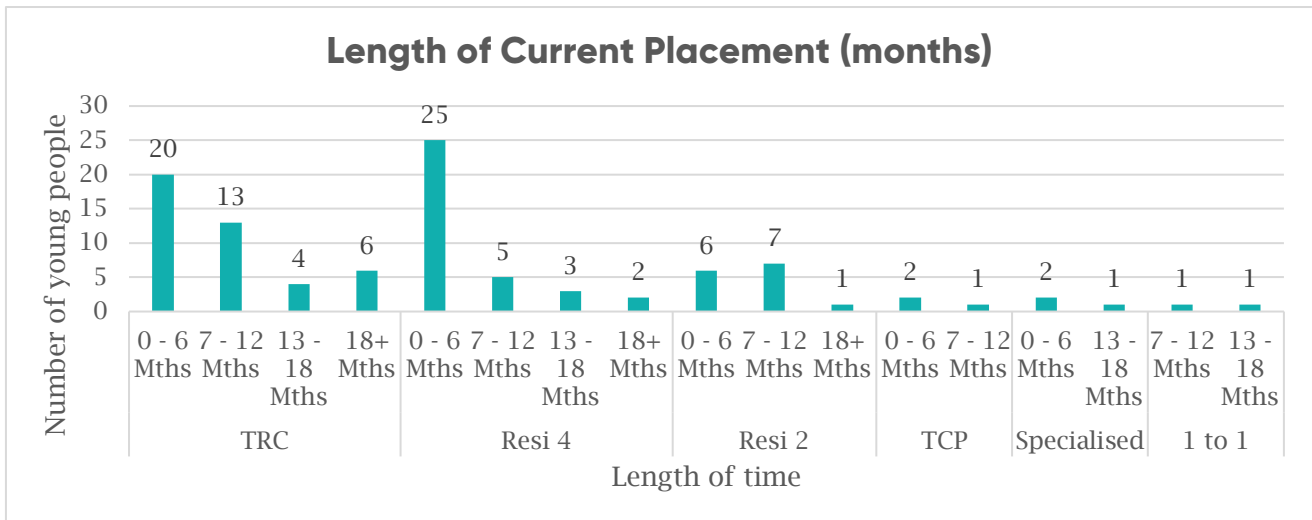
Table 11: Length of current placement



Eighty-two young people had resided in their current residential placement for 12 months or under (82%) with 55 young people (55% of all of our young people reviewed) having resided in their current placement for 6 months or under. Only 18 young people had resided in their placement for over a year.

When considered in the context of the young people's length of time in care (Table 10) where 62 of our young people have been in care for over 2 years, this indicates the high level of placement instability in young people's lives. It also shows the high level of client turnover in homes and that young people are often residing with other young people who have also only been in the home for a short period also. This has an impact on their stability and capacity to build relationships.

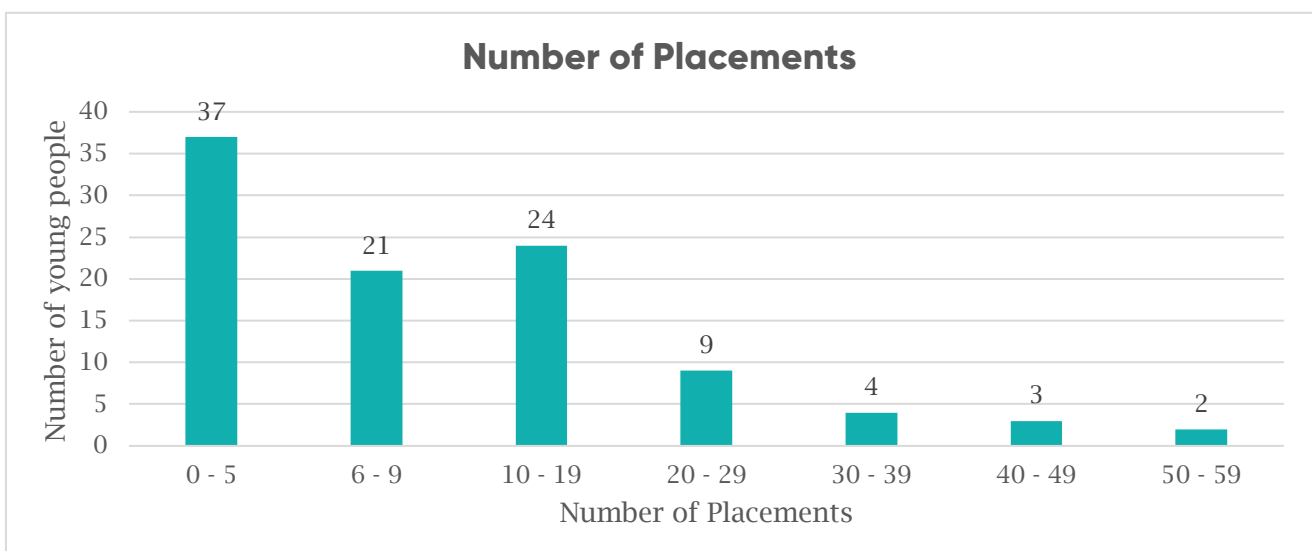
Table 12: Length of current placement by placement type (Victoria)



The above table considers the length of current placement by placement type. The TRC homes have a higher number of longer-term placements than in the other models of care, with 10 young people in a TRC placement (23%) having resided there for over 13 months. This includes 6 young people who have resided in the home for over 18 months (14%). This is in line with the TRC model of longer term, planned placements.

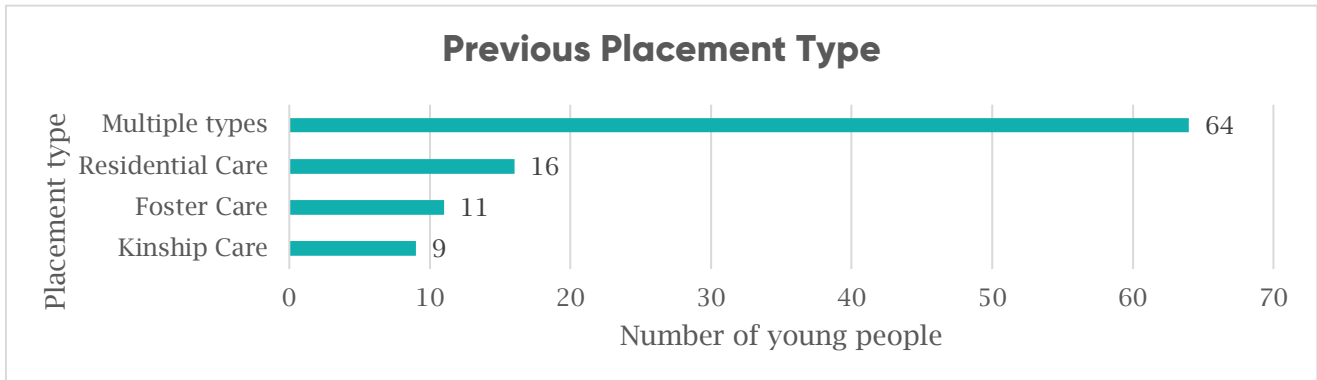
The TRC homes also had a significant proportion of new entries with 20 young people or 47% having resided there for under 6 months. In contrast, in the 4-bed general residential care homes, 25 young people (approximately 71% of the young people reviewed) had resided in the home for 6 months or under.

Table 13: Number of placements per young person



The majority of the young people reviewed had multiple placements prior to their current placement. This included 63 young people who had experienced 6 or more placements (63%), 42 young people (42%) had lived in 10 or more placements; and 18 young people had lived in over 20 different placements (18%). One young person had experienced approximately 55 placements. In contrast, 37 young people (37%) had experienced 1-5 placements. Fourteen young people were new to out of home care having had only 1-2 placements (14%) with the current residential care placement being the first placement for 5 young people (5%).

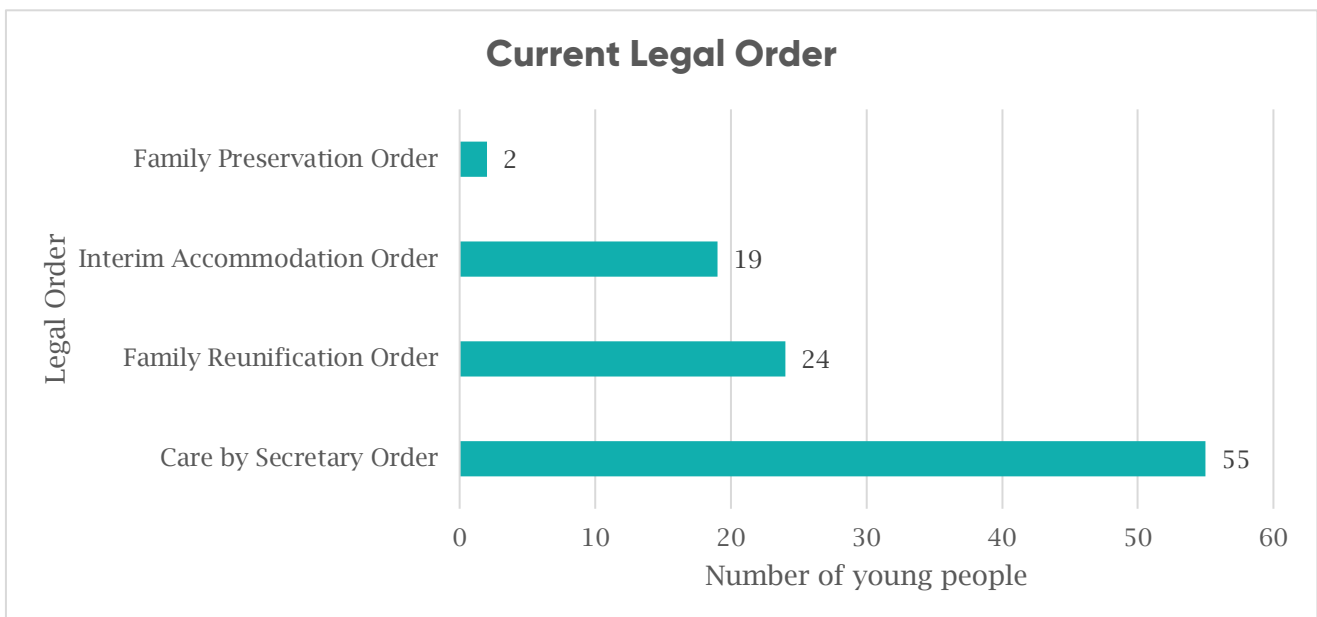
Table 14: Previous placement types



Most young people had multiple different placement types prior to their current residential care placement. These included kinship and foster care placement that broke down as well as several other residential care placements. For some young people, this was their first residential care placement.

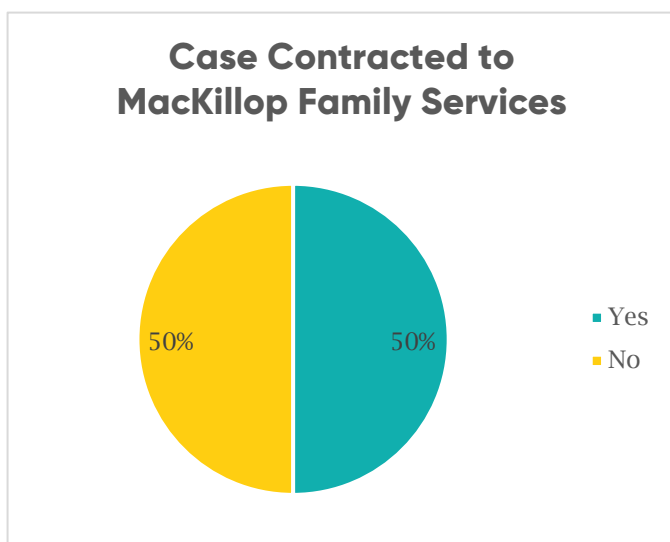
All the children aged 11 years old or younger, had experienced more than 10 placements prior to their current placement with MacKillop, indicating their complex and high needs. One young person had experienced over 40 placements. For some children under 11 years old this was their first time in residential care following many foster care and kinship placement breakdowns.

Table 15: Current Legal Orders



The majority of young people reviewed (55%) were on Custody to Secretary Orders however 45% were not on long term Orders. Twenty-four were on Family Reunification Orders (24%), two on Family Preservation Orders (2%), and nineteen young people were on Interim Accommodation Orders (19%).

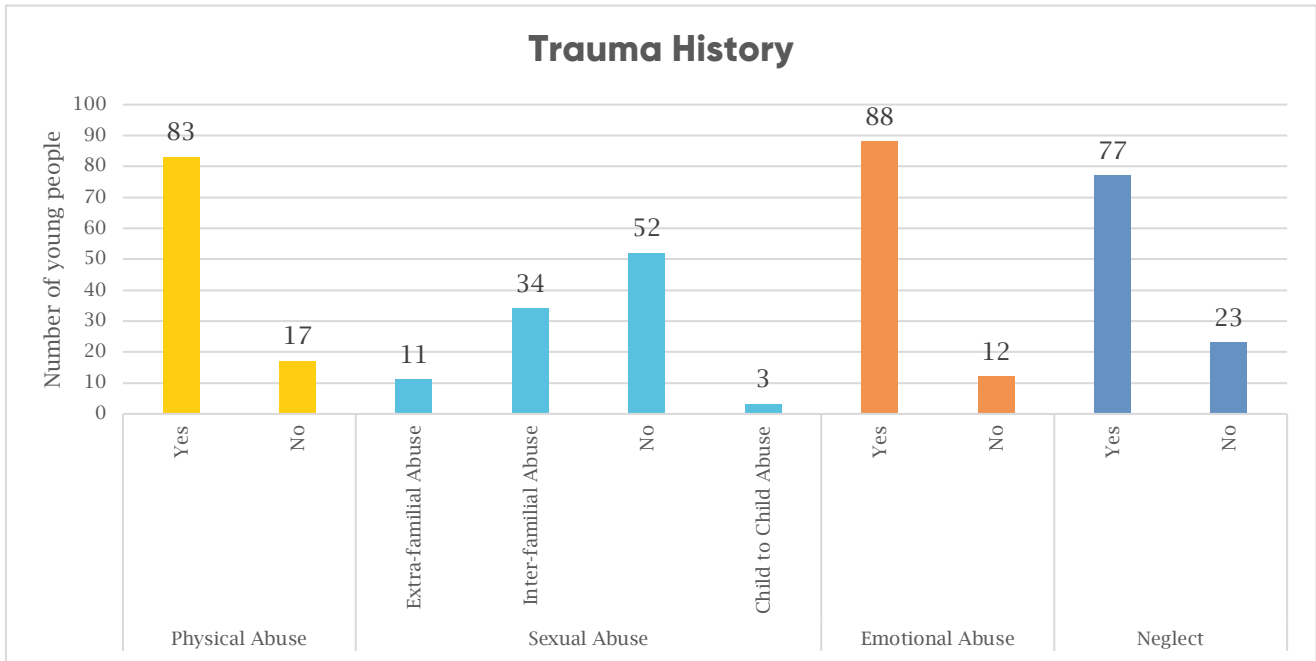
Table 16: Case Contracted



MacKillop had case contracting responsibility for 50% of the young people reviewed. This figure is less than would be expected given that most young people in TRC homes should be able to be contracted to the community service organisation as well as approximately half of the young people in other models of residential care. The lack of long-term Orders for many young people as outlined in Table 15 may be a factor in these figures as well as the lack of case contracting funding in some areas.

Trauma history

Table 17: Protective Concerns/Abuse type

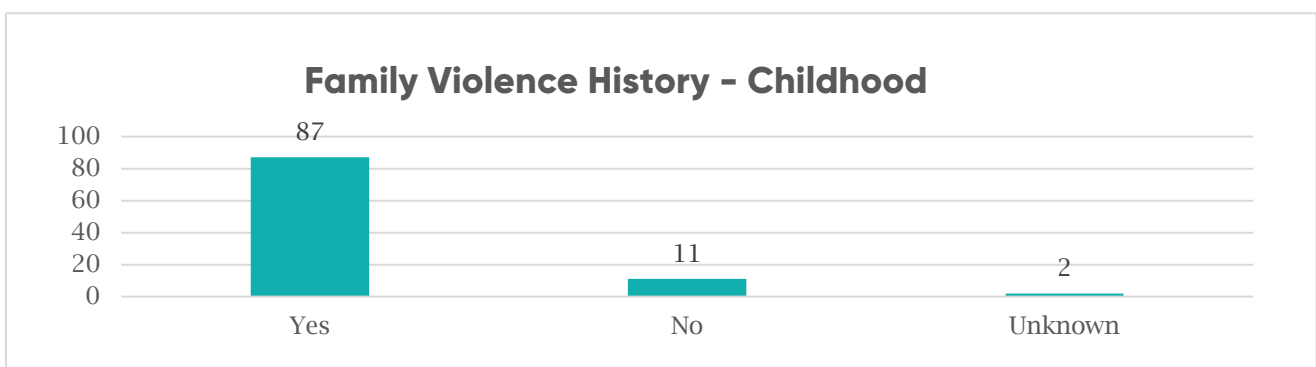


Having an understanding of the young person’s experiences, family and history is fundamental to providing good care of the young person and to ensuring good practice. The Outcomes 100 Case Review reports required an overview of the young person’s trauma history and protective concerns leading to their removal from the care of their parent.

As outlined in Table 17, most young people experienced multiple forms of abuse that lead to their removal from their parents’ care. Of course, these figures only account for known abuse and some of the abuse type may have been revealed post entering care. Most of the known sexual abuse reported was inter-family sexual abuse.

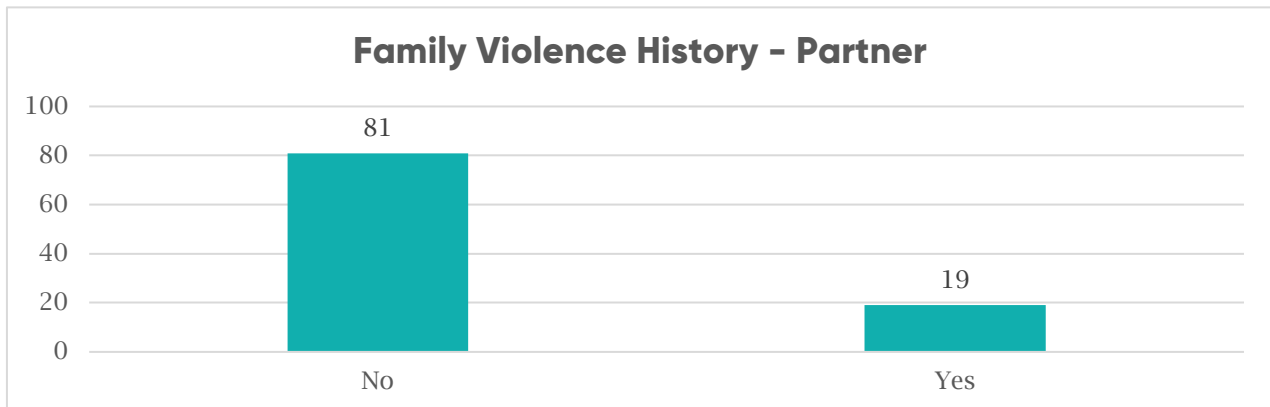
The type of abuse suffered by the young people reviewed included approximately 83% experiencing physical abuse; 88% emotional abuse; 77% neglect; and approximately 48% had experienced some form of sexual abuse.

Table 18: Family Violence History - Childhood



The prevalence of family violence in a young person's childhood history was very high with at least 87 of the 100 young people (87%) known to have experienced family violence in their childhood.

Table 19: Family Violence History - Partner



For some young people they have also been involved in partner violence, with 19 young people known to have experienced this. This figure may be higher as we may not be aware of the full extent of this issue for all young people. The identified young people were 12 to 17 years with 14 young people being 15-17 years old. This means that 14 of the 65 young people aged 15-17 years old reviewed were noted to have experienced partner violence (approximately 22%). Some of the young people were perpetrators of the violence.

Table 20: Intervention Orders



Thirty-nine of the young people reviewed (39%) were reported to have Intervention Orders (IVOs) or Apprehended Violence Orders (AVOs) in place against family members, perpetrators of abuse or perpetrators of sexual exploitation - currently or in the past. This is just those reported or noted and the actual figure is likely to be higher than this.

Information-sharing and access to reports and early history

A comprehensive history and analysis of information is critical to understanding the developmental experience of young people and forming key assessments that inform decision-making. Access to early history and key assessments was an issue raised by many programs.

As outlined in Tables 21 and 22 below, lack of access to key information was noted for approximately one-third of the young people.

Table 21: Access to early history

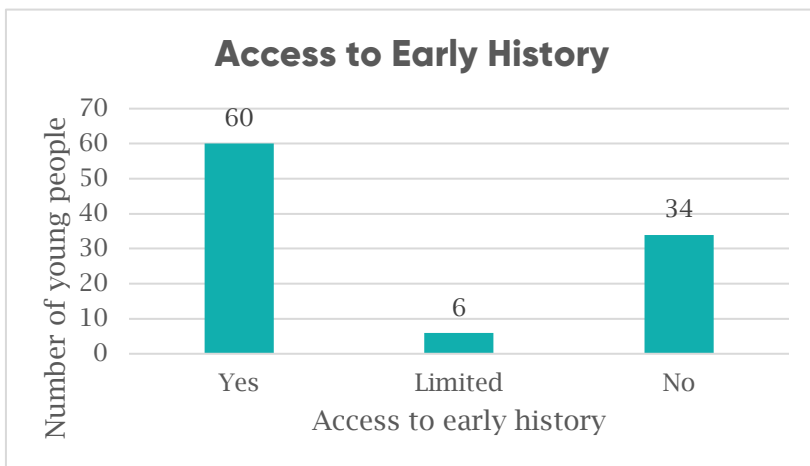
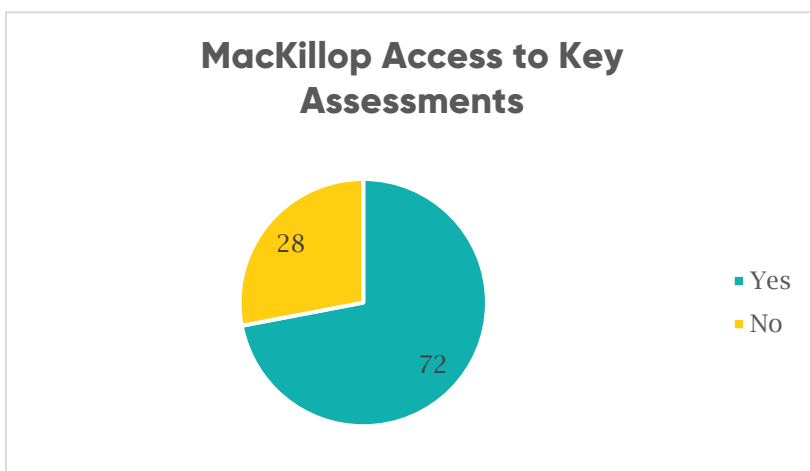


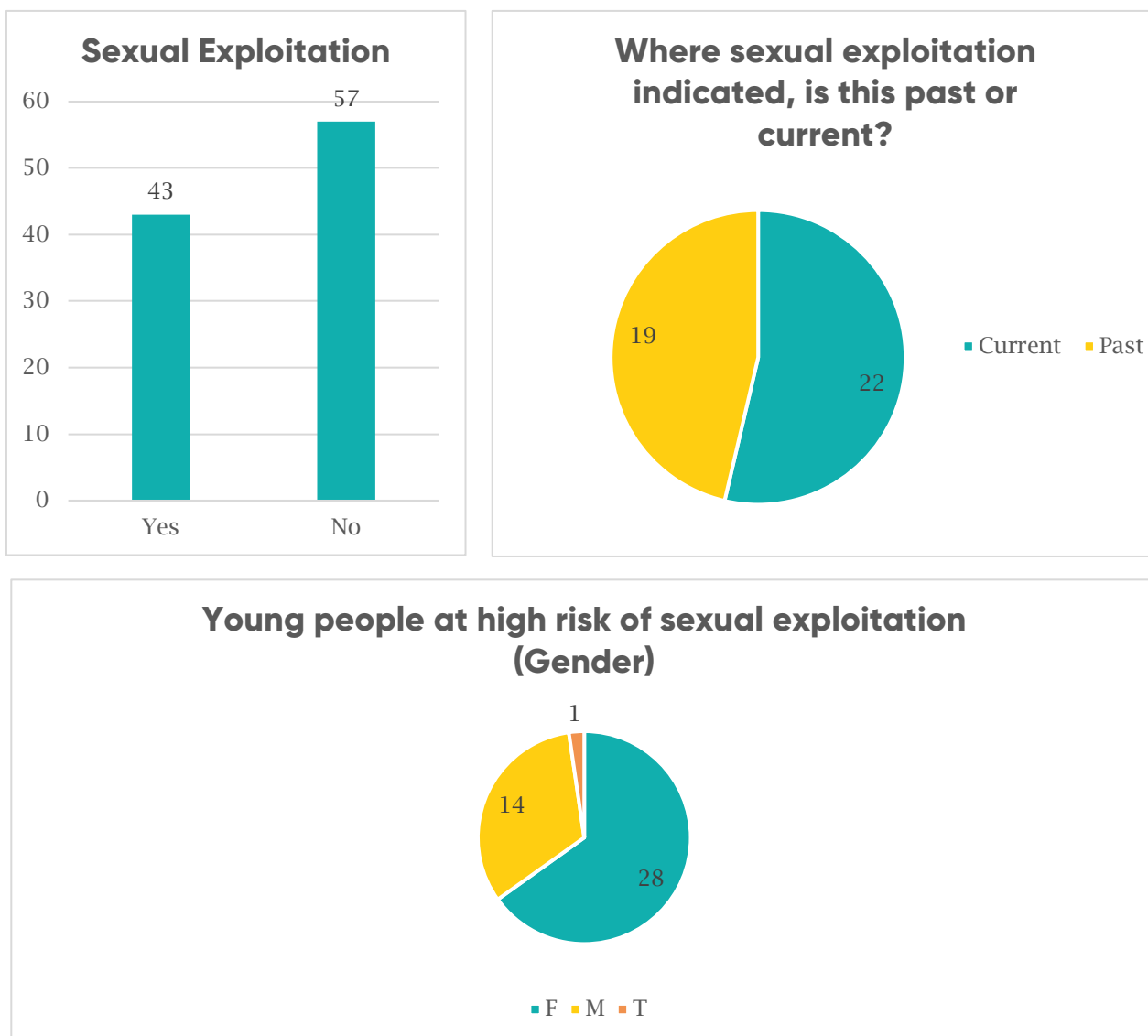
Table 22: Key assessments



Presenting risks

Child Sexual Exploitation

Table 23 - 25: Risk issues and demographics of young people at high risk - Child Sexual Exploitation

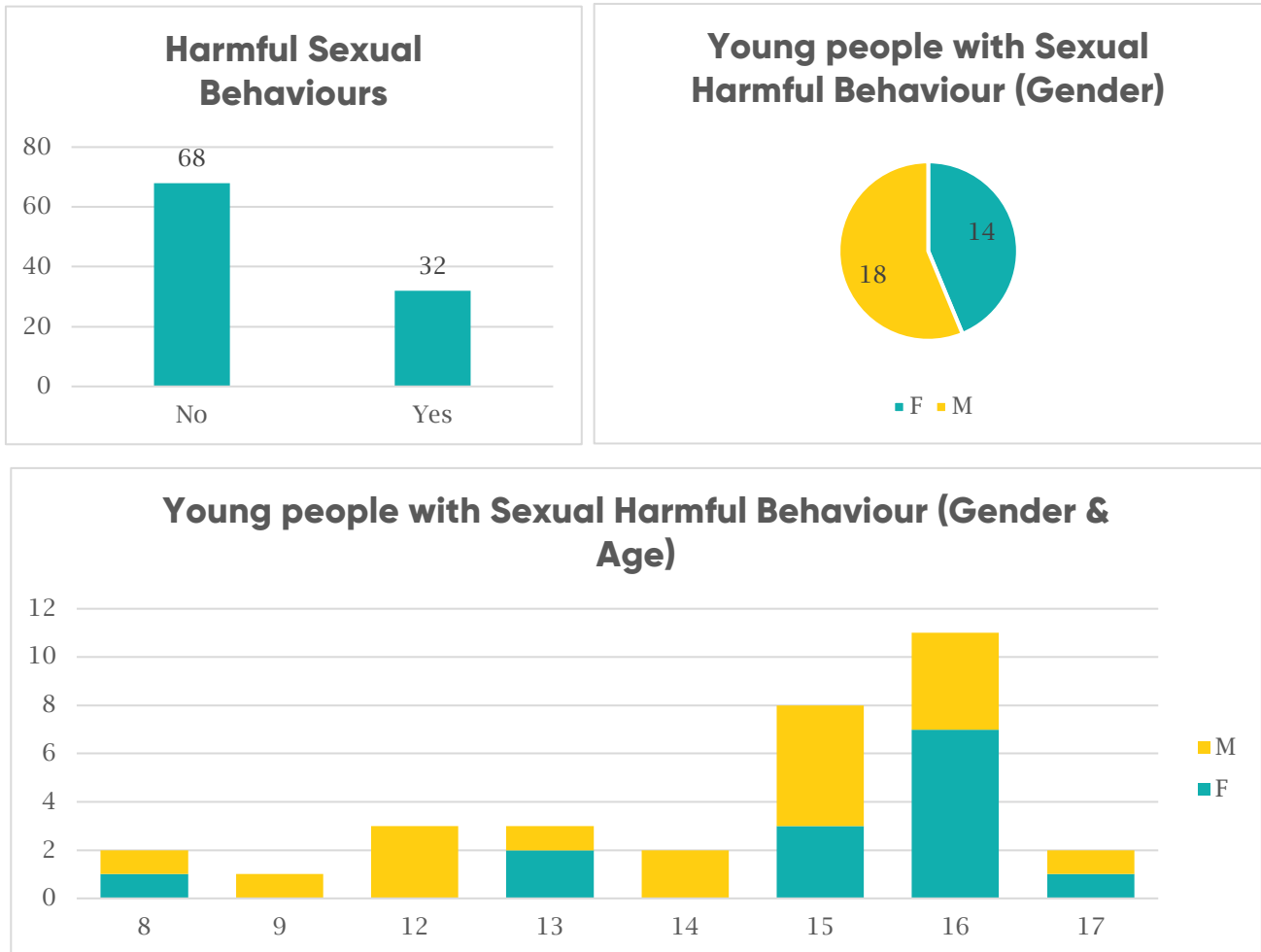


Child sexual exploitation is a significant concern for young people in out of home care. Of the young people reviewed, 43 were noted to have been the known victim or at very high risk of child sexual exploitation at some time in the past or present (approximately 43%). 65% of these young people were female, 33% were male and 2% were transgender.

Where sexual exploitation was noted to be a risk factor, a follow up question of case managers was asked to determine if this is a current issue of concern (see Table 24). This was noted to be a current concern for 22 young people (approximately 51%). For two young people this additional information was not provided.

Harmful Sexual Behaviours

Table 26 - 28: Risk Issues and demographics of young people at high risk- Harmful Sexual Behaviours



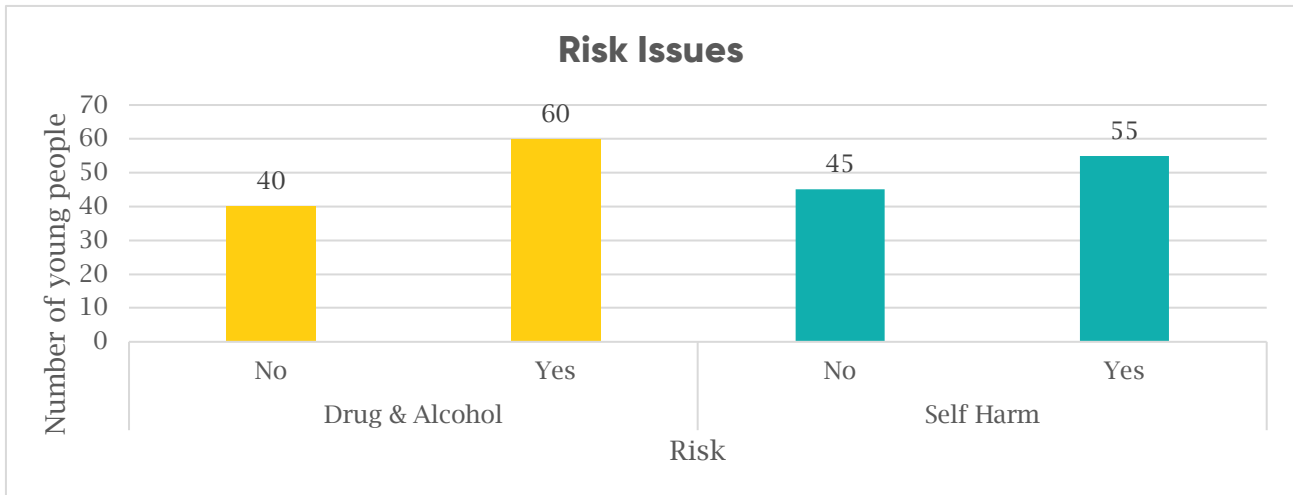
Thirty-two young people reviewed were identified as exhibiting harmful sexual behaviours (32%). Of these 32 young people, 18 were male (56%) and 14 were female (44%).

Three young people were under 10 years old and the other 29 young people were 12-17 years old. Twenty-one young people were 15-17 years old (approximately 66%).

The understanding of the prevalence of young people exhibiting harmful sexual behaviours is important to help us develop appropriate behaviour management strategies, treatment plans and to keep all young people safe in our care. As indicated by the placement history data, these children and young people experienced several previous home based care and other placements that have struggled to manage these behaviours and so there is a strong need for stable therapeutic placements and clinical support.

Drug and Alcohol use and Self Harm

Table 29: Risk Issues - Drug and Alcohol use and Self Harm

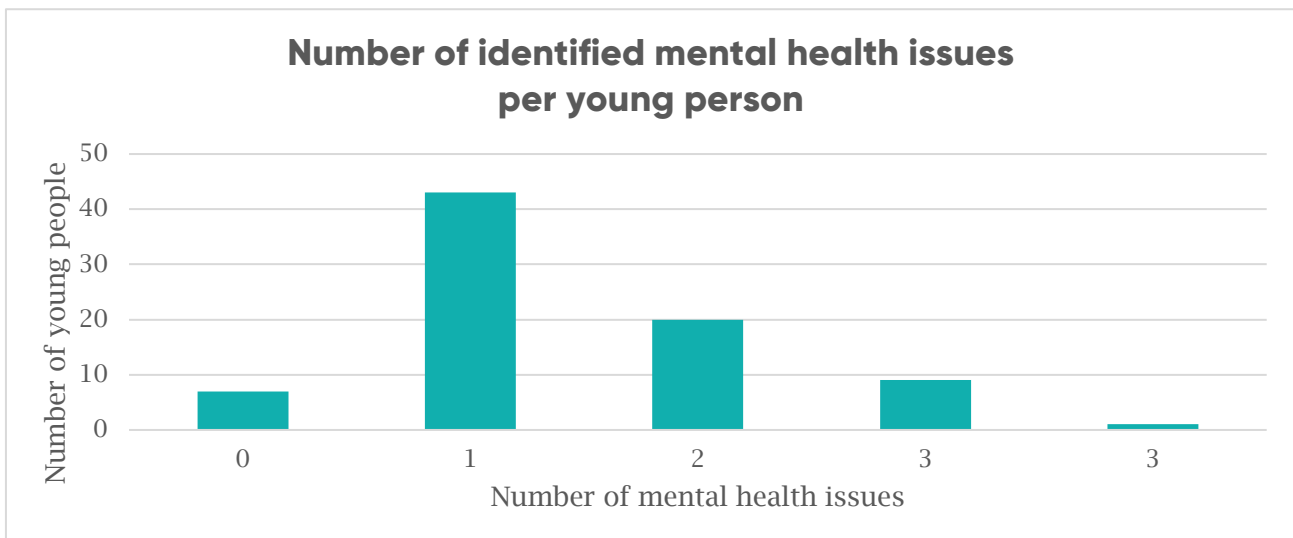


Drug and alcohol use and self-harm are significant issues for young people in residential care and place these young people at very high risk. Of those reviewed, 60% experienced problems with drug and alcohol misuse and 55% were known to have self-harmed. Many of these young people had self-harmed and attempted suicide on multiple occasions and this remains an ongoing issue.

The matching of children and young people to placements and to each other is a complex issue given that most young people in residential care experience or display these significant risks.

Mental Health Issues

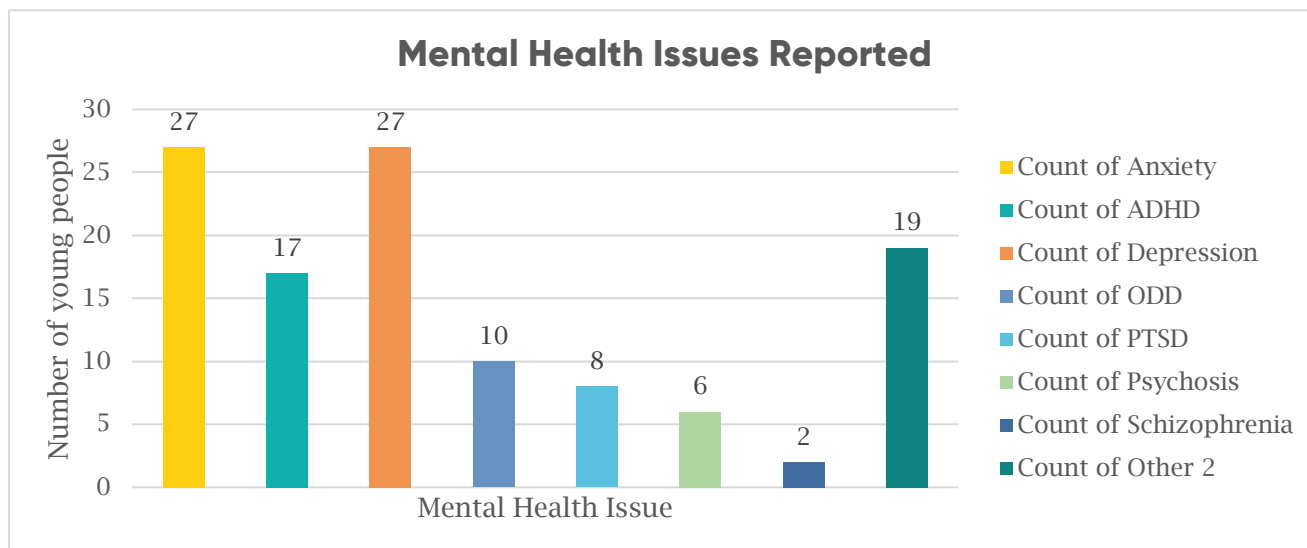
Table 30: Risk issues - number of mental health issues



Young people in residential care have suffered complex trauma and significant abuse prior to coming into care and also often within care as they move through multiple care arrangements. Most of our young people suffer from poor mental health with many having multiple identified mental health issues and diagnoses.

There are also some young people who have obvious mental health issues that have not been formally diagnosed. A formal diagnosis can be difficult to obtain due to the child's age and also when a young person is not stable, does not access placements, is missing from placement, is affected by drugs or does not attend or engage in assessments or appointments. Eighty young people were noted as having mental health issues, with some having multiple mental issues and diagnoses. Seven young people were noted as having suspected mental health issues but were yet to be assessed.

Table 31: Mental health issues



The above table outlines the range of mental health issues that young people were reported as having been diagnosed with (note that these may not all be formal diagnoses).

Prevalent mental health issues identified included:

- Anxiety (27)
- Depression (27)
- Attention Deficit Hyperactivity Disorder (17)
- Oppositional Defiance Disorder (10)
- Post-Traumatic Stress Disorder (8)
- Psychosis (6)
- Schizophrenia (2)

The range of mental health issues categorised as 'other' (22) included:

- Personality disorder (4)
- Severe attachment disorder
- Developmental Trauma Disorder
- Conduct Disorder and attachment issues,
- Mania
- Early onset bipolar or traits of bi-polar disorder
- Reactive attachment disorder
- Adjustment disorder
- Panic attacks
- Hearing voices, grandiose sense of self

Incident Reporting Analysis

A summary of incident reports for each young person is compiled by the Policy and Performance Unit and themes and key issues are discussed at each Outcomes 100 panel. This includes looking at the number of incidents per month and incident types, as well as detailed summaries of incident reports. The data is considered at an individual client level at the panel meeting and has often resulted in new information being learned or insights developed by the MacKillop and Child Protection practitioners, to inform future planning.

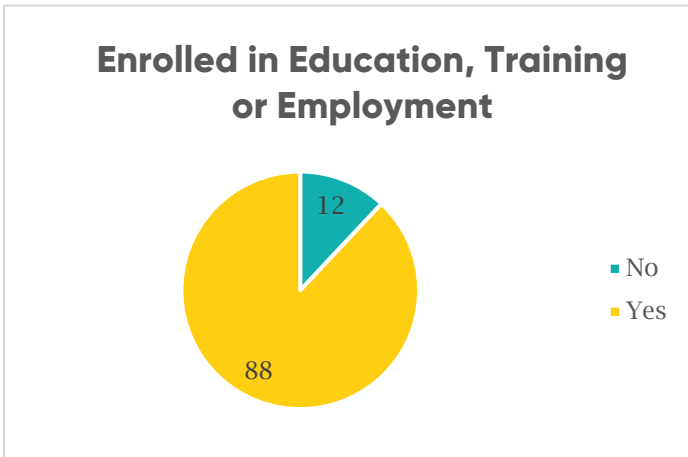
When analysing incident reports for this cohort of young people (from 2018 to May 2020), the two most prevalent incident types for the young people reviewed were 'Dangerous actions - client' (approximately 40% of incident reports) and 'Absent client' (approximately 20% of incidents).

Dangerous actions - client is defined as: Dangerous actions that cause the client harm or place the client at risk of harm. *Absent client* is defined as: A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety.

To date in 2020, these two categories remain the most prevalent categories, each equating to approximately 30% of all client incidents.

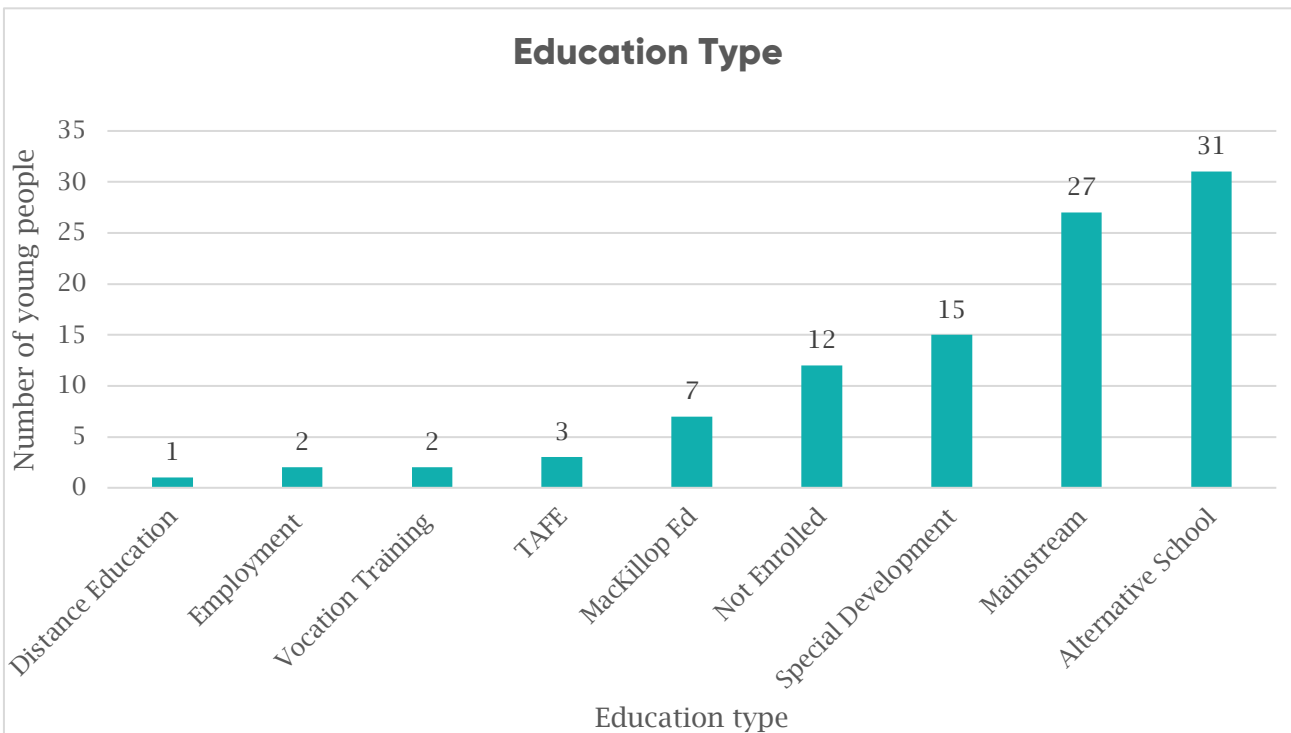
Education

Table 32: Education enrolment



Most young people reviewed - 88 young people - were enrolled in school or an education program (88%). Twelve young people were not enrolled in an education or training program or employed.

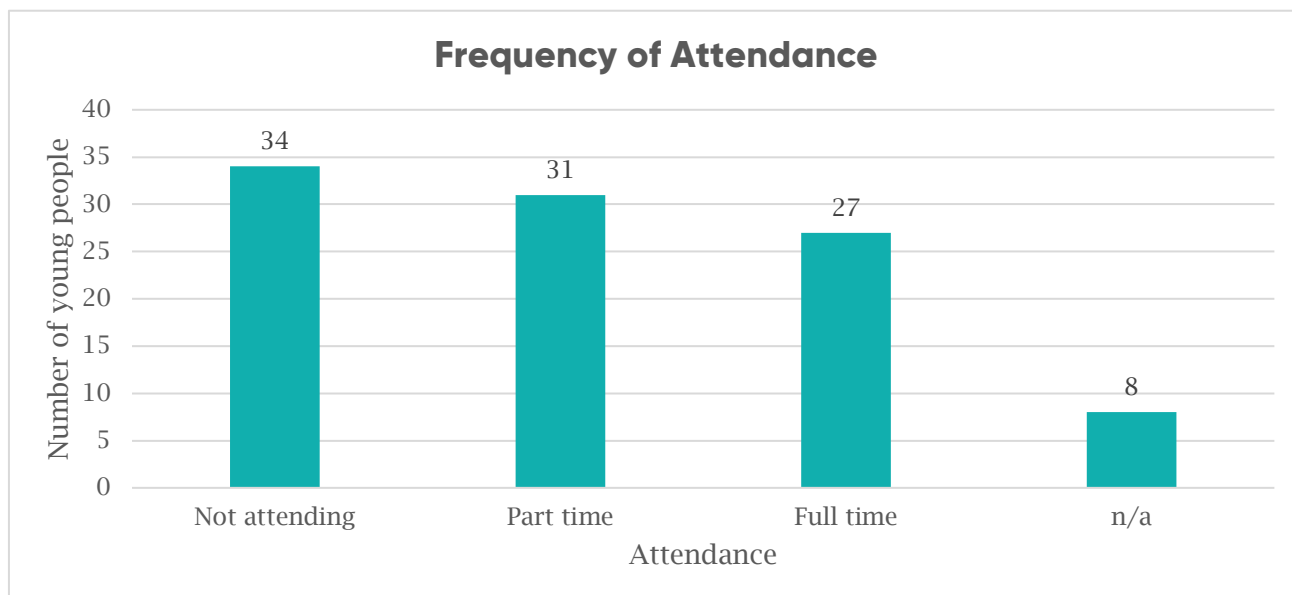
Table 33: Education type



Of the 88 young people enrolled in education or training or employed, 27 were enrolled in a mainstream school (approximately 30%). Many of our young people in residential care are enrolled in alternative schools offering more flexible learning and intensive support and higher student to teacher ratios. This includes 31 young people (35%) enrolled in an alternative school/program and 7 young people (8%) enrolled at one of the MacKillop Education schools. Five young people were enrolled in TAFE or vocational training (6%).

Fifteen of our young people were enrolled in a Special Development School (approximately 17%) reflecting the significant number of children and young people with a diagnosed disability (see table 7). However, it is interesting to note that 27 of the young people reviewed had a diagnosed intellectual disability.

Table 34: Frequency of attendance



Educational engagement and attendance are significant issues for young people in residential care. Thirty-four young people were not attending a school or education/vocation program (34% of the young people reviewed). These young people were either not enrolled (12 young people) or did not attend the school or program that they were enrolled at (22 young people).

Of the young people who attend school, 27 attend full-time (approximately 41%) and 31 attend part-time (approximately 47%). Part-time attendance can mean that the school will accept them for just a few hours a day or week; it may mean that the program only runs part-time hours as is the case with many alternative schools. Some of our young people also may only attend school sporadically for a range of reasons.

Reasons for non-attendance

A follow up question to case managers regarding the reasons why young people are not attending education full-time elicited the following reasons:

- The young person's school refusal or not engaging (17 responses)
- The school refusing to enrol the young person or excluding them even though the young person wants to attend (7) - this included excluding due to insufficient attendance
- The young person not having the capacity to cope with full time attendance (10 responses); not being settled enough in placement due to having other high-risk issues (6)
- The young person being bullied at school or scared of another child (3) and having social anxiety (5)
- Part-time timetable due to behavioural issues of the young person
- The young person having a baby (3)
- Young person in detention in Juvenile Justice (2)

Views of children and young people

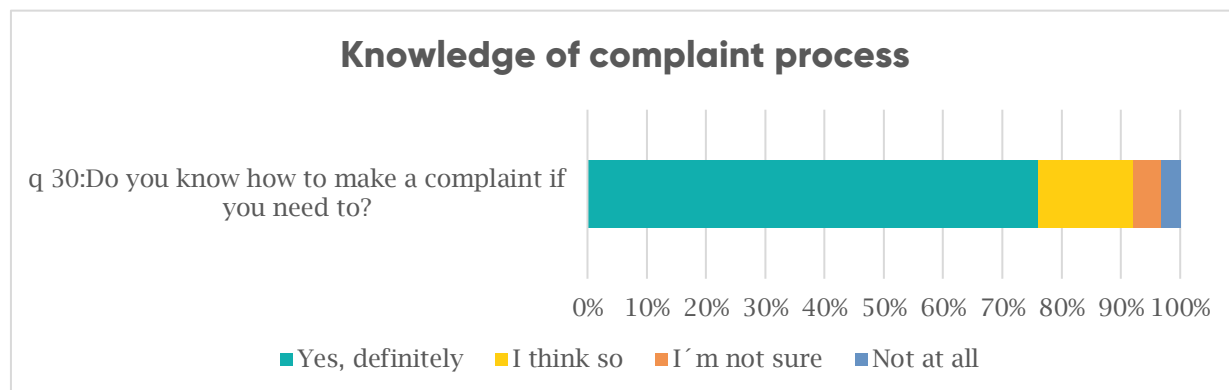
Most young people were offered the opportunity to complete a Viewpoint Survey. The Quality and Compliance Manager manages and monitors all Viewpoint Surveys and follows up any adverse responses or areas of concern with the Area Managers and Case Managers.

Of the 100 young people reviewed in the Outcomes 100 panels, 64 completed a Viewpoint Survey (64%). The proportion of young people varied across regions. Where a survey is yet to be completed, this will continue to be followed up with the young person by the case manager.

Table 35: Viewpoint Surveys completed by program (Victoria)

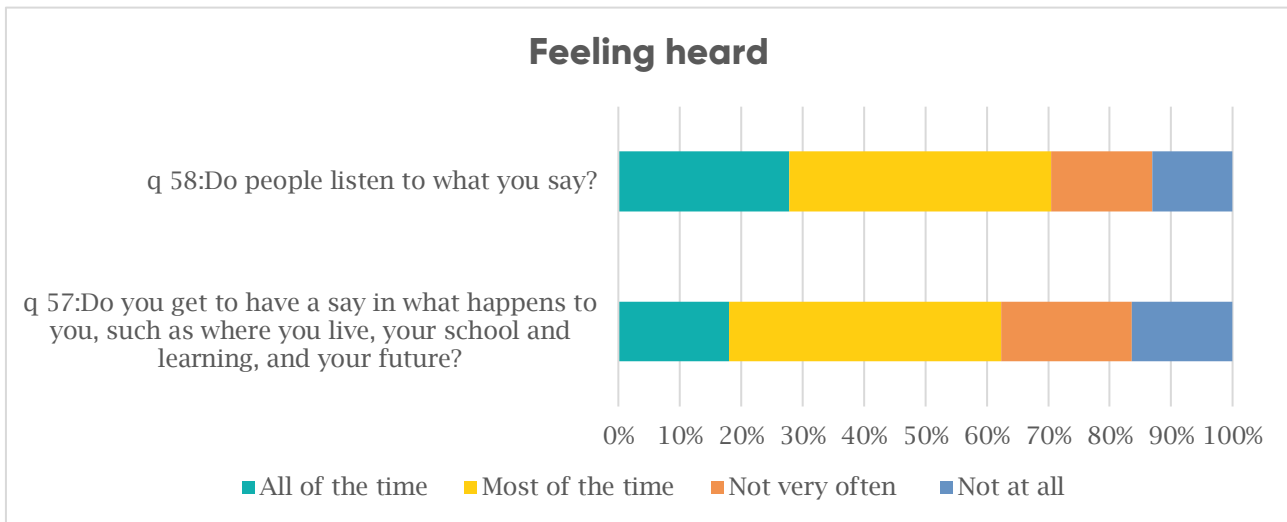
	Barwon	BSW	East	North	South	West	Total
No. of yp	20	9	13	19	17	22	100
No of surveys	14	5	7	15	6	17	64
Program %	70%	56%	54%	79%	35%	77%	64%

Table 36: Viewpoint Survey response - Complaint process



The majority of young people reported that they knew how to make a complaint, with most reporting that they definitely knew how to do so (over 75%). Young people also reported that they knew who they could approach to make a complaint.

Table 37: Viewpoint Survey response - Feeling Heard



Approximately 62% of the young people surveyed felt that they have a say about what happens to them all or most of the time and more felt that people listen to what they say all or most of the time (Approximately 70%).

Table 38: Viewpoint Survey response - Feeling settled and safe

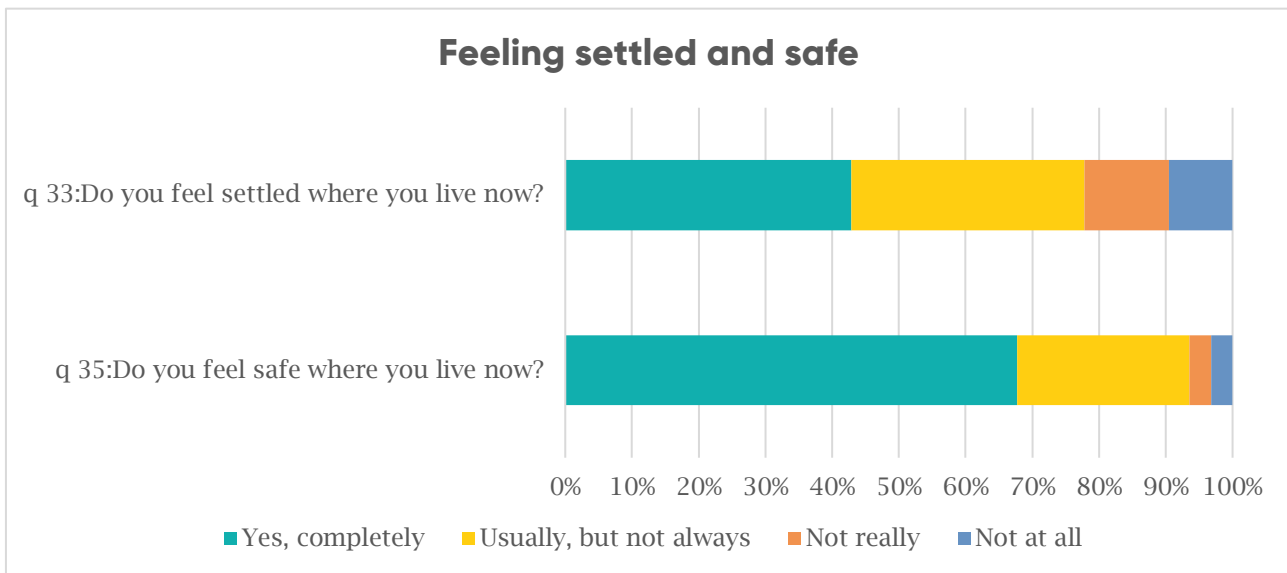
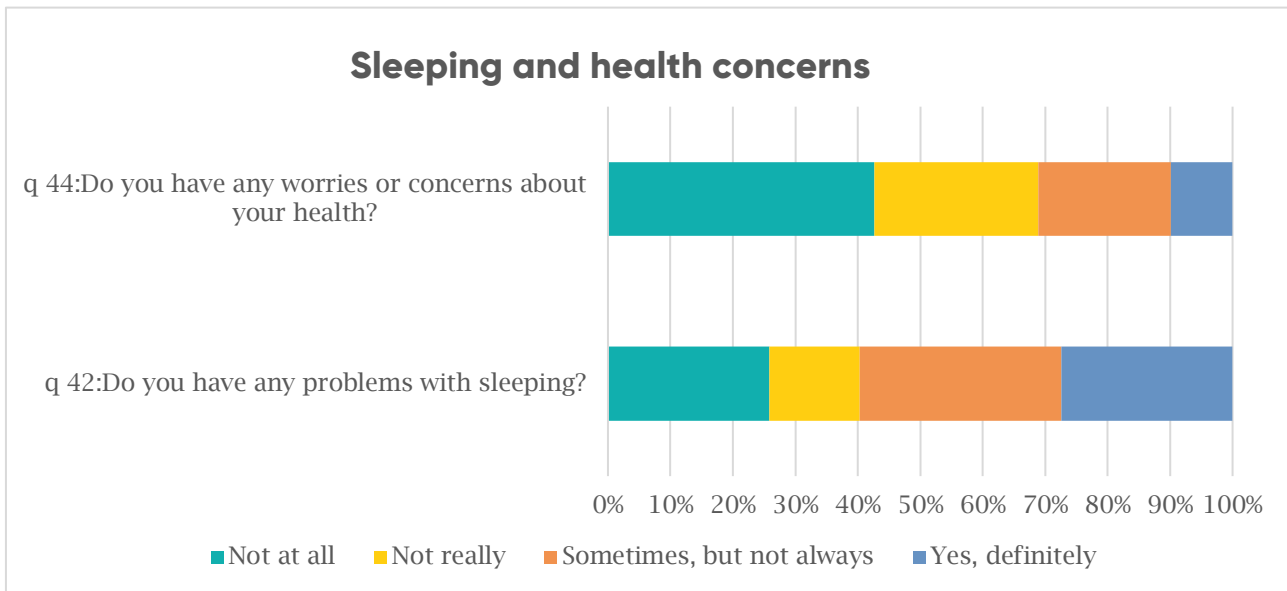


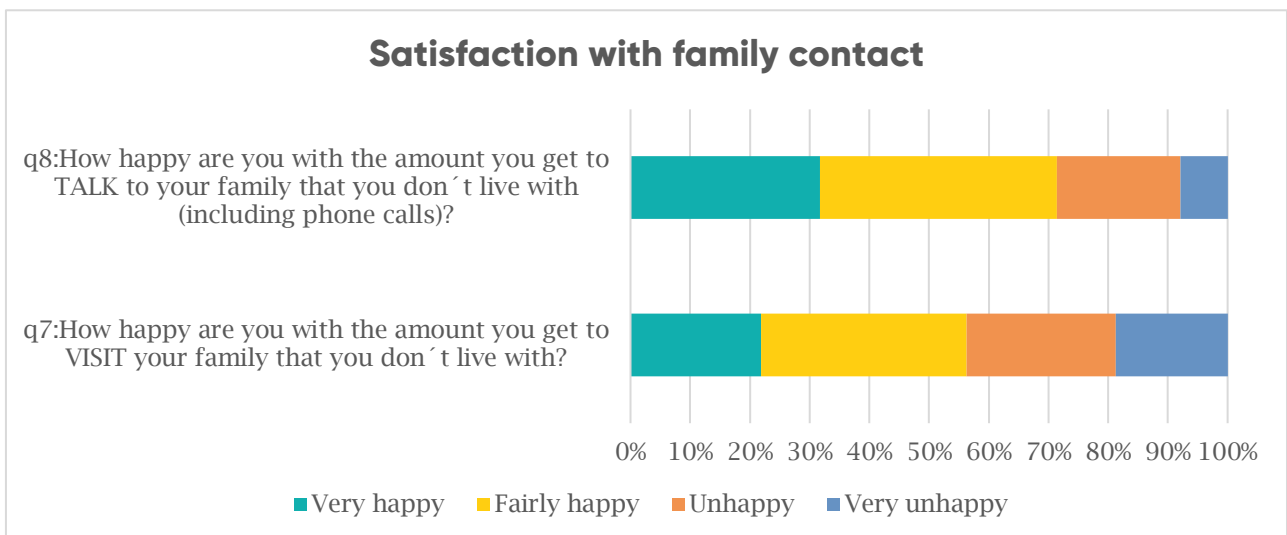
Table 38 shows that the majority of young people reported feel settled and safe. It is interesting to note that more young people felt safer where they lived, rather than settled. The high number of placements experienced by young people is likely to contribute to this feeling.

Table 39: Viewpoint Survey response – sleep and health issues



As outlined in Table 39, young people report concerns regarding their health and in particular having issues with sleep. Discussion on sleep patterns and how to support young people was also often discussed in the Outcomes 100 panels and it is noted that night-time is often a time when young people feel most unsafe.

Table 40: Viewpoint Survey response – satisfaction with family contact



Young people often reported not feeling happy with the amount of time they get to visit their family (approximately 44%) however are happier with the amount of time they get to talk their family (see Table 40). This is in line with the views of young people gathered in the Outcomes 100 panel discussion, that noted many of our young people had a strong desire to be more connected with and live with their families. MacKillop is very committed to positively engaging with families and being strengths based and family focused in our work.

Young people's worries and wishes

Young people's views were also presented in the reports and were central to the panel discussion. Some key worries and wishes of each young person were collated.

Worries

In terms of what young people worried about, some prominent themes were:

Young people worry about:

- Family: Many young people worry about family and often it is noted that in particular they worry about their mother (where she is, her safety, mental health, drug use, financial situation) and also their siblings (and their safety) and wanted to return home
- Their future: transition to independence, housing/where they will live, turning 18
- Safety: Their safety, fear of the dark, being bullied, fear of co-residents
- Other: Pending court/charges, concerns for their child, lack of CP worker contact
- Health and wellbeing: Health, weight, their mental health, anger issues, pregnancy
- Education: wanting to go to school, worried about school
- Being heard: Not being listened to or involved in plans

Wishes

In terms of young people's wishes, overwhelmingly the most prominent theme was the young people wanting to live with family and wanting connection and contact with family.

Some prominent themes were:

- Overwhelmingly many wish to return home
- And/or to increase connection with and be accepted by family and have more regular contact
- To be assisted to return to school or to work and to earn money
- To be supported to transition to independent living
- A stable placement and certainty, eg. wanting a stable placement without people moving in and out
- To be heard respected, understood and a part of decision-making

Practice learnings

Preparation and information gathering for Outcomes 100

- Preparation is the most important part of the process where a comprehensive history and analysis is synthesised in order to understand the developmental experience of young people, and the impact of systemic decisions within the out of home care / child protection system.
- Key assessments can lie on a file without being read or fully integrated into the current planning. This includes critical information about intrafamilial offenders; or for example, the location of the paternal member's family who have subsequently become very nurturing and involved with the young person. Family finding has increased as a result of some panels and a small group of young people have returned home.
- The development of chronologies, placement histories, graphs and analytical summaries of incident reports for Outcomes 100 provide critical insight on the realities of young people's lives and showcase patterns of behaviour that we need to be more skilled to interrupt.
- Cultural support plans and strengthening cultural identity has been a strong focus in both the preparation for the panels and in the follow-up actions.

Collaboration and information sharing

- Having multiple perspectives on the panel to jointly access a richer and more comprehensive understanding allows for more flexible thinking in how we can promote better communication, better opportunities and more tailored responses to often complex, highly challenging situations.
- Having senior agency representatives on the panel often enabled a 'cut through' on the presenting systemic barriers.
- Child Protection files and information was not always able to be accessed by MacKillop staff, and valuable developmental understanding was often not passed on from early DHHS reports, or from one agency to another. Outcomes 100 resulted in much more effective access and understanding of each young person's history.
- Carers who have often done extraordinary work in engaging and settling young people, are frequently not receiving the acknowledgement and feedback about their highly compassionate and attuned care from external agencies. The Outcomes 100 process enabled greater respect and appreciation of the skilled residential care role.

Critical review

- Sometimes there can be a systemic desensitisation to the seriousness of the risks that pervade multiple incident reports, and a greater sense of urgency is required to intervene differently.
- Sexual exploitation, violence, drug and alcohol use, family dynamics, and poor mental health need to be the focus of attention in a more inter-connected therapeutic intervention.

- Family engagement and therapeutic repair work was often missing despite being a key issue for the young person. MacKillop staff were at times frustrated with the slowness and fragmentation of efforts despite many cross sectorial meetings and 'crisis plans'. DHHS held case management for 50% of the cases reviewed.
- Feedback from the panellists indicated that increased therapeutic capacity within the residential care program through MacKillop's self-funded Principal Practitioners has supported more positive outcomes for young people, and the support of direct care staff.

Strengths based practice – child-focused family-centred

- The work involved in gathering information for the Outcomes 100 reviews has enlightened the understanding of MacKillop's Case Managers. Frequently there were significant gaps in understanding the family and early trauma experienced by the child, or how this had shaped their behaviour to date.
- Focusing on the strengths and concerns in a balanced way with the voice of the young person front and centre, has enabled creative ideas on how we might respond to enable better outcomes for each young person.
- Locating our focus on family dynamics enables a deeper understanding for carers and the team. Most importantly it also promotes opportunities on how we can enhance our practice within the care environment to be more inclusive and sensitive to the family connections that are so central for each young person.
- Viewpoint data on the voice of young people shows their ache for connection and their preoccupation with fear or worries about siblings and parent/s, and grandparents.
- The feedback from those involved in the process has universally been positive with participants feeling very supported and assisted in their work with children, young people and families and in developing plans moving forward.

Panel reflections and feedback

As outlined earlier (see Methodology section) part of the Outcomes 100 panel process is the identification and documentation of positive practice and strategies that have worked well and led to positive outcomes. Each member of the panel provides feedback to carers and staff on positive practice that they have noted and what has gone well from their perspective. This feedback is often recorded on video and provided to direct carers.

The table below outlines direct quotes from Outcomes 100 minutes mapped against key themes. The panel members quoted include MacKillop managers; Child Protection managers and other DHHS staff; specialists such as Paediatricians and psychologists; and professionals from other agencies such as Take 2, Victoria Police and Youth Justice.

Nurture, safety and stability



[The team have employed] different approaches to make it safe for him to tell his story. [They] lead the way and make him feel safe.

The team have really pushed the young person to find her voice which has been a really big turning point for her, that she's been encouraged to say whatever it is she feels and there's no backlash and she's feeling safe to do so.

The House Supervisor and the team are doing a fantastic job. **This is the most settled we have seen young person in the 3 years** we have case managed him - **whether he has been in residential placement or in kinship care.**

If the young person has had a bad day, the carers will 'scoop her up' and support her and work through it with her. It's beautiful and it's amazing to watch.

Consistency, connection and boundaries



Staff are consistent and warm and will have difficult conversations with him, challenging him gently whilst keeping him engaged and being warm and accepting.

When the [young person] escalates the team can be consistent and enforce the consequences; they don't give in; the communication is fantastic.

Fantastic work to engage with young people, setting boundaries appropriately with no internet in his room, only supervised in lounge room. Enabling him to feel connected and feel safe enough to open up about his abuse.

[Carers] set the boundaries in such a well regulated but connected way with children - age appropriate - well done.

Family centered practice



The team's creative perseverance and warmth towards the young person is impressive. Beautiful family centred work despite the complexities.

Wonderful to hear the team are keeping the young person's mother engaged in the care - feels like that is a real strength that the team have been able to maintain.

It's quite extraordinary, the level of family engagement and real respect.

Therapeutic and collaborative



You are walking the therapeutic talk. You have created safety, speaking about emotions, mindful of the losses, thoughtful and sensitive about contact with their mum, you're giving them skills for the future, they're going to school, they're engaged, you're reading to them, you're advocating for their future.

Staff take on everything the behaviour therapist throws at them. It was very much like a home environment...Extraordinary that in a short time of six weeks, the staff have created warmth, routine, consistency, him feeling safe.

Beautiful holistic work. Great systemic work with family, school, the department and the young person - a lovely integration of all those things.

There is a therapeutic, predictable environment in the home that's got genuine warmth and fun. Carers have committed to the things that are important to the young person like basketball, school etc

Skilled and passionate team



The team are really excited and committed and want to take up every opportunity to work with the young person to get best the outcomes for him...they have a '**do whatever it takes**' attitude.

Working with [young person] and her extreme complexities would not be able to be done just with skills and knowledge but also needs a passion. It's an absolute essential skillset, training and passion to be working with young people. The team are doing an incredible job.

The House Supervisor and the team are very highly skilled. Proof is with the young person as this team is the only one that has been able to stabilise him after 48 placements.

How in tune the team are with the individual children really stands out.

Glossary

Behaviour Support Plans	Behaviour support plans articulate intervention strategies through a positive behaviour framework that meets the needs of the young person. Strategies are developed to promote appropriate behaviours, address the underlying reasons for concerning behaviours and keep the child or young person safe.
Carers	Staff employed to care for children and young people in an out-of-home care residential setting. A carer has primary day-to-day responsibility for a child in out-of-home.
Care Team/ care team minutes	The care team exists to strengthen communication and collaboration between all parties involved with a child or young person in out of home care and to consider the things any good parent would naturally consider when caring for their own children. The composition of a care team will vary depending on the specific issues and needs of the child and family but always includes the child protection practitioner, agency placement worker, the child's case manager, the child's carer and parents (as appropriate) and the young person (as appropriate). The care teams develop the care and placement plan and contribute to the best interests planning process. The minutes document these plans.
Case management/case contract	<p>Case management is the coordination and delivery of services provided as part of a Best Interests Plan.</p> <p>A case contract is a formal written agreement between DHHS and a community service organisation regarding the case management of an individual Child Protection client by the CSO; or the provision of case management tasks on behalf of Child Protection.</p>
Case plan	Is the formal plan (s. 166 of the Children, Youth and Families Act 2005 (VIC): "CFYA") that must contain all significant decisions for the child's present and future care and wellbeing of the child and the permanency objective for the child where protective concerns have been substantiated.
Case worker/case manager	The person allocated the primary responsibility of overseeing implementation of the child or young person's best interests plan. This can be either a DHHS or CSO employee.
Contingency Homes	A residential placement with fixed term funding (also referred to as unfunded placements) that is often developed to care for individual children or young people with complex needs for a time limited period.
Critical case reflection	Critical case reflection is a process that involves thinking about our practice and ideas and examining our thinking by asking probing questions.

Critical Incident Summary	Critical Incidents Reports are a formal record of an incident. These are categorised as either major impact incidents or non-major impact incidents. A critical incident summary is a summary of the incidents reports in relation to a particular young person.
Cultural plan	A cultural plan is a formal plan that sets out how an Aboriginal child or a child from a culturally diverse background, placed in out of home care, is to remain connected to their community and culture. The care team for a child, prepares, implements, and reviews the cultural plan. Aboriginal Community-Controlled Organisations are responsible for supporting care teams to develop cultural plans for Aboriginal children and to ensure their accuracy and appropriateness from a cultural perspective.
Custody to Secretary Order/Care by Secretary Order	A Care by Secretary Order confers parental responsibility for the child on the Secretary to the exclusion of all others. Section 172 of the CYFA outlines the responsibilities of the Secretary when the Secretary has parental responsibility for a child.
Eye movement desensitisation and reprocessing (EMDR)	Delivered after a critical incident occurs, EMDR supports staff to process their experiences as they happen, mitigating the risk of negative long-term effects. EMDR, one of the key strategies used by the MacKillop Return to Work team, is a partnership between our Human Resources, Clinical, and Learning and Development teams.
Family Preservation Order	A Family Preservation Order gives the Secretary responsibility for the supervision of the child. It does not affect a person's parental responsibility for the child. It provides for the child to be placed in the day-to-day care of one or both parents
Family Reunification Order	A Family Reunification Order confers parental responsibility for, and sole care of, the child on the Secretary (s. 287). The Secretary must seek the parent's agreement for decisions about major long-term issues, except as provided for under the CYFA or by order of the Court and, where possible, engage the parents to the fullest extent possible in case planning decisions.
Foster care	Foster care is the provision of temporary care of a child up to 18 years of age, within a home-based setting, by accredited and trained foster carers. CSOs are responsible for recruiting, training and supporting caregivers.
Interim Accommodation Order	An Interim Accommodation Order (IAO) is a temporary order which controls where a child lives pending the final determination by the court of an application in the family division.

Intervention Order: IVO and AVO	An Intervention Order is a court order designed to protect a person (the “protected person”) by placing limits on the behaviour of another person (the “respondent”). An Intervention Order may be called an IVO or an AVO (Apprehended Violence Order).
	An intervention order can be made to protect a person from:
	<ul style="list-style-type: none"> • physical assault • sexual assault • harassment • property damage or interference with property • serious threats, or
	stalking, including following, hanging around a home or workplace, or phoning/emailing/texting the protected person.
Kinship Care	Kinship care is the care provided by relatives or a member of a child’s social network when a child cannot live with their parents.
Looking After Children/Assessments	Looking After Children (LAC) is a best practice framework for supporting outcomes-focused collaborative care for children and young people who are placed away from their families as a result of a child protection intervention.
Leaving Care Plans	Each young person who leaves an out-of-home care placement should do so in a planned and supported manner to enable a successful and sustainable transition. The Leaving Care Plan aims to capture the aspirations, individual needs and supports required for young people as they transition into adulthood
Legal Orders	A protection order is a legal order made by the family division of the children’s court for the protection and care of a child.
Therapeutic Residential Care (TRC)	TRC is an enhanced model of residential care that is programmatically supported by increased staffing levels and therapeutic specialists. This is an enhanced response to providing residential care that is designed to create trusting, nurturing relationships with a small network of carers, with the advice and support of the therapeutic specialist,
Therapeutic plans	Individual plans for each child or young person placed in the TRC program that guide the implementation of therapeutically intentional service delivery by all TRC team members
Therapeutic specialist	Therapeutic Specialists work in TRC homes and have specialist expertise in the provision of therapeutic services to children and young people. The Therapeutic Specialist guides TRC staff interactions with children and young people, conducts assessments, develops therapeutic treatment plans and leads staff reflective practice to support staff to develop their therapeutic skills
Viewpoint Surveys	A survey provided to children and young people in out of home care over the age of 5 which provides an opportunity for them to provide feedback about their experience in our care

Attachment 1:

Reports presented to the panel

Standardised report templates ensure the consistency of key information provided to the panel.

These reports are submitted along with other key assessments and documentation, outlined below. All Outcomes 100 reports are endorsed and co-signed by the Principal Practitioner and Area Manager.

Reports/Documents	Contents
Outcomes 100 Young Person report (template)	Includes a genogram, client details, assessments, case plan, family and trauma history, placement history, family relationships, cultural plan, the view of the young person and family, health and wellbeing, education, personal strengths and concerns, future goals, engagement with professionals, systems strengths and achievements, key system challenges and blockages and areas for consideration by the panel.
Outcomes 100 House Report (template)	Includes client and house dynamics, staffing profile, mandatory training attendance, staff turnover, safety and wellbeing (critical incidents, Workcover issues and themes, debriefing and EMDR follow up), staff supervision and support, key strengths in the home, key challenges and systems issues of concern external to the house.
Report Attachments	These include: Key assessments, care team minutes, Behaviour Support Plans, therapeutic plans, leaving care plans, Looking After Children Assessment and Progress Records and Care and Placement Plans.
Viewpoint Survey	Each young person is encouraged by the case manager and carer to complete a Viewpoint Survey. Key themes are compiled by the Practice Quality program to be discussed at the panel.
Incident Report Summary	A summary of incident reports for each young person is compiled by the Practice Quality Unit and themes and key issues presented and discussed.
TRC Monitoring data	A summary of the TRC Monitoring data is compiled by the Policy and Research team for consideration. The TRC Monitoring data is a record of observations of young people in TRC homes entered at each shift by residential workers and is available in real time.
File audits	A client file audit is undertaken by the Practice Quality Team and provided to the Area/District Manager.

Attachment 2: Outcomes 100 Case Practice Review Report

[House Name – Client Name]

Client Details

Name:

Date of Birth:

Aboriginal: Yes/No

Torres Strait Islander: Yes/No

CALD background: Yes/No. Specify:

Diagnosed disability: Yes/No. Specify:

Current Child Protection Order:

Current Placement (incl. date of commencement in house):

Case contracted to MacKillop: Yes/No

Case Manager:

Care Team (members):

Does the child/young person have a Sanctuary safety plan?

Does the child/young person have a Sanctuary self care plan?

Case plan

- Summarise the current case plan goals, eg reunification, permanent care:

Legal orders

- Provide an overview of current Orders Eg. Child Protection Orders, Youth Justice Orders and dates

Genogram

- Please attach a genogram (three generations (if possible) including names, ages, deaths, where they lived and who they lived with)

Family History

Provide a summary of:

- Family's trauma history, for example family violence, drug and alcohol problems, mental health, homelessness, criminal activity etc
- Family's ethnicity, culture, religion, migration, socioeconomic status ie employment (include both sides of the family)

Trauma history and experience of adversity

- Please provide a brief overview of young person's trauma history and experiences of adversity

Placement history

- Provide a chronology and timeline

Young person's views

- Has a viewpoint survey been completed by the child/young person recently? Yes/No
- If yes, please attach and note any key themes.

- What does the child/young person feel good about?

- Who would they go to with a concern?

- Do they know how to make a complaint?

- What does the child/young person worry about? What are their primary concerns and fears?

Family views

- What does their family think about what is happening for the child/young person?
- What does their family think about what MacKillop is doing?
- Has there been a family decision making meeting?
- Does the family come to care meetings?

- Does the family know how to make a complaint?

Family relationships and contact

- Summarise type and frequency of contact with family (parents, siblings, extended family)

- Describe the quality of connection with family

- Provide an overview of family assessments & plans to support family connection

Cultural Support Plan and engagement with community

- Attach a copy of the young person's current Cultural Support Plan
- Outline frequency and quality of connection with community
- List Aboriginal agencies involved with child/young person

Critical incidents summary (recent and past)

- Attach a table of incident types (to be provided by Practice Quality)
- Provide summary of incident themes, key issues and contributing factors

Key Assessments and Reports

- Provide a summary of key reports and findings (attach copies if needed)
- Attach the most recent care team minutes, LAC Assessment and Progress Record, Care and Placement Plan and Leaving Care Plan (if applicable)

Health and Wellbeing

Has the child/young person had a recent health assessment? Yes/No

Provide a summary of the following and note if formally diagnosed:

- Mental health issues (eg. depression, anxiety, psychiatric diagnoses, self-harm)
- Medical issues
- Disability/learning difficulties
- Developmental levels and challenges (physical, cognitive, social)
- Any treatment

- List current medications:

- Is the young person involved in any sporting activities? Do they have a part time job? Do they pursue any creative or cultural activities?

- Does the young person have any talents they would like to develop? What are the barriers?

Education

Outline:

- Name of Education or Training provider (if applicable):
- Frequency of attendance:
- Is there a current Student Support Group: Yes/No
- Academic achievement (attach most recent school report) or highest academic level achieved:

- Educational assessment & Individual Education Plan (attach copies)
- Outline key education and learning goals (include barriers & previous interventions)

Personal strengths and concerns

- Outline young person's strengths and recent achievements

- Outline any problematic behaviours including violence, drug and alcohol use, sexual exploitation, gambling, self-harm etc. (current and past)
- Indicate if the young person is on the Departmental High Risk Register or Sexual Exploitation Schedule.

- What are the key risks identified (physical, emotional and social)

- Outline the protective factors for this young person (including coping strategies, pro-social activities, community and cultural connections, family support and developing and sustaining relationships such as with carers, friends, family)

Future Goals

- Outline the current goals and priorities for the young person

Residential Home Dynamics:

- Provide a summary of relationships and dynamics in the residential house (that impact on the young person)

Professionals' engagement

- Provide a summary of professionals, programs and community service agencies involved with the young person and their family

System strengths and achievements

- Provide a brief summary of system strengths and achievements that impact positively on the care of the young person

Key system challenges and blockages

- Provide a brief overview of identified system issues that impact on the care of the young person

What has been attempted to overcome challenges

- What has worked?
- What has not worked?
- What is missing?

Areas for consideration/discussion

- Identify key areas for further consideration/discussion by the panel or others to respond to the care needs of the child/young person
- Outline any suggestions for a planned response

Additional information

- Please add anything relevant not covered in this report

Client File Audit Report

- Attach a completed client file audit (to be provided by Practice Quality)

Attachments to this report

- List any attachments/reports you will be including with this report

1.

Report prepared by:

Date:

Area Manager endorsement:

Date:

Principal Practitioner endorsement:

Date:

Attachment 3: Outcomes 100 Residential House Report

[House Name and Division]

House Details

House Supervisor:

Therapeutic Practitioner (if applicable):

Principal Practitioner:

Coordinator:

Names of clients:

- 1.
- 2.
- 3.
- 4.

Client and house dynamics

- Provide a brief overview of house dynamics and relationships

Staffing Profile

- Provide an overview of the current staffing profile, ie number of permanent staff and casual staff, full time and part time.
- In last 3 months, what percentage of shifts have been filled by labour hire staff?

Training

Please outline the number of staff who have undertaken the following mandatory training:

Mandatory Training	Number completed	Number yet to complete
MacKillop Essentials (Induction)		
Residential Care Induction		
Sanctuary Training		
TCI		

Staff turnover

- Please provide an overview of staff turnover in the past 6 months (include exit rate and drivers)

Safety and wellbeing:

Provide a summary of:

- Number of critical incidents involving assaults on staff
- Number of staff on Workcover
- Overview of Workcover issues/themes
- Have staff received EMDR therapy, other support or debriefing following critical incidents?

Staff supervision and support

- Please provide an overview of frequency of supervision of permanent and casual staff
- Has the coordinator sighted supervision records Yes/No
- Are there emerging themes that you would like to note?

Key strengths in the home

- Outline key achievements and aspects of the residential care home that support good care and outcomes of children and young people

Key challenges in the home

- Outline challenges that impact on the residential care home and good care and outcomes of children and young people

System issues of concern external to the house

- Outline any other broader system issues of concern - internal or external to MacKillop

- What has been tried to address these challenges?

Additional information

- Are Imprest records up to date? Yes/No. Outline reasons/barriers to this where relevant.
- Please add anything relevant not covered in this report

Attachments to this report

- List any attachments/reports you will be including with this report

1.

Report prepared by:

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Date:

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Area Manager endorsement:

--

Date:

--

Central Office

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 03 9699 9177

 enquiry@mackillop.org.au

*Mackillop Family Services acknowledges the Traditional Custodians
and their Elders in each of the Communities where we work.*



mackillop.org.au