



LEARNING &  
DEVELOPMENT

# Operational Practice – Part Two (OPS2)

## Facilitator Guide

Residential Core Module  
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## Facilitator Information

### Background

Residential Care is a service that deals with New Zealand's most vulnerable and challenging children and young people. It is a 24 hour, 7 days a week provider that operates 8 residences and 13 supervised group homes for approximately 800-900 children and young people a year. The service has over 750 staff throughout New Zealand that work with site staff and local services to ensure the safe transitions of children and young people back to the community.

The practice within a residence requires staff to have a knowledge and understanding of how they would apply the four primary areas, which guides consistent practice to every child and young person in our care.

The four primary umbrella areas create the context of work for all staff, these areas are:

- Legislation
- Policy
- Practice
- Organisational service standards.

Operational Practice (OPS) is a package that aims to orientate participants to the context of their work.

There are two parts to Operational Practice, it is compulsory for staff to attend both OPS trainings.

### Target Participants:

- Team Leader Operations
- Team Leader Clinical Practice
- Residence Manager
- Care Teams
- Casuals (used often)
- Case Leaders

### Glossary

Example of how to read the references to handouts, power points, facilitator resources and materials

|                           |  |             |                  |               |
|---------------------------|--|-------------|------------------|---------------|
| WB1.1                     | WB = Workbook Handout; F1 = Session Number; .1 = Handout Number (handouts are in the participant workbook) |             |                  |               |
| FR = Facilitator Resource | C = Cards  | R = Reading | PPT = PowerPoint | M = Materials |
| WB = Workbook Handout     | P = Poster   | D = DVD     | WC = Wall Chart  | H = Handout   |



## Facilitation Preparation

The preparation requires the facilitator to have some insight into the following models:

- Operational Practice Model (also known as the Boundary Wall)
- Safety and Wellbeing in regulations
- Residential Practice Framework
- The Practice Centre
- Children, Young Person and their Families Act 1989
- The Children, Young Persons, and their Families (Residential Care) Regulations 1996
- Facilitator to have some insight into the following regulations:
  - **Part 5 – Secure Care**

Facilitators will also need to have an awareness of the connection between the code of practice and the regulations.



## Learning Outcomes:

At the end of this course participants will be able to:

- Apply the Oz principle and link courageous conversations and punctuated practice into residential practice
- Discuss Part 5: Secure Care, of the Residential Care Regulations
- Evidence grounds for secure admission
- Illustrate effective reintegration plans
- Apply analysis to the Safety and Wellbeing of the child or young person
- Be able to access and use the Practice Centre
- Use and apply the key information applied in the Practice Centre

## Learning Objectives:

At the end of this course participants will be able to:

- Apply the Oz Principle to residential practice linking courageous conversations and punctuated practice
- Identify key legislative requirements for secure admission
- Demonstrate an understanding of the grounds for placement in secure
- Demonstrate thinking/analysis when a Child/Young person no longer meets grounds
- Discuss re-integration planning back into open unit
- Examine and align the purpose of the Practice Centre, OPM and their role
- Explore how the Practice Framework links to the Practice Centre
- Identify and apply the use of key information from the Practice Centre with their role

**Workshop Outline:**

| <b>Session</b> | <b>Content</b> |
|----------------|----------------|
|----------------|----------------|

|   |                              |
|---|------------------------------|
| 1 | Oz Principle and Secure Care |
|---|------------------------------|

**Morning Tea (15 mins)**

|   |                                 |
|---|---------------------------------|
| 2 | Secure Practice and Application |
|---|---------------------------------|

**Lunch**

|   |                           |
|---|---------------------------|
| 3 | Reframing the Secure Care |
|---|---------------------------|

**Afternoon Tea (15 mins)**

|   |                 |
|---|-----------------|
| 4 | Practice Centre |
|---|-----------------|

**FINISH**



# Session One: Oz Principle and Secure Care



## Session One: Oz Principle and Secure Care

- Objectives:** By the end of this session participants will be able to:
- Apply the Oz Principle to residential practice linking courageous conversations and punctuated practice
  - Identify key legislative requirements for secure care admission

**Time** 9.00am – 10.30am 1hour 30 minutes

**Resources** Laptop, Datashow, Flipchart paper, Markers and Blu-tac, Whiteboard and Whiteboard Markers

Class set of Residential Care Regulations

**Powerpoints** PPT 1.1 Oz Principle

**Workbook** Pages 5 – 10

### Session Brief

This session participants will look at how the OZ Principle can be applied in practice within a Residential Care setting. This will be achieved by encouraging the use of courageous conversations to reflect the use of practice applied.

Following on from the Oz Principle, there will be a focus on key parts of the legislation that outline the grounds for admission into secure care and the limits on detention in secure care. This focus will be applied and practiced through until Session 3.

The intention is to align regulations in direct relation to secure care practice.





| Exercise  | Purpose and Key Points   |
|---|--|
| <p><b>9.00am (10 mins)</b><br/>Introduction</p>               | <p>Welcome participants to the workshop in an appropriate manner; ensure there is time for any cultural welcomes as may be requested by the site.</p> <p>Facilitator to pose the following question, and gauge feedback from the group:</p> <p style="text-align: center;"><b>What shifts have you noticed in your thinking or in the general practice across the site since the OPS1 training?</b></p> <p>Ensure the feedback is quick and punchy; it is primarily that the facilitator be able to gauge the learning in the site since the last training 3 weeks ago.</p>  |
| <p><b>Facilitator Note:</b><br/><u>TASK:</u> Oz Principle</p> | <p><i>Background reading and refreshing on the Practice Approach Wheel (PAW) handouts and Facilitation Guide would be beneficial. Also research 'Oz Principles'.</i></p> <p><i>The key to keeping the practice wheel moving and reflective intensive practice evident is making the connection between all people in the team.</i></p> <p><i>An action plan which displays safety and wellbeing for a child or young person to achieve a common goal requires a connection of communicating together and empowering courageous conversations where required. This connection will link more solid evidence based casework that fuels the 3 S's – Settle (Safety), Strengthen (Thrive) and Success.</i></p> <p><i>The connection can also be linked to a collaborative approach, where team members are accountable to the stories of the young people to achieve better reflective casework.</i></p> <p><i>The Case Leaders are key to making sure the connections are achieved through open communication and a level of casework that is qualified by all team members i.e. care team snapshot assessments, programme coordinator, employment coordinators, whanau, young people and children.</i></p> <p><b>Oz Principles</b></p> <p><a href="http://ezinearticles.com/?The-Oz-Principle---A-Book-Summary&amp;id=40772">http://ezinearticles.com/?The-Oz-Principle---A-Book-Summary&amp;id=40772</a></p> <p><i>In The Oz Principle, Connors, Smith, and Hickman use the analogy of "The Wizard of Oz" to discuss a business philosophy aimed in propelling individuals and organizations to overcome unfavourable circumstances to achieve desired results. This philosophy can be encompassed in one word: ACCOUNTABILITY.</i></p> <p><i>The eponymous principle builds upon the ethos of personal and organisational accountability. It explores the root cause of an organisation's impediments to exceptional performance and productivity, and provides great insight on how to re-establish a business from the bottom up, emphasizing on the thin line that separates success from failure. The Above The Line, Below The Line methodology is the driving force behind The Oz Principle.</i></p> <p><i>Article Source: <a href="http://EzineArticles.com/40772">http://EzineArticles.com/40772</a></i></p> |



| Exercise   | Purpose and Key Points   |
|--|--|
| <p><b>Facilitator note:</b></p> <p><u>TASK:</u> Oz Principle</p> | <p><i>The Oz principle builds upon the methods of personal and organizational accountability. The Above The Line, Below The Line methodology is the driving force behind The Oz Principle.</i></p> <p><i>The aim is to focus on messaging around accountability. Facilitator is to discuss courageous conversations when exploring the OZ principle.</i></p> <p><i>The Oz principle is about a culture shift of baseline behaviour that is acceptable in a team, setting the scene - coupled with courageous conversations; we pitch part of the responsibility with the leadership teams on site.</i></p> <p><i>The following task is designed to be an information and discussion session. Facilitators are encouraged to weave the connection to coaching when exploring the Oz principle and courageous conversations. Using the following prompts if required:</i></p> <ul style="list-style-type: none"> <li>• <i>Coaching sits in a learning culture that encourages the different support approaches to exist</i></li> <li>• <i>The Oz principle and courageous conversations are tools used to assist the coaching culture and is a medium that identifies team to assist in taking care of the team (social learning theory)</i></li> </ul> <p><i>If required, you link the coaching workshop around courageous conversations with participants and how they can use these methods in their interventions and engagements with young people. This will provide participants with the prompts to challenge what's not being done right or well within practice.</i></p> <p><i>You can also link this task back to the positional v personal power methods.</i></p> <p><i>In the question pertaining to 'Permissions', what this means is how do we allow ourselves to question the application of practice in residential care. If we don't question something we think is not right or could be questioned at anytime, then we are not doing anything about it, and we are not identifying above or below the line practice.</i></p> <p><i>And who will play a role in this; well everyone will play a role in it. It leads back to having Courageous Conversations within our team to try and challenge what is not being done right /well.</i></p> |



| Exercise  | Purpose and Key Points  |
|---|---|
| <p><b>9.10am (30 mins)</b></p> <p><u>TASK:</u> Oz Principle Information and Discussion</p> <p>PPT 1.1 Oz Principle<br/><b>WB page 6</b></p> | <p>Facilitator to lead a discussion on the following question:</p> <ul style="list-style-type: none"> <li>• How do we allow 'permissions' to occur in the norm of team culture? And who plays a role in it?</li> </ul> <p>When appropriate lead the discussion into the following:</p> <ul style="list-style-type: none"> <li>• Ask the group what they know about the Oz Principle?</li> </ul> <p>Facilitator introduces or adds to the Oz Principle definition using the following prompts if required:</p> <ul style="list-style-type: none"> <li>• The OZ principle speaks of this order as a primary step to accountability.</li> <li>• We see it, We solve it, We own it, and We do it: When observing others we have first seen it, solving it looks like bringing it to the attention of the staff member in a timely fashion.</li> <li>• Speaking above or below the line is about being able to embed safe accountability in the culture of the residence.</li> <li>• When we think of ownership of questionable practice first we take ownership of ourselves, our own practice ensuring we remain within the four boundary walls of Legislation, Regulations, Practice Centre and Code of Practice/Conduct.</li> </ul> <p>Facilitator to explore the four steps (sees, solve, own, do) explore the concept of permissions of bad practice leading to norm of the culture.</p> <p>Facilitator to introduce the line using the following prompts:</p> <ul style="list-style-type: none"> <li>• Thin line that separates success from failure; called 'above the line and below the line'</li> <li>• In practice that is consistent and compliance with legislative and organisational expectations and commitment to clients VS NOT</li> <li>• Practice that fits between the four walls.</li> </ul> <p>Prompt participants to consider their earlier discussions in Operational Practice Part One and activities on the types of breaches they identified.</p> <p>Facilitator to draw on the right side of the whiteboard 'the line'. Begin to identify the types of behaviours that present from staff that is below or above the line.</p> <p>Get participants to consider how most of the examples would have sat below the line and invite them to brainstorm what above the line would look like within the 4 walls of the Operational Practice Model, record these on the whiteboard.</p> <p>Ensure to unpack behaviour so there is an understanding of what sits under what is presented (complexity or lack of knowledge?)</p> <p>On the left hand side of the board, draw the punctuated practice funnel and begin to attach responses to each of the behaviours.</p> <p>Start with courageous conversations and where participants think it belongs on punctuated practice and the behaviour it is best responsive to.</p> <p>Facilitator to summarise using prompts listed above.</p> |



| Exercise   | Purpose and Key Points   |
|--|--|
| <p><b>Facilitator note</b></p> <p><u>TASK:</u> Perspective Reading</p>   | <p>You will now take participants on a journey through Secure Care's purpose and practice in Residential Care. This will take you through until Session 3.</p> <p>There are two parts of this session, where the focus is on:</p> <ol style="list-style-type: none"> <li>(1) The purpose of secure care</li> <li>(2) The practice within secure care</li> </ol> <p>To explore this further a practice phase tool has been designed to assist the learning.</p> <p>To start we will look at the purpose behind secure care looking at the following perspectives.</p> <ul style="list-style-type: none"> <li>• Section 368 – Children, Young Persons, and Their Families Act 1989</li> <li>• Residential Practice</li> <li>• Part 5 Secure Care Regulations 46, 48, 49, 51 – The Children, Young Persons and Their Families (Residential Care) Regulations 1996</li> </ul> <p>The aim is to scope an understanding of what the purpose of secure care is.</p> <p>Facilitator will need to challenge any thinking that positions secure care separate from practice and does not see secure care as an end resort intervention.</p>  |
| <p><b>9.40am (35 mins)</b></p> <p><u>TASK:</u> Perspective Reading</p> <p><b>WB 1.1 – Section 368 of CYPF Act 1989</b></p> <p><b>WB 1.2 – Part 5 Secure Care Regulations (extract)</b></p> <p><b>Class set of Regulations</b></p> <p><b>WB pages 7-9</b></p> | <p>Facilitator when appropriate will divide the group into three even groups. Allocate each group one of the following perspectives:</p> <ol style="list-style-type: none"> <li>1. Section 368 – Children, Young Persons, and Their Families Act 1989</li> <li>2. Residential Practice</li> <li>3. Part 5 Secure Care Regulations 46, 48, 49, 51 – The Children, Young Persons and Their Families (Residential Care) Regulations 1996</li> </ol> <p>Ask each group to spend the next 5 minutes brainstorming the <b>purpose of secure care</b>.</p> <ul style="list-style-type: none"> <li>• Group 1 – ask them to turn to <b>page 8</b> to see a copy of Section 368 – Children, Young Persons, and Their Families Act 1989</li> <li>• Group 2 – ensure they have a copy of the class set of Residential Care Regulations (Part 5 – Secure Care), around secure care practice (<b>copy also on page 9 of workbooks</b>).</li> <li>• Group 3 – will apply their application of practice and are to record their brainstorm based on their experiences and previous decision making.</li> </ul> <p>Ensure each group selects a speaker to present their brainstorms on the purpose of secure care. They will only have 5 minutes to report back and some time for feedback from other groups.</p> |



| Exercise                      | Purpose and Key Points   |
|-------------------------------|--|
| Feedback                      | <p>As group's feedback, encourage the participants of other groups to question any brainstorm thoughts presented, especially if there is any opposing ideas to any of their brainstorm.</p> <p>Facilitator to encourage the use of examples, around what their suggestions, discussions would look like in their line of work.</p>   |
| Baseline Messages and Wrap Up | <p>Facilitator to wrap up this task when appropriate; ensure the following bullet points are included in the wrap up.</p> <p>There is potential for the group to sum up these key points themselves, so open it up briefly to the group to explore what they feel the key messages and facilitator can lead in where required to ensure the following points are covered:</p> <ul style="list-style-type: none"> <li>• Secure Care is one of the interventions that sit on the higher end of the continuum of intervention (punctuated practice)</li> <li>• It is expected that when we engage in secure care we are able to document with evidence why no other level of engagement or intervention was not considered an option</li> <li>• Escalated behaviour with potential to result in a secure care admission starts with a trigger. In hindsight – What was it? Was it managed well? Was there room for a shift in their behaviour if I engaged earlier?</li> <li>• The purpose of secure care is not about 'calming' a child or young person down; it is safety and wellbeing, reflection and a self-discovery of the child or young person.</li> </ul> |
| 10.15am                       | Morning Tea  |

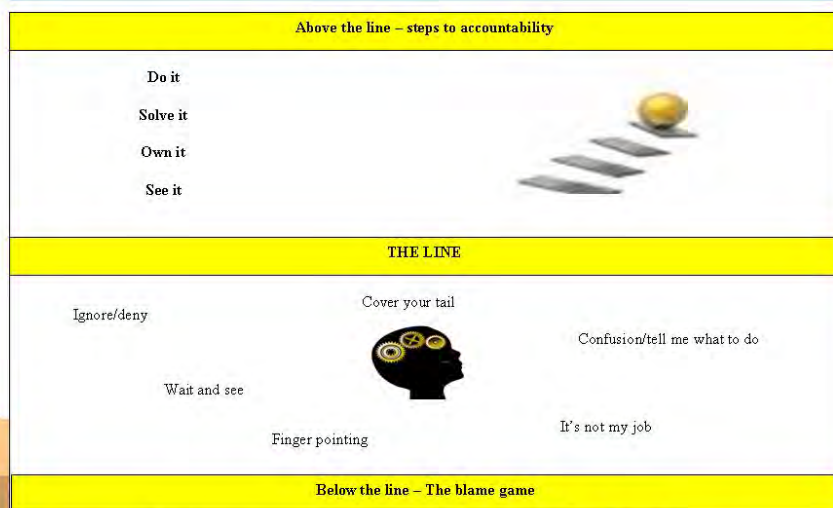


PPTS 1.1

PPT 1.1 Oz Principle

NOTES:

## Oz Principle



The Oz principle  
Connors, Smith and Hickman

**WB 1.1 – Section 368 of the Children, Young Person and Their Families Act 1989****s368            *Grounds for placement in secure care***

(1) A child or young person may be placed in secure care in a residence if, and only if, such placement is necessary—

(a) to prevent the child or young person absconding from the residence where any 2 of the conditions specified in subsection (2) apply; or

(b) to prevent the child or young person from behaving in a manner likely to cause physical harm to that child or young person or to any other person.

(2) The conditions referred to in subsection (1)(a) are—

(a) the child or young person has, on 1 or more occasions within the preceding 6 months, absconded from a residence or from Police custody:

(b) there is a real likelihood that the child or young person will abscond from the residence:

(c) the physical, mental, or emotional well-being of the child or young person is likely to be harmed if the child or young person absconds from the residence.

Section 368: substituted, on 8 January 1995, by [section 41](#) of the Children, Young Persons, and Their Families Amendment Act 1994 (1994 No 121).



## WB 1.2 – The Children, Young Person and Their Families (Residential Care) Regulations 1996

### **PART 5      Secure Care**

#### **s46              Areas for provision of secure care to be designated**

- The manager of every residence established for the purpose of [section 364\(2\)\(d\)](#) of the Act shall designate one part of the residence to be used for the provision of secure care, and every such part shall be indicated by signs or other means so as to be readily identifiable to children and young persons in that residence.

#### **s48              Confinement to rooms of children and young persons in secure care**

- (1) No child or young person placed in secure care shall be confined in his or her own room between the hours of 8am and 8pm on any day unless such confinement is necessary—
  - (a) on account of any illness, injury, or extreme emotional disturbance suffered by that child or young person; or
  - (b) in any case of emergency, or in order to maintain and restore order in the residence; or
  - (c) in the case of a confinement between 5pm and 8pm on any day to enforce a sanction under a specific behaviour management programme being applied to the child or young person.
- (2) Any confinement under subclause (1) shall be for no longer than is reasonably necessary for the purpose.
- (3) The manager shall ensure that the details of the confinement of any child or young person in any room pursuant to subclause (1), and the reasons for it, are recorded in the daily log.

#### **s49              Contact with other children and young persons**

- Subject to [regulation 48](#), every child or young person placed in secure care shall be permitted to communicate freely at all reasonable times between the hours of 8am and 8pm each day with any other child or young person placed in secure care.

#### **s51              Range of planned, purposeful, and varied activities to be provided**

- (1) Subject to the need to maintain the security of the children and young persons in a residence placed in secure care, every child or young person placed in secure care, including a child or young person who is confined to any room pursuant to [regulation 48](#), shall have access to a range of planned, purposeful, and varied activities which are designed to enhance the life skills, social skills, and competency skills of the child or young person.
- (2) The activities specified in subclause (1)—
  - (a) shall include (where practicable) cultural, recreational, social, sporting, and educational activities; and
  - (b) shall be made available at all reasonable times during a child's or young person's placement in secure care.







## Session Two: Secure Care Practice and Application



## Session Two: Secure Care Practice and Application

- Objectives:** By the end of this session participants will be able to:
- Demonstrate an understanding of the grounds for placement in secure
  - Demonstrate thinking/analysis when a Child/Young Person no longer meets grounds

**Time** 1 hour 30 minutes

**Resources** Laptop, Data show, White Board, Whiteboard Markers, Flipchart paper, Markers and blu-tac

**Cards**

|       |                           |
|-------|---------------------------|
| C 2.1 | Practice Phase Tool Cards |
| C 2.2 | Specific Terms Cards      |

**Workbook** Pages 11 – 18

### Session Brief

This session remains with secure care and links into the practice phase tool to raise awareness of the practice phases in a child or young person's journey into secure care. It introduces the three phases; Phase One: Antecedence, Phase Two: Reflection and Learning and Phase Three: Reintegration.

Participants will then be required to demonstrate the knowledge into application through a practical activity that links in with the regulations/legislations.



| Exercise   | Purpose and Key Points  |
|--|---|
| <p><b>Facilitator note</b></p> <p><u>TASK:</u> Practice Phase Tool</p> | <p><i>The purpose of the practice phase tool is to raise awareness of the practice phases in a child or young person’s journey into secure care.</i></p> <p><i>The remainder of the session will look at the tool running parallel to the legislation pathway.</i></p> <p><i>Like the Safety and Wellbeing Regulations Model, the aim is to align the legislation specifically to the phases of the practice phase tool.</i></p> <p><i>It is important this dialogue provides a connection to their role in the residences. As per the previous task, it is important that there is a good practice depth discussion being had</i></p> <p><i>There are three phases to the practice phase tool:</i></p> <p><u><i>Phase one: Antecedence</i></u></p> <p><i>This is the phase where the child or young person begins to display the behaviour that evidences a shift from the assessed norm for this child or young person. Antecedence is about recognising the initial stages of when we decide secure care is required through to the admission of the child or young person</i></p> <p><i>The word antecedence means ‘what happened before’. When considering the antecedence phase, you will be exploring hindsight. To assess at the time of the behaviour being presented would shift the conversation to ask why nothing was done at the time.</i></p> <p><b>Regulations connected to Antecedence R27, R3, R46, s.368</b></p> <p><i>This type of practice will include an analysis of triggers present.</i></p> <p><u><i>Phase two: Reflection and Learning</i></u></p> <p><i>Phase two will explore what happens with a child or young person when in secure care.</i></p> <p><i>As per the title of the phase, the practice needs to evidence the reflection that is undertaken in the secure unit, evidenced learning that can be documented as a teachable moment. This includes where the child or young person can see an alternative pathway to self-regulate their behaviour.</i></p> <p><i>In the practice phase tool task, there will be some key elements that set reflection and learning practice apart from a piece of paper the child or young person fills in. The challenge is to have teams consider whether the work the child or young person are doing in secure care holds reflection and learning principles.</i></p> <p><b>Regulations connected to Reflection and Learning R50, R48, R51,R47</b></p> |



| Exercise   | Purpose and Key Points   |
|--|--|
| <p><b>Facilitator Note</b></p> <p><u>Task:</u> Practice Phase Tool cont...</p>   | <p><u>Phase three: Reintegration</u></p> <p><i>This is the phase that should start from the point of admission. The reflection phase with staff will formulate the plan and assist in the managing of the reintegration into the open unit. It is vital that the practice framework is identified here whereby the child focussed plan is obvious to the young people involved, allowing for a safe environment.</i></p> <p><b>Regulations connected to reintegration is R47,R27, R3</b></p> <p><i>This task will challenge staff to consider whether the purpose of secure care, and the above practice phase themes are evident in staff's decision making and it is documented. In addition, children and young person focussed practice is at the centre of decision making.</i></p> |
| <p><b>10.30am (30 mins)</b></p> <p><u>TASK:</u> Practice Phase Tools of Secure Care</p> <p><b>C 2.1 – Practice Phase Tool Cards</b></p> <p><b>WB pages 12-14</b></p> | <p>Before heading into the task, Facilitator will require participants to turn to the cards on <b>page 12-14 in their workbooks.</b></p> <p>Using the cards, facilitator will speak to the graphic that explains the practice phases of secure care.</p> <p>Before beginning the task, ensure participants have an outlined understanding of the Practice Phase Tool before moving on to gain more in-depth understanding of its application.</p> <p>Facilitator to blu-tac the cards to a good clear surface, the practice cards will be kept up for the remainder of the sessions. Use the information in the facilitator notes to prompt any discussions.</p>   |



| Exercise  | Purpose and Key Points  |
|---|---|
| <p><b>Facilitator Note:</b></p> <p><u>TASK:</u> Application</p> | <p><i>The following task is about transitioning knowledge into application. It can be assumed that staff can list off regulations and be able to orientate them to where it would be used, this is to be commended and we must acknowledge this. The next task requires staff to demonstrate their knowledge using the practice phase tool.</i></p> <p><i>To meet the child and young person focussed phase of the residential practice framework, you need to reinforce the previous messaging around the legislation pathway. The practice phases and decisions surrounding secure care admissions need to be linked in order to meet secure care's purpose.</i></p> <p><i>The task will identify the regulations and legislation connected to the practice phases. Participants will be asked to explore and unpack key terms in the regulations and how they may be measured in the practice phases. It is important that as you describe the task, that staff are reminded that these phases call staff to engage in hindsight, it is in looking at what happened (antecedence) that will assist the reintegration.</i></p> <p><i>It is vital facilitators have some thoughts on the terms identified below before rolling out the task.</i></p> <p><i>Below is the list of words that you will ask teams to unpack and measure. These words were taken from the regulations, the questions are prompts facilitator may want to use to explore further:</i></p> <ol style="list-style-type: none"> <li>1. s.368(1) uses the term <b>“necessary”</b>:<br/><i>PROMPT: ‘what does baseline behaviour of a young person have to do with understanding the term necessary?’</i></li> <li>2. The grounds for secure admission give two primary grounds:             <ol style="list-style-type: none"> <li>a. <b>“absconding” (note there are strict guidelines in s.368(2)), and</b></li> <li>b. <b>“to prevent a child or young person from behaviour most likely to cause physical harm”</b><br/><i>PROMPT: ‘what do the two grounds for admission look like?’</i></li> </ol> </li> <li>3. R47(1) explores the key term <b>“review daily...to determine...child or young person should continue to be kept in secure care”</b>:<br/><i>PROMPT: What do we review? Can we review on situation? What do triggers have to do in this situation?</i></li> <li>4. R51(1) explores the key term <b>“range of planned, purposeful, and varied activities which are designed to enhance the life skills, social skills, competency skills of the child or young person.”</b><br/><i>Refer also to R51(2) to further discuss what this looks like.</i><br/><i>There will be a specific task connected to this Regulation that will result in a list of questions to measure the effectiveness of ‘varied activities’.</i></li> <li>5. R48 explores the terms <b>“extreme emotional disturbance”, “confined”, “maintain and restore order”</b></li> </ol> |



| Exercise  | Purpose and Key Points  |
|---|---|
| <p><b>11.00am (60 mins)</b></p> <p><u>TASK:</u> Application</p> <p><b>C 2.2 – Specific Terms Cards</b></p> <p><b>WB Pages 15-17</b></p> | <p>The following task will require 4 small groups. Once these groups are formed facilitator to explain the task, using the following prompts:</p> <ol style="list-style-type: none"> <li>1. Each group will be given one card that highlights specific terms or statements from the regulations connected to part 5 – secure care.</li> <li>2. The task is two-pronged so ensure you complete both activities.</li> <li>3. Facilitator may want to use the example below (absconding) and walk through with the group to explain task.</li> <li>4. The charts that teams prepare will be required in the next session, so participants will need to make sure their material is readable by others.</li> </ol> <p><u>Activity one:</u> Read the terms extracted from a regulation or legislation and answer the following questions on a chart paper:</p> <ol style="list-style-type: none"> <li>(a) What do these terms look like in the context of a child or young person’s behaviour?</li> <li>(b) Consider the Practice Phase Tool where would you place the terms identified? and why?</li> </ol> <p>For example – if the word we are exploring as a team is “absconding” the answers could look like:</p> <p><b>Example Answer to (a):</b></p> <p>A child or young person is anxious and not coping. They are speaking openly about needing to leave – their choice of communication could look like running for the door when open, openly planning an escape, damaging property to escape, silent and withdrawn.</p> <p><b>Example Answer to (b):</b></p> <p>The high end of antecedence because it is consistent behaviour that focuses on an escape or attempted escape.</p> <p><u>Activity two:</u> The following task will be done in the same groups however the recording will be on a separate piece of paper, NOT the same chart paper.</p> <p>Ask the groups to look at their answers for (a) and (b) – and answer the following questions:</p> <ol style="list-style-type: none"> <li>(c) Based on your description of the child and young person’s behaviour – do you see the grounds for secure admission? If yes document why. If no evidence why.</li> <li>(d) Based on the practice phase selected for your young people – what would the next step look like? What would you like to see done with your young person?</li> </ol> |

1. Each group will be given one card that highlights specific terms or statements from the regulations connected to part 5 – secure care.
2. The task is two-pronged so ensure you complete both activities.
3. Facilitator may want to use the example below (absconding) and walk through with the group to explain task.
4. The charts that teams prepare will be required in the next session, so participants will need to make sure their material is readable by others.

Activity one: Read the terms extracted from a regulation or legislation and answer the following questions on a chart paper:

- (a) What do these terms look like in the context of a child or young person’s behaviour?
- (b) Consider the Practice Phase Tool where would you place the terms identified? and why?

For example – if the word we are exploring as a team is “absconding” the answers could look like:

**Example Answer to (a):**

A child or young person is anxious and not coping. They are speaking openly about needing to leave – their choice of communication could look like running for the door when open, openly planning an escape, damaging property to escape, silent and withdrawn.

**Example Answer to (b):**

The high end of antecedence because it is consistent behaviour that focuses on an escape or attempted escape.

Activity two: The following task will be done in the same groups however the recording will be on a separate piece of paper, NOT the same chart paper.

Ask the groups to look at their answers for (a) and (b) – and answer the following questions:

- (c) Based on your description of the child and young person’s behaviour – do you see the grounds for secure admission? If yes document why. If no evidence why.
- (d) Based on the practice phase selected for your young people – what would the next step look like? What would you like to see done with your young person?

**Exercise****Purpose and Key Points**

For example (using the above absconding example):

***Example Answer to (c):***

Although the behaviour indicates a 'wanting' to go – there is no previous occasions as per s.368(2)(a) and there is not enough evidence for secure admission, damaging property alone would again not meet the grounds for secure admission under the absconding reasoning. There may be scope exploring the damaging property but key language is "to prevent" so would need to have enough evidence to explain there is a prevention purpose, when alternative practice could be considered

***Example Answer to (d):***

Next phase: no grounds for secure care – so R27 and or R3 for professional standard care and adequate programming exploring the reasons for why.

This task should take you to lunch. It is recommended that you do not carry on to the next part of the task until after lunch. Facilitator to have an analysis of their time and group, to see if recommendation is necessary or not.

**END OF PART A (Secure Care)**

**12.00pm****LUNCH**





## C 2.1 – Practice Phase Cards

# Phase One: Antecedence



This is the phase where the child or young person begins to display the behaviour that evidences a shift from the assessed norm for this child or young person. Antecedence is about recognising the initial stages of when we decide secure care is required through to the admission of the child or young person.

The word antecedence means 'what happened before'. When considering the antecedence phase, you will be exploring hindsight. To assess at the time of the behaviour being presented would shift the conversation to ask why nothing was done at the time.

This type of practice will include an analysis of triggers present

**Regulations connected to Antecedence R27, R3, R46, s.368**



C 2.1 – Practice Phase Cards

### Facilitator Notes:



## C 2.1 – Practice Phase Cards

# Phase Two: Reflection and Learning



Phase two will explore what happens with a child or young person when in secure care.

As per the title of the phase, the practice needs to evidence the reflection that is undertaken in the secure unit, evidenced learning that can be documented as a teachable moment. This includes where the child or young person can see an alternative pathway to self-regulate their behaviour.

In the umbrella tool task, there will be some key elements that set reflection and learning practice apart from a piece of paper the child or young person fills in. The challenge is to have teams consider whether the work the child or young person are doing in secure care holds reflection and learning principles.

**Regulations connected to Reflection and Learning R50, R48, R51, R47**

C 2.1 – Practice Phase Cards



### Facilitator Notes:



## C 2.1 – Practice Phase Cards

# Phase Three: Reintegration



This is the phase that should start from the point of admission. The reflection phase with staff will formulate the plan and assist in the managing of the reintegration into the open unit.

It is vital that the practice framework is identified here whereby the child focussed plan is obvious to the young people involved, allowing for a safe environment.

**Regulations connected to Reintegration R47, R27, R3**



C 2.1 – Practice Phase Cards

### Facilitator Notes:



## C 2.2 – Specific Terms Cards

LEARNING & DEVELOPMENT

“necessary”

child youth family

C 2.2 – Specific Terms

LEARNING & DEVELOPMENT

“absconding”

child youth family

C 2.2 – Specific Terms

LEARNING & DEVELOPMENT

“to prevent a child or young person from behaviour most likely to cause physical harm”

child youth family

C 2.2 – Specific Terms

LEARNING & DEVELOPMENT

“review daily...to determine...child or young person should continue to be kept in secure care”

child youth family

C 2.2 – Specific Terms

LEARNING & DEVELOPMENT

“range of planned, purposeful, and varied activities which are designed to enhance the life skills, social skills, competency skills of the child or young person”

child youth family

C 2.2 – Specific Terms

LEARNING & DEVELOPMENT

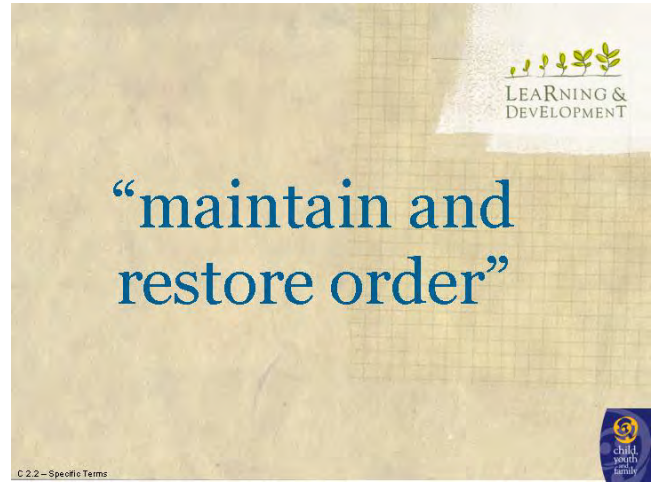
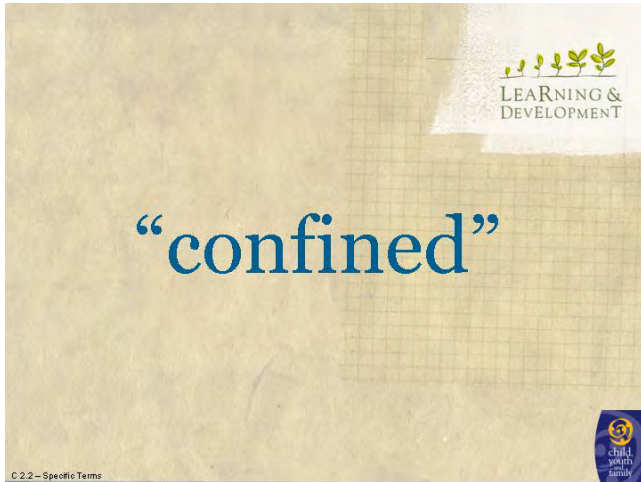
“extreme emotional disturbance”

child youth family

C 2.2 – Specific Terms



C 2.2 – Specific Terms Cards





**Facilitator Notes:**

A series of horizontal dotted lines providing a space for handwritten notes.



## Session Three: Reframing Secure Care



## Session Three: Reframing Secure Care

**Objectives:** By the end of this session participants will be able to:

- Discuss re-integration planning back into open unit

**Time** 1.00 – 2.35pm (1 hour 35 mins)

**Resources** Laptop, Datashow, Flipchart paper, Markers, Blu-tac, Whiteboard and Whiteboard Markers

**Workbook** Pages 19 – 21

### Session Brief

This session looks at the reframing of the knowledge and application of the practice tool phases that participants were linked into in the previous session.

This will get participants analysing the grounds and identifying whether grounds were met or not and qualifying why or why not. Facilitator to then drive home the baseline messages for secure care.





| Exercise   | Purpose and Key Points  |
|--|---|
| <b>1.00pm (10 mins)</b><br><b>PART B</b>                     | <p><i>Upon returning from lunch, facilitator to have a check point of what was covered pre-lunch and re-visit the baseline messages before moving into the reframe stage of part A and moving into part B</i></p>   |
| <b>1.10pm (15 mins)</b><br><b>TASK:</b> Reframe              | <p>Facilitator to direct groups back into their teams and ask them to relook at their answers for part A. Explain to the teams that their chart paper will be used as stations, which means others will need to be able to read it and understand what has been written down.</p> <p>Once teams are happy with their responses, facilitator to take the chart paper and place them around the room to serve as station discussion points.</p>   |
| <b>Facilitator note</b><br><b>TASK:</b> Met or Not...Qualify | <p><i>This following task will be a usual station task. The aim is for teams to have some analysis on each of the other groups work. This will include finding grounds for secure or not, whilst aligning this with the next step practice phase.</i></p> <p><i>Post the station analysis, the teams will discuss in an open forum their decisions around grounds and breach for admissions. It is important as a facilitator you take on a devil's advocate role to support what sound decisions there can be. The task is not about if grounds or not (which is vital) but it is about bringing an awareness of what thinking needs to happen before an admission into secure care. Teams will need a copy of the regulations to undertake this task.</i></p> <p><i>Baseline messages:</i></p> <ul style="list-style-type: none"> <li>• <i>Secure care is not a place to be used for where children or young people to calm down</i></li> <li>• <i>There are only two pathways into secure care and a purpose that parallels in the practice phases; does your decision for admission into secure care meet these pathways? Will the outcome of the admission evidence the purpose that sits with the practice phases?</i></li> <li>• <i>Secure care sits at the top of the punctuated practice framework. If the connection phase of punctuated practice is not met then secure care will always be that practitioners' first port of call. Is this your current practice approach?</i></li> </ul> |
| <b>1.25pm (50 mins)</b><br><b>TASK:</b> Met or Not...Qualify | <p>Facilitator to explain the following task using the prompts below:</p> <ul style="list-style-type: none"> <li>• The following task is called met or not...qualify, it starts with your group applying analysis to the three stations around you</li> <li>• When you get to a station you are to read the groups' answers to activity one (a), question whether any of those behaviours support the grounds of secure care admission. If yes, how? If no, qualify</li> <li>• Using the teams answers to (b) identify three things you think needs to be done in that phase.</li> </ul> <p>Each group will have 10 minutes at each station, before coming together as a wider group, whereby they will debate their reasoning's behind admission to secure care or lack thereof.</p>   |



| Exercise | Purpose and Key Points  |
|----------|---|
|          | <p><i>Facilitator will monitor the debate and pose alternative discussions where required. All qualifying reasoning must be actual and based on legislation/regulations. If there are no clear grounds met, it must be declined.</i></p> <p><i>Facilitator will need to ensure everyone is involved in the discussion</i></p> <p><i>It is important that at the end of the task, you re-visit the session's parts A and B baseline messages. You can invite participants to attempt to identify what the baseline messages are. Ensure you follow up by ensuring the correct messages are outlined.</i></p> |

### 2.15pm (15 Mins)

#### Baseline messages

- Secure care is more than a process, it is a practice that places staff knowledge of a child or young person at the core of restoration for the child or young person
- The practice phase tool requires staff to consider the journey to secure care is prevalent in their decision making alongside the legal pathway
- Grounds for Secure care need to evidence 'necessary' – your lead up to 'necessary' is in the practice you carry on the floor.
- s368 of the CYP&F act and part 5 of the regulations are not meant to be kept in isolation, instead they are meant to align with the practice and remain connected with the OPM and children and young people
- Secure Care is one of the interventions that sit on the higher end of the continuum of intervention (Punctuated Practice)
- It is expected that when we engage in secure care we are able to document with evidence why no other level of engagement or intervention was not considered an option
- Escalated behaviour with potential to result in a secure care admission starts with a trigger. What is it? Was it managed well? Was there room for a shift in their behaviour if I engaged earlier?
- The purpose of secure care is not about 'calming' a child or young person down; it is safety and wellbeing, reflection and a self-discovery of the child or young person.

#### END OF PART B (Secure Care)

### 2.30pm

#### AFTERNOON TEA





## Session Four: Practice Centre



## Session Four: Practice Centre

|                    |  |
|--------------------|--|
| <b>Objectives:</b> | <p><b>By the end of this session participants will be able to:</b></p> <ul style="list-style-type: none"> <li>• Examine and align the purpose of the Practice Centre, OPM and their role</li> <li>• Explore how the Practice Framework links to the Practice Centre</li> <li>• Identify and apply the use of key information from the Practice Centre with their role</li> </ul> |
|--------------------|--|

**Time** 2.45 – 4.30pm (1 hour 45 mins)

**Resources** Laptop, Datashow, Flipchart Paper, Markers, Blu-tac, Whiteboard, Whiteboard Markers, Post-it notes

**PowerPoints**

|         |   |
|---------|---|
| PPT 4.1 | Accessing the Practice Centre                   |
| PPT 4.2 | Practice Centre Homepage                        |
| PPT 4.3 | Knowledge & Practice Tab                        |
| PPT 4.4 | Policy Tab                                      |
| PPT 4.5 | What's New Tab                                  |
| PPT 4.6 | New Residences policy and key information links |
| PPT 4.7 | Closing quote                                   |

**Cards** C 4.1 Residential Practice Framework Card Sets (Supporting Documents / Key Information provided as in workbooks)

**Workbook** Pages 22 – 74

### Session Brief

This session unpacks how the Practice Centre links into the practitioners' role and the Operational Practice Model. It will support participants by identifying and defining some of the key language used within the Practice Centre.

It will provide a guide on how they can apply the practice centre into their daily operations in a residence, including a familiarisation through the new key information and practice policy. Participants will also be provided with sample screen shots to guide them through accessing the Practice Centre back in their sites/units.

### Facilitator Note:

*Facilitator will need to have accessed the Practice Centre and briefly reviewed the language and setup within it. It would also be beneficial to re-familiarise yourself the Residential Practice Framework and then review where and how the Practice Centre links in with the Operational Practice Model.*



| Exercise   | Purpose and Key Points  |
|--|---|
| <p><b>Facilitator Note</b></p> <p><u>DISCUSSION:</u><br/>Practice Centre</p>   | <p><i>The Practice Centre is designed to be the new central HUB of information for Residential Care staff.</i></p> <p><i>Many of the staff in residences may never have or not had the opportunity to view or even access the practice centre, so you will need to ensure the importance of accessing and using it is emphasised. By linking back to the OPM, this will highlight the importance further to participants as they will be able to clearly see where the practice centre fits in their role.</i></p> <p><i>Staff may feel that time factors and computer access are a couple of the main issues in accessing and reviewing the practice centre to do better reflective practice for a C/YP.</i></p> <p><i>The purpose is to identify champions, find processes that work for staff and how it could be incorporated into other staff member's day. The activity will also highlight for the facilitator how many participants actually access the practice centre and use it as reflective practice.</i></p> <p><i>By identifying champions, the facilitator should get them to share how they incorporate the accessing in their role, is it a team operating decision where each member gets time to access the computer and complete reports etc...</i></p> <p><i>The purpose of displaying the powerpoint slides is to introduce the Practice Centre.</i></p> |
| <p><b>2.45pm (15 mins)</b></p> <p><u>DISCUSSION:</u><br/>Practice Centre</p>   | <p>Facilitator to briefly describe what the Practice Centre means for staff in their role, linking to the OPM to achieve Regulation 27, and how it will improve reflective practice for a C/YP.</p> <p>Using a show of hands, ask participants:</p> <p style="text-align: center;"><b>Have you accessed the Practice Centre?</b></p> <p>If any participants respond by raising their hands, pose the next question to them:</p> <p style="text-align: center;"><b>What do you understand its purpose to be?</b></p> <p>Use the following prompts also to identify more from participants to try and identify the champions within residences:</p> <ul style="list-style-type: none"> <li>• How they found the time to access it?</li> <li>• When and Why they accessed it?</li> <li>• What they found useful by accessing it?</li> <li>• Has any of the information helped in your practice? If so, how did they apply this?</li> </ul>   |
| <p><b>PPTS 4.2-4.6 – Practice Centre Guide</b></p> <p><b>WB 4.1 – Practice Centre Support Guide</b></p> <p><b>WB pages 23.28</b></p> | <p>Record their responses on the whiteboard, participants will have space in their workbooks to record any suggestions to help them in their role.</p> <p>Facilitator to summarise by showing the powerpoint slides to briefly talk participants through how to access and the look of the Practice Centre.</p> <p>Inform participants that a copy of these slides have been provided with more detail as additional information in their <b>workbooks pages 23-28.</b></p>   |



| Exercise  | Purpose and Key Points  |
|---|---|
| <p><b>Facilitator Note</b></p> <p><u>TASK:</u><br/>Understanding the Residential Practice Framework</p>   | <p><i>The purpose of this activity is to link participants into the Practice Framework, get an outline of what it is and how it fits within the Operational Practice Model (OPM).</i></p> <p><i>The Residential Practice Framework combines the phases of a residential staff member's work (i.e. engagement, assessment and planning; changing behaviour and supporting wellbeing; reintegration and preparing for the future) with Child, Youth and Family's principles and perspectives, to create practice triggers that inform everyday work.</i></p> <p><i>The Residential Practice Framework incorporates trigger questions that help as a prompt for staff to use that will help keep them aligned to reflective practice.</i></p> <p><i>The aim is to get participants to unpack the Practice Framework and identify best practices applied in their roles. If they are not able to identify best practices or any link to the use of the phases then they need to identify why and explore how they can apply them going forward.</i></p>   |
| <p><b>3.00pm (40 mins)</b></p> <p><u>TASK:</u><br/>Understanding the Residential Practice Framework</p> <p><b>WB 4.2 / C 4.1 – Residential Practice Framework Phases</b></p> <p><b>WB pages 29-31</b></p> | <p>Facilitator to provide a brief introduction on what the Residential Practice Framework is and how it links with the OPM (use above description of the Practice Framework).</p> <p>Divide wider group into 3 smaller groups.</p> <p>Provide each group with a set of the Practice Framework cards outlining each of the 3 phases (copies are also in their workbooks).</p> <p>Provide flipchart paper and markers to each group.</p> <p>Outline the following instructions to the participants:</p> <ul style="list-style-type: none"> <li>• They are to select 1 question from each perspective within each of the phases i.e. 1 question from Young Person focussed in the Engagement phase etc</li> <li>• Reflecting on their selected questions, instruct them to consider: <ul style="list-style-type: none"> <li>○ How this is being demonstrated in practice? And, what does best practice look like?</li> <li>○ Is it consistent within their team and is it consistent throughout all teams? If not, what's the difference?</li> <li>○ If there is consistency OR inconsistencies within the teams, how does this look for the C/YP?</li> </ul> </li> </ul> <p>In their small teams allow 20 minutes for them to discuss, identify and record their outcomes to the above questions.</p> <p>Then invite each group to spend a couple of minutes presenting back their outcomes. Facilitator to gauge the feedback and allow time to discuss the rationale.</p> |



| Exercise  | Purpose and Key Points   |
|---|--|
| <p><b>Facilitator Note</b></p> <p><u>TASK:</u> <i>Unpacking the Key Information</i></p> | <p><i>The purpose of the next activity is to get participants to reflect on the key information in the practice centre and how this links in with their practice, roles and the practice framework.</i></p> <p><i>Key information is the guidance to actioning the must do's of the policies.</i></p> <p><i>Using the Escorting Key Information example, facilitator will need to read and then prepare some responses to the questions outlined below to use as the example. Some prompts have been provided below to support facilitator:</i></p> <ul style="list-style-type: none"> <li>• Why they believe this key information is important to their practice? <ul style="list-style-type: none"> <li>○ <b>Is to ensure the Safety and Security of the C/YP being escorted to and/or from a Residence.</b></li> <li>○ <b>It's also about making sure the staff are safe.</b></li> <li>○ <b>It provides a guidance to residential staff when escorting a C/YP</b></li> </ul> </li> <li>• Identify how they are applying it in their practice currently? and, What does that look like? <ul style="list-style-type: none"> <li>○ <b>Facilitator needs to identify what escorting looks like now in practice. What you are currently seeing within residences (You may need to consider some research or throw the question out to the group, What does escorting look like for you now?)</b></li> </ul> </li> <li>• How can they link their key information back to the Residential Practice Framework? <ul style="list-style-type: none"> <li>○ <b>It sits under the Changing behaviour and supporting wellbeing phase.</b></li> <li>○ <b>From a Young Person Focussed perspective – Do we understand what motivates them and how?</b></li> <li>○ <b>From a Family-led and culturally responsive perspective – Is our practice ethical, purposeful and respectful?</b></li> <li>○ <b>From a Strengths and evidence-based perspective – Does the residence have a healthy staff culture where good work is valued and respected?</b></li> </ul> </li> </ul> <p><i>In the final question you pose to the participants, the purpose is about getting them to think, 'how can they commit to these changes as a team'. They need to be looking for a consistent approach that the entire team will adopt.</i></p> <p><i>Facilitator can use the Three Houses Tool to assist the group in identifying their vulnerabilities, strengths and hopes and dreams for the team to commit to implementing the key information and policies.</i></p> |





| Exercise  | Purpose and Key Points   |
|---|--|
| <p><b>3.40pm (50 mins)</b></p> <p><u>TASK:</u> Unpacking the Key Information</p> <p><b>WB 4.3 / C 4.2 – Policy Cards and Key Information Supporting Documents</b></p> <p><b>Children’s Charter Pamphlets</b></p> <p><b>WB pages 32-67</b></p> | <p>Facilitator to briefly outline the next activity to participants using the Escorting Key Information example.</p> <p>Split wider group off into 4 smaller groups and allocate each group to one of the 4 stations.</p> <p>At the 4 stations there should be:</p> <ul style="list-style-type: none"> <li>• Key Information card</li> <li>• Supporting documents</li> <li>• Flipchart paper and markers</li> </ul> <p>Get them to spend a few minutes reading through the key information and supporting documents.</p> <p>Then linking back to the Practice Framework phases instruct them to:</p> <ul style="list-style-type: none"> <li>• Why they believe this key information is important to their practice?</li> <li>• What are the must do’s in this information?</li> <li>• Identify how they are applying it in their practice currently? and, What does that look like?</li> <li>• How can they link their key information back to the Residential Practice Framework?</li> </ul> <p>You can allow up to 20 minutes for groups to discuss and record their outcomes. Then get them to spend a couple minutes presenting back their outcomes and facilitator to gauge any rationale in the discussions.</p> |
| <p><b>WB 4.4 – Three Houses Template</b></p> <p><b>WB page 68</b></p>   | <p>Facilitator can use the Three Houses tool to assist when posing the following question to the group as a team OR alternatively you can lead an open discussion:</p> <p style="text-align: center;"><b>As a team how can you commit to implementing these changes?</b></p>   |
| <p><b>Baseline Messages</b></p>   | <ul style="list-style-type: none"> <li>• The Practice Centre has been made the central hub of key information and policies for residential services and provides residential staff more opportunities to apply better reflective practice, strengthen the engagement to build brighter future outcomes for children and young people in residences.</li> <li>• Residential policy and key information provides key practice requirements and guidance for residential staff when working with children and young people in a residence.</li> <li>• The Residential Practice Framework combines the phases of a residential staff member’s work (i.e. engagement, assessment and planning; changing behaviour and supporting wellbeing; reintegration and preparing for the future) with Child, Youth and Family’s principles and perspectives, to create practice triggers that inform everyday work.</li> </ul>   |



| Exercise                                   | Purpose and Key Points  |
|--|---|
| <b>4.15pm (15 mins)</b>                    | <i>Facilitator to deliver the baseline messages from this workshop, which are outlined on <b>page 87 of this guide (page 68 in participants' workbooks).</b></i>  |
| <i>TASK: Baseline Messages and Wrap up</i> | <b>WB page 69</b>   |
| <b>WB pages 72-74</b>                      | <i>Facilitator to revisit the Transfer of Learning process and Practice Clinics purpose ensuring participants are participating and working with TL's to get these completed. Emphasise the importance of these.</i>  |
| <b>PPT 4.7 – Closing Quote</b>             | <i>Facilitator needs to clearly outline the purpose of the Evaluations to participants and ensure they are completing them accurately and according to what they feel about the training etc. This is a priority and needs good and clear emphasis behind accurate evaluations, do not just give them the form and ask them to complete it.</i> |
| <b>WB page 70</b>                          | <i>Use the powerpoint to close the training with the attached quote to send participants away with:</i>   |
|  | <p><b><i>“The children and young people that are the centre of your work need you to believe in them and to leave no stone unturned in helping them achieve a brighter future”.</i></b></p>   |
| <b>4.30pm</b>                              | <b>FINISH</b>   |



PPTS 4.1-4.3

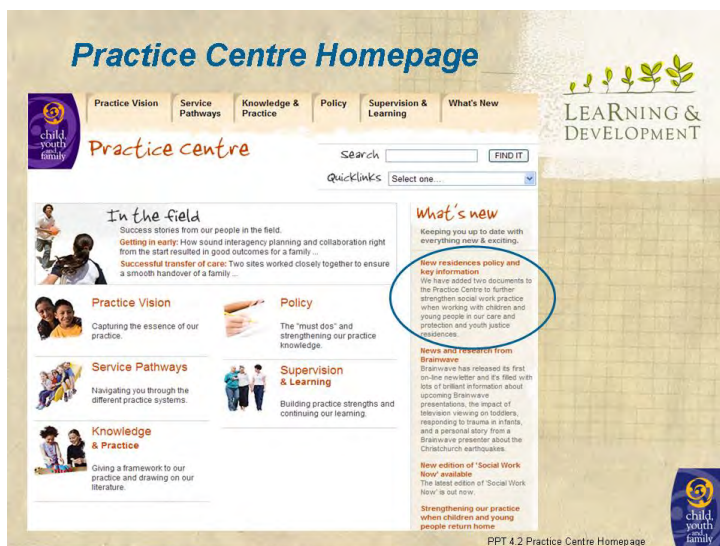


**NOTES:**

When you open the CYF Intranet homepage there is a Quicklink to access the Practice Centre.

When you click on this link, as highlighted, it will take you to the Practice Centre Homepage.

**NEXT SLIDE**



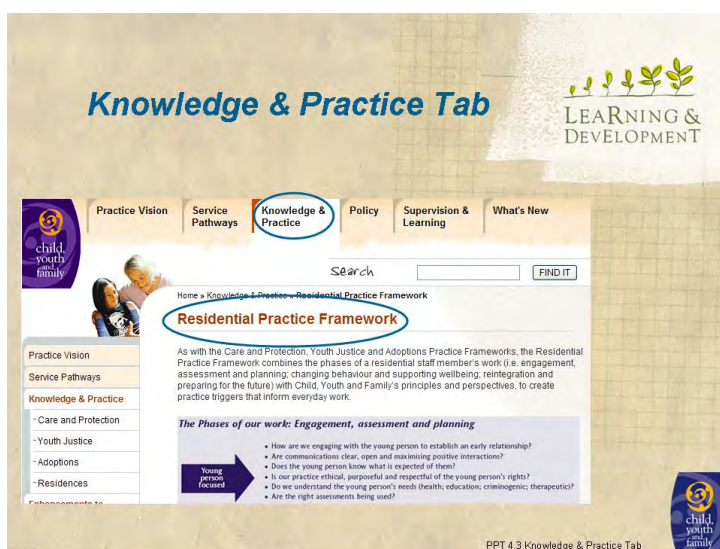
**NOTES:**

This is what the Homepage looks like when you open it.

Currently, as the Residential policies and key information has just been added it sits under the What's New listing as highlighted.

Now we will briefly take a quick look into some of the tabs that relate to Residential Services.

**NEXT SLIDE**



**NOTES:**

The Knowledge & Practice Tab is where you will be able to access and view the Residential Practice Framework, which outlines the three key phases of our work in Residential Services.

**NEXT SLIDE**



PPTS 4.4-4.6

**Policy Tab**

Practice Vision | Service Pathways | Knowledge & Practice | **Policy** | Supervision & Learning | What's New

Home » Policy by A-Z

**Browse by A-Z**

On this page you will find an alphabetical list of the practice policies held in the Practice Centre. You will find policies specific to adoptions and residences on the CYF Intranet.

**A - Z**

- Allegations against caregivers
- Caregiver assessment & approval
- Caregivers support & review
- Caring for children & young people
- Changing behaviour & enhancing wellbeing (Youth Justice)
- Engagement & safety
- Management of high risk children and young people
- Permanent Care and Creating a Home for Life
- Practice tools
- Professional supervision
- Recording
- Seeking solutions - the Family Group Conference (Youth Justice)
- Seeking solutions with families
- Sharing & use of information
- Use of research from Britain
- Working with children and young people in residences**
- Youth Justice processes
- social work delegations

PPT 4.4 Policy Tab

**NOTES:**

The Policy Tab is where you are able to access the policy and key information relating to 'Working with children and young people in residences'.

As highlighted, you can click on the link in the A-Z listing OR to the left of the screen there alternative options to try searching for relevant information.

**NEXT SLIDE**

**What's New Tab**

Practice Vision | Service Pathways | Knowledge & Practice | Policy | Supervision & Learning | **What's New**

Home » What's New

**What's New**

The centre for all Child, Youth and Family news.

**What's New archive**

This is where you'll find all the latest news from topical social work literature, conferences, or articles to help you in your work. We'll also let you know about any new policies here, and alert you when we update information or introduce something new to the Practice Centre.

- New residences policy and key information 15 August 2011**
- Use of research from Britain 18 August 2011
- New edition of Social Work Now available 5 Mar 2011
- Strengthening our practice when children and young people return home 1 Apr 2011
- Changes to foster care allowances 4 Mar 2011
- Our responsibilities regarding health costs 11 Jan 2011
- Strengthening our response to unborn babies 6 Jun 2010
- Substantiating & substantiated, and recording evidence for investigations & CFAs 30 Jun 2010
- Youth Justice Learning Centre 17 Jun 2010
- Decision Making around Suicide and Self-harm 16 Jun 2010
- Sexual Abuse and Sexual Behaviour 24 Mar 2010
- The Smoking Issue 8 Dec 2009
- Multi-Agency Safety Plans 16 Sept 2009
- Manual Work - Supervision of Children and Young People 8 Sept 2009

PPT 4.5 What's New Tab

**NOTES:**

The What's New Tab will display anything that has recently been uploaded into the Practice Centre, including the date it was uploaded.

As highlighted the New residences policy and key information was uploaded on the 15th August and it would benefit staff to access and review the layout and information contained.

**NEXT SLIDE**

**New Residences policy and key information links**

Practice Vision | Service Pathways | Knowledge & Practice | Policy | Supervision & Learning | **What's New**

Home » What's New » New residences policy and key information

**New residences policy and key information**

15 August 2011

We have added two documents to the Practice Centre to further strengthen social work practice when working with children and young people in their care and protection and youth justice residences.

- Working with children and young people in residences policy**
- Key information: A child or young person's journey through residence**

About this site | Contact us | Ministry of Social Development | [newzealand.govt.nz](http://newzealand.govt.nz)

PPT 4.6 New residences policy and key information

**NOTES:**

This slide gives you a look into the 'New residences policy and key information' page.

By clicking on the two links as highlighted you will access Policy, Key Information, Code of Practice, Res Services Clinical Framework, Regulations etc

**NEXT SLIDE**



## PPTS 4.7-4.8

LEARNING & DEVELOPMENT

***“The children and young people that are the centre of your work need you to believe in them and to leave no stone unturned in helping them achieve a brighter future”.***

PPT 4.8 Closing Quote

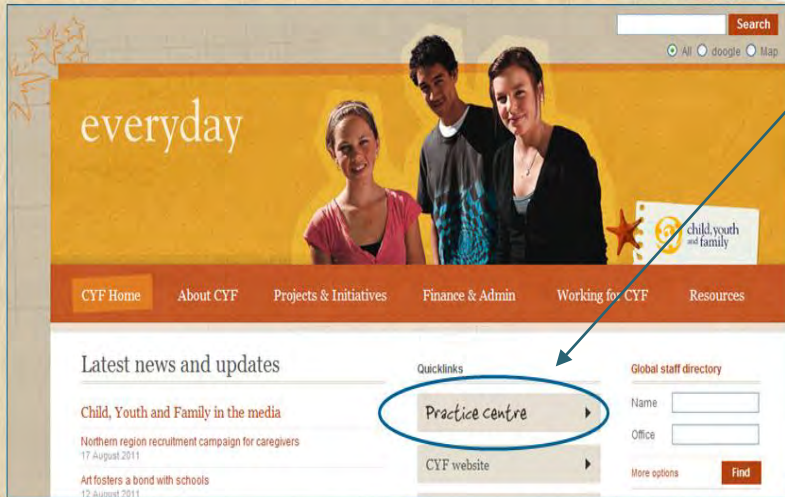
child, youth, family

## NOTES:



WB 4.1 – Practice Centre Handout

# Accessing the Practice Centre



Go to doogle CYF home page

<http://doogle/unit/cyf/index.html>

The Practice Centre link sits under the quick links heading on the CYF home page

PPT 4.1 Accessing the Practice Centre

Notes:

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## C 4.1 / WB 4.2 – Residential Practice Framework Phases

# Phase One: Engagement, Assessment and Planning



### *The Phases of our work: Engagement, assessment and planning*

Young person focused

- How are we engaging with the young person to establish an early relationship?
- Are communications clear, open and maximising positive interactions?
- Does the young person know what is expected of them?
- Is our practice ethical, purposeful and respectful of the young person's rights?
- Do we understand the young person's needs (health; education; criminogenic; therapeutic)?
- Are the right assessments being used?
- How will we support continuity for the young person (eg life story work?)

- How are we understanding the young person's family and cultural context?
  - Are there any family alerts we need to talk to field staff about?
  - How are family involved in the early assessment and care planning?
- Are we becoming clearer about the young person's journey and the role of family?
  - What plan is there for ongoing family involvement?
- How can family be brought together to support the young person in residence?
  - Are we identifying cultural and community supports for the young person?

Family-led & culturally responsive

Strengths & evidence-based

- Do we have clarity of task, structure, authority, roles and boundaries?
- What do we know about the young person's experiences of violence as victim and/or perpetrator?
- How are we factoring this into our work?
- Are we modeling positive values and behaviour from the beginning?
- What opportunities do we have to maximise the lifespan and to instill a sense of hope?
- Are we planning for transition and emphasising a continuity of focus?
- Are our professional systems working in unison?



C 4.1 – Residential Practice Framework

### Facilitator Notes:



# Phase Two: Changing behaviour and supporting wellbeing



## The Phases of our work: Changing behaviour and supporting wellbeing

**Young person focused**

- Are we understanding the young person's strengths, needs and vulnerabilities?
- Do we understand what motivates them and how is the young person's wellbeing monitored?
- How is the worker's relationship with the young person influencing values, beliefs, attitudes and behaviours?
- How are we reinforcing positive behaviour, modeling pro-social values and challenging anti-social comments and actions?
- Are we alert to early warning signs of problems for the young person or the group?
- Do changing circumstances require us to revise or revisit the plan?
- Are plans and services being implemented, monitored and reviewed as agreed?

**Family-led & culturally responsive**

- Is our practice ethical, purposeful and respectful?
  - Are we overcoming obstacles to family involvement?
- How are we harnessing cultural supports and community resources for the young person?
  - Do we have extended family actively involved and what can we do to engage them?
    - Is family/whānau involved in processes of decision-making and planning?
    - Are we preserving links with family/whānau, community and culture?
- What opportunities have been identified for the young persons contact with community?

**Strengths & evidence-based**

- Is the young person fully occupied during the day?
- Is the young person actively engaged in quality education/training whilst in residence?
- Is the provision of work experience a component of their care plan?
- Are staff sensitive to bullying behaviour and responsive to abuse supportive dynamics?
- Are staff setting appropriate boundaries and responding to poor behaviour?
- Does the residence have a healthy staff culture where good work is valued and respected?
- Are staff receiving the supervision, training and support they need to work with difficult young people?



C 4.1 – Residential Practice Framework

### Facilitator Notes:



## Phase Three: Reintegration and preparing for the future



### *The Phases of our work: Reintegration and preparing for the future*



- Is the young person at the centre of the planning and decision-making process?
- Does the young person know their rights on leaving residential care?
- What are their thoughts and feelings about leaving?
- What skills has the young person developed to equip for community reintegration?
- Are emotional as well as practical concerns being addressed by the reintegration plan?
- Has the young person's needs been identified and incorporated into the plan?
- Have we listened to the young person?

- Are the workers coming together with the young person and their family to discuss and plan for reintegration?
- How is the family responding to the young persons impending discharge?
  - Have support people been identified, gaps discussed and addressed?
    - Has a young person supporter been identified?
    - Does the family have a plan of support?
    - What cultural supports have been mobilised?



- Are we planning ahead to support successful transitions from residential care?
- Have all components of the plan been identified - lifestyle, safety and daily living; family and friends; health and wellbeing; learning and work; living arrangements; money; rights and legal issues, contingency support plan?
- Is the plan flexible and realistic?
- Is a plan review process in place?
- Are professional services working together to support the young person?



### Facilitator Notes:



# Working with children and young people in residence policy



## Admission

On entering a residence, the child or young person's residential case leader **must** ensure the child or young person:

- completes the residence's induction/orientation programme; this includes being advised about the use of secure care
- is provided a copy of the 'Charter for children and young people in care' ([under 12](#) and [over 12](#)), and given an opportunity to ask any questions they may have about their rights
- undergoes a medical assessment within seven days of their admission
- is assessed to identify any risk factors and/or urgent needs. The [practice tools policy](#) highlights the assessment tools which must occur upon admission to a residence.

On the day of admission, staff **must** create an Operational Plan for the child or young person that will be available to all staff as and when needed. The [residential assessment triangle](#) **must** be used to assess where in the residence would be most suitable to place the child or young person.

Within seven days of admission, the residential case leader **must** develop an Individual Care Plan in respect of the child or young person which:  
specifies the objectives for the child or young person while in the residence  
details the services/assistance/programmes to be provided to the child or young person:

- states the responsibilities and personal objectives of the child or young person
- details contact arrangements for the child or young person with family/whānau
- details other matters relating to the child or young person's education, employment, recreation and welfare
- details a planning component for the child or young person's discharge from the residence.

All children and young people who enter a residence **must** have a placement created in CYRAS to reflect this.

**Key information:** A child or young person's journey through residence

**Key information:** Using the residential triangle to support decision making and planning





## Key Information A child or young person's journey through residence

### What's important to us

We want children and young people to reach their full potential. Residential care provides a safe and stable placement for children and young people when they are not able to be placed in the community. A residential placement is a supportive environment with a focus on thorough assessment, so that we understand and meet the needs of the child or young person. The goal of any residential placement is to create sustainable behaviour change which enables the child or young person to return to their community.

This key information provides guidance for residential staff while children and young people are in a residence.

### Preparing for arrival

When a child or young person first arrives at a residence, they will probably be really anxious about having left their family, friends and places that they are familiar with. Be prepared for their arrival by familiarising yourself with any information you already know about the child or young person. Check CYRAS for information and identification of any needs and risks, and check with the child or young person's site social worker that you have all the information you need in preparation for their arrival. Familiarise yourself with the child or young person's family group conference plan, and review the relevant comprehensive assessments of need completed by the site social worker.

Talk with the child or young person's site social worker about your expectations of what items they need to bring with them to Residence. This will include a custody order, medical consent and sufficient clothing and personal items for their residential stay. If these items are unavailable of the day of admission, ask the site social worker for these to be provided as soon as practicable.

Use the [Residential Assessment Triangle](#) to think about where in the residence this particular child or young person is best placed. Talk to your team leader about the group dynamics in the residence and any other factors the team leader will need to consider when making this decision.

### On arrival

Whilst undertaking the admission process reassure the child or young person and acknowledge that they may have concerns about the residence and not know how things work and who to talk to. Arrange for someone to show the child or young person around once you have completed the admission. Let them see where they will sleep and other key parts of the residence as soon as possible as this will help lessen any anxiety.

Take the time to explain some of the details around residential routine, let them know that they will get an introduction and orientation to the site, and introduce them to staff members that they can talk to if they need help. Also remember to provide them with a copy of the Charter for Children and Young People in Care ([under 12](#) and [over 12](#)), and talk with them about it, answering any questions they might have about their rights.

Talk with the child or young person about who they wish to have contact with from home whilst they are in residence, and ensure that they understand the process for this to occur. If there are people that have been deemed unsafe for a child or young person to have contact with during their residential stay, it is important that they are provided an explanation of why this is.

### Initial screening and checks

Complete the screens for the admissions process which will help you to assess the child or young person's physical and emotional health upon arrival. This includes a CAGE or SACS assessment, a Kessler screen and a Suicide screen (see [Practice Tools policy](#)). In youth justice residences this will also include using the MAYSI-2 check.





In addition to an initial health check, a TRAX or Wellbeing Assessment may also need to be completed (see [Practice Tools policy](#)). It is important that during these screens any immediate health needs (i.e. sight or hearing) or mental health needs are identified and that action is taken to meet these.

Check to see if the child or young person has arrived at the residence with any medication. If they have arrived with medication, make sure that this is handed to the nurse or shift leader as soon as possible. It is important that medication is kept secured and safe at all times and that the child or young person receives it when required.

The child or young person's property is signed in and labelled when they arrive so that they don't lose anything during their stay. Some items will not be allowed in the residence so be careful about what goes into the unit with the child or young person and what will be kept safe for them until they leave.

### **Engaging with the child or young person**

When a child or young person is placed in residential care, it is important that we understand their strengths and needs and support them to change their behaviour and improve their wellbeing. Manage your interactions with the child or young person to reinforce that they are safe and their views are respected. Let them know that even when they get something wrong they can use this experience to learn new things - these are 'teachable moments'. Making sure that children and young people feel safe in their placement is very important; they will not be able to focus on making changes and trying new things if they feel unsafe.

Role-modelling pro-social behaviour is essential to children and young people. Children and young people who enter residential care may not have had adults in their life who have been able to guide them about appropriate interactions with others and how to resolve conflict in a safe way. This is an ideal opportunity to role model behaviour which encourages children and young people to see different ways of interacting with others.

There are times in the residence that children and young people may be more anxious and/or vulnerable (e.g. before a Court hearing, prior to whānau coming for a visit). Familiarise yourself with both the operational plan and Individual Care Plan for the child or young person. These will assist you in making sure that your responses to children and young people correspond to their needs. If you need more information you can talk to the Case Leader for the child or young person. Take note of anything that you may need to watch out for, particularly at night time or after certain activities such as phone calls or visits.

An important part of a child or young person's stay in a residence is them knowing that they are able to raise any concerns that they have. Make sure they are familiar with the grievance process when they arrive at the residence, and discuss this with them regularly. Hand out grievance forms when they are asked for and, where appropriate, support the child or young person to complete these. Children and young people should be made aware of Grievance Panel members and their role, in addition to their right to choose to have independent advocate support with their grievance.

Hold regular forums for children and young people to talk about their rights in and out of residence, and gaining their views. This is a great way to engage children and young people, and helps us understand areas which we could build on as a service.

### **Medication**

Each residence has a dedicated medical team that can assist you to administer medication correctly. Staff members who are designated to administer medication (i.e. Shift Leaders and Team Leaders) should go over the medication files with the nurse and clarify any instructions which may not be clear to them.

All medication is administered in a safe manner, and documented in the correct medical file. It is important that you make a record of occasions when medication is refused by a child or young person, and that you pass this information on to the medical team. If medication is consistently



refused, talk to the case leader or Team Leader Clinical Practice. Record when a child or young person refuses their medication and return it to storage.

### **Behaviour change practice**

All children and young people need routine, structure and boundaries to help them be successful. In the residential setting we recognise that care team staff are the primary agents to promote behavioural change. Your ability to develop and maintain warm and nurturing relationships, as well as enforcing consistent behavioural limits, will have a significant impact on children and young people's ability to make sustainable changes.

In order to support best outcomes for the children and young people in residential care maintain an approach that is consistent with the Code of Conduct. We expect you to:

- use respectful and professional language at all times
- attend all training workshop opportunities in behaviour change practice
- consistently model values such as respect, honesty, and responsibility
- take responsibility for their own behaviour
- recognise when mistakes are made and take appropriate action, such as apologise
- maintain effective communication with children and young people and with other staff
- manage conflict constructively
- have a positive attitude to work.

Our residences provide a structured day with opportunities for developing and practicing behaviours and skills that children and young people need for everyday living.

We use a contingency management approach (a 'points and levels' behaviour management system) with children and young people to help shape desired behaviour. The points system emphasises recognition of and attention to pro-social behaviours, aiming to increase their use by the child or young person.

The daily living environment provides teachable moments. Teachable moments are learning opportunities at times when the child or young person behaves inappropriately or is having difficulties managing distressing feelings such as anger, frustration or anxiety). Direct-care team staff can assist the young person to problem solve, develop coping strategies, or make appropriate choices. With your support, children and young people can then learn and practice the skills needed to manage their feelings and behaviour in a socially acceptable way.

The residential environment provides an ideal opportunity for powerful or influential positive role modelling to occur. As social learning theory has shown, pro-social modelling is a highly effective way for the young person to learn to perform new skills and behaviours. The direct-care team have a crucial role in making this approach work in our environment.

### **Punctuated practice**

All staff working in the residential environment receive training in the Punctuated Practice approach. Punctuated practice works best when practitioners can quickly identify the level of the behaviour, and the level of the required response.

Punctuated practice relies on staff connecting and engaging with children and young people. This is about keeping everyone safe in our environments using safe strong practice.

Punctuated practice is used to accurately identify both appropriate and inappropriate behaviours demonstrated by children and young people and where there is a need for a response, it occurs in a timely manner at the appropriate level. Punctuated practice is dependant on staff assessment and connection with the child or young person, to best understand the triggers and early warning signs of escalating behaviours.



It is important to recognise that behaviours can quickly escalate from low level to high level. It is important for staff to be looking out for triggers and early warning signs in order to intervene as early as possible at the lowest form of intervention.

It is important to review your responses to high level behaviour to assess if the behaviour started as high. It may be that it started as medium or low level behaviour and was not appropriately identified at the time, and as such escalated to high level. This is included in the shift debrief.

Our operational plans are individualised for each child and young person and provide management strategies for care team staff to consistently manage specific risks or behaviours of concern. Operational plans include triggers for behaviour and strategies for staff to influence positive behavioural change and de-escalate difficult behaviour.

### **Points and Levels behaviour change system**

We use a contingency approach (a 'points and levels' behavioural system) with children and young people to help shape desired behaviour. The Points and Levels system emphasises recognition of and attention to pro-social behaviours, aiming to increase their use by the child or young person.

The system incorporates a 'response cost' component designed to help the child or young person understand the negative consequences and disadvantages of reliance on inappropriate behaviours. In tandem with this, we focus on teaching the young person the appropriate behaviours to use in place of the inappropriate behaviours. Through this approach we aim to reduce the child or young person's reliance on inappropriate behaviours as a way of functioning.

The points system incorporates the use of 'levels' to support the child or young person's progress in learning and maintaining the behaviours and skills they will need for a successful and sustainable transition from the residence. As the child or young person is able to consistently demonstrate pro-social behaviours, they will be recognised by graduating through the 1, 2 and 3 Level incentive system.

The points system and levels are designed so as to emphasise the positive motivational value for the child or young person.

The points system:

- is designed for practicality, simplicity and ease of use by staff
- is designed for ease of understanding and 'use' by the child or young person
- is 'operated' by the Care Teams and Case Leaders
- is in operation 24/7; across daily routines, programmes and school sessions in the residence
- is computer based for efficiency and to facilitate regular evaluation of the young person or child's progress against specific objectives within their behaviour management plan
- ensures an emphasis on recognising and rating the positive behaviour demonstrated by children and young people. Ratings are weighted to ensure positive behaviours carry a higher tariff, in comparison with inappropriate behaviours.

### **Teachable moments and pro-social modelling**

The care team have tremendous potential to positively impact on the children or young people's well being, motivation and behaviour change:

- As you spend the most time with the children or young people you are present when most 'teachable moments' occur
- The children or young people may tend to be guarded and 'say what they think needs to be said' in a one to one session with a therapist. However in their daily living environment where they are more likely to be at ease and familiar with the surroundings, the child or young person is more likely to be open about their core beliefs, attitudes, behaviour and feelings. The care team is ideally placed to pick up on opportunities for open discussion with the children or young people. In this sense they are well placed to contribute to the development



of appropriate behaviour management plan objectives, which sets the scene for appropriate therapeutic intervention and behaviour change

- The daily living environment provides opportunities for adult intervention during times when the young person behaves inappropriately or they are experiencing feelings that are difficult to manage (anger, stress, and anxiety). The care team can use teachable moments to assist the child or young person to problem solve, develop coping strategies, then learn and practice the skills needed to manage their feelings in an appropriate way
- The daily environment provides an ideal opportunity for powerful or influential positive role modelling to occur. As social learning theory has shown, modelling is a highly effective way for the young person to learn to perform new skills and behaviours. The care team clearly has a crucial role in making this approach work in our environment. Therefore maintain a professional role at all times, and remain aware of the impact that you have on the children and young person in your care.

### **Shift planning and debriefing**

When planning for a shift it is important that any other professionals that may require access to the children and young people, such as health and education professionals, or programme providers, are considered and consulted in the planning as appropriate. Make sure you have a good understanding of the time that is set aside for each activity and how you can change the plan throughout the shift if this becomes necessary.

Shift debriefing ensures that all information from the shift is captured, and any information about specific children and young people is passed on to the appropriate people within the wider residential team for follow up. Debriefs review the effectiveness of the planning and measure this against a variety of areas including safety, communication, teamwork, and strategies for managing both the group and individual needs amongst the children and young people. There may also be occasions where a serious incident has occurred during the shift, and it is important to remember that a Psychological First Aid debrief is available.

### **Night-time monitoring**

Visual checks of children and young people in their rooms at night are complemented by audio monitoring.

The frequency of visual checks of children or young people is determined in Operational Plans, when it is assessed that more regular checks are required.

During the night one ground check is to be completed of the residence building. This includes checking the perimeter of the residence and the outside of all bedroom windows.

### **Secure care**

The ability to provide secure care is an option to consider preventing children or young people being a risk to themselves or others, when there is no alternative to ensuring safety. This is a means of managing a particular behaviour as opposed to being a punishment. It is important that children and young people are given a clear explanation as to the reason that they have been placed in secure care.

Whilst in secure care, a child or young person receives individualised programming that allows you to assess how they present as a risk to themselves or others. Once this is determined, appropriate interventions are put in place. Short-term, targeted programmes such as managing anger, getting along with others and understanding the Court process can assist in reducing the ongoing risk of harm. The child or young person also continues to receive educational support and regular access to recreation while staying in secure care.

The child or young person's Individualised Care Plan and/or Operational Plan may also need to be altered after they have been in secure care to outline different or stronger interventions which are hoped to help prevent further incidents.



## **Managing incidents**

Children and young people who require residential care often have complex needs and behaviours. Fostering a structured, predictable and pro-social environment is essential to reducing children and young peoples potential to be elevated in their behaviour. The best way to ensure the unit is settled is to be proactively communicating with the children and young people, and responding to behaviour triggers early. This will involve line of sight approach being maintained, as well as understanding the individual triggers of each child or young person.

When an incident occurs in a residence, working together as a staff group will ensure the best possible response. Make sure the incident details are recorded in full so that there is an accurate account of what occurred. This is important as incident reports can be used to support and evidence social work reports, court reports and other documentation. Record the category of the incident on the incident report and follow the required actions depending on the chosen category.

Once the incident has been resolved, help to settle the child or young person involved and take note of any other children and young people you may need to monitor as a result of the incident.

## **Security and emergency management planning**

Because we have the care of the children and young people 24 hours a day seven days a week when they are in a residence we need to have appropriate measures in place to deal with any event that may arise. Familiarise yourself with the Security Management Plan and the Emergency Management Plan so that you know what to do in an emergency and how to assist in maintaining security.

## **Preparing the child or young person to leave the residence**

Residences are not a destination for anyone, but rather part of the care journey to meet a child or young person's permanent care needs. The multi agency team is central to ensuring robust planning for children and young person's transition from residence. The multi agency team may include the child or young person, family/whānau, residential staff, site social worker, health and education providers and significant others involved with the child or young person.

From the child or young person's very first day in a residence, planning for transition from residence will be captured in their Individual Care Plan within the first seven days of admission. Transition planning will identify the needs of the child or young person, including care arrangements, whanau support, education and/or vocational options, linking into appropriate health services and other identified specialist support services (such as alcohol and drug counselling or anger management support).

The residential multi agency team assists in developing and monitoring the objectives of the transition and make sure that:

- the transition plan is in place as soon as possible
- information about the child or young person is shared appropriately with those involved with the child of young person
- post placement visits are arranged
- there is assistance to help get the placement back on track if it is needed.



## Key Information Using the Residential Assessment Triangle to Support Decision Making and Planning

### What's Important To Us

Our young people need to be at the centre of our planning and decision making to ensure that the best possible outcomes are achieved. When we are making decisions about their placement and care plans, we must focus on both their offending behaviour and on their overall safety and wellbeing.

A young person's stay in residence is an opportunity to support them to make positive changes to their behaviour, develop their sense of wellbeing and provide them with a period of stability. It is important that we collaborate with others to establish a system of support around the young person that can remain enduring for them when they leave residence.



### Why we have an Assessment Triangle

Young people come to our residences with a wide and varied range of strengths, vulnerabilities and risks. The Residential Assessment Triangle is a tool to guide and support decision making. It provides us with prompts that we need to consider when we are making decisions about a young person's placement and care plan. Using the tool supports our professional judgement and provides a tangible base to support decision making.

### Using the Assessment Triangle

The triangle raises areas that we need to consider when making plans and decisions. Not every consideration point will fit with every young person - we need to use our professional judgement to



determine what is relevant, what the priority is for the young person when there are competing demands, and when we need to seek more specialist advice.

There will be children and young people who have a field social worker allocated to them. They are likely to hold a wealth of information about the young person, their family and their history. So consulting with them, and others, to gain a wider perspective of the young person is important. If the admission to residence is planned there will also be a residential admission application that will provide information about the young person's background, current behaviour and needs.

There are four areas to consider when deciding where within a residence a young person will be placed:

- **The young person and their strengths** - what characteristics does this young person have that are positive and can be built on e.g. has the young person demonstrated a particular skill in sport or culture, how does the family system support the young person, how has the young person responded to being given leadership roles in the past?
- **The young person and their vulnerabilities** - many of our young people come to residence with a history of abuse or maybe a lack of supportive family. Others have emotional, mental health or cognitive difficulties that impact on their ability to adapt to, and function in, a new environment. They may have alcohol and drug abuse issues that mean they struggle to settle into an environment where they must abstain from these activities.
- **The young person and risk** - many of the young people who come into residence do so because they pose some risk to themselves or perhaps to others. These risks need to be managed to make sure everyone is kept safe. At the same time, the young person requires support to change their behaviour. Particular attention needs to be paid to young people with sexually harmful behaviours to make sure that neither they, nor other young people they are in residence with, are placed in situations of further abuse. It's a good idea to seek specialist advice when managing the risks associated with sexually harmful behaviour.
- **The young person and environmental factors** - there are competing demands on residential staff to best meet the individual needs of each young person. Gender mix is a primary consideration to ensure young women are placed in a setting where they feel safe and have access to programs and staff members who are able to meet their gender specific needs. At the same time it is also important that all young people are placed where they have access to programs that will best meet their identified needs. Wherever possible placement will support the specific individual's needs with staff members who have skills in that area.

### Other Factors to Consider

Some things that may require you to consult with others or find out more from might be:

- **Cognitive functioning/emotional/developmental level** - if you are concerned that a young person is not functioning at the same level as their peers it's a good idea to consult with others who have knowledge and expertise in this area. Key information on the Practice Centre about ages and stages of development will be a useful resource to help you (search for [age and developmental stages](#)).
- **Sexual abuse** - young people who have been the victim of sexual abuse may be particularly vulnerable to further abuse and victimisation. Their experiences can make them feel vulnerable in situations that may seem okay to others. We need to pay particular attention to their emotional safety as well as their physical safety. It is also important to consider how a young person's sexual abuse history may impact on their understanding of personal boundaries and socially acceptable behaviour.
- **Physical abuse** - young people who have been the victim of physical abuse can also be particularly vulnerable to further abuse and bullying. We need to consider how their past trauma may impact on their responses to situations of aggressive behaviour by other young people, including confrontation and conflict.



- **Gender identity/sexuality** - young people who identify as other than heterosexual or as transgender may be particularly vulnerable to bullying, self harm and suicide.
- **Gender-specific needs** - young women can feel vulnerable or uncomfortable in what is largely a male dominated residential environment. Young women can also have needs that are inherently different from young men in relation to recreational activities, communicating with others, personal space and self care.
- **Mental health** - this is a complex area and it's important that we talk with professionals who have knowledge of mental illness and the impact this may have on a young people. Multi-disciplinary agency team meetings (MAT) are an appropriate forum to present any concerns regarding a young person's mental health.

### **Supporting Placement Decision Making**

Placing the young person at the centre of decision making enables us to make placement decisions that are responsive to their needs during their time in residence.

There will be times when you know little about a young person and other times when they are very familiar to you. Establishing a holistic picture of the young person's strengths, vulnerabilities and risks gives you a starting point to inform your decisions while still paying attention to the environmental factors impacting on the young person's wellbeing and the placement decision.

### **Supporting the development of Individual Care Plans (ICP)**

Good preparation for drafting the ICP is essential. We know that the best outcomes for young people are achieved when plans are specific to the young persons needs, when young people are part of the planning process, when we engage well with the whanau and when we utilise the collective skills and knowledge of a wide range of people to develop a system of support around the young person. When a young person has a field social worker it is important that they are part of the planning process as they will be providing ongoing support for the young person and their family once the young person leaves the residence.

Using the residential assessment triangle focuses us on the young person and supports us to make plans that are specific to them rather than using *one size fits all* type plans. For example a young women who has suffered sexual abuse, has been prostituting and is displaying signs of drug dependency will require a totally different care plan to a young man who has ADHD, a tendency to use violence to get his needs met and has lost connection with his whanau. A hard to reach young person presenting with aggressive behaviour and functioning well below his peers intellectually will require a different approach to a young person with gang leadership affiliations, a history of substance abuse, and displaying a negative influence over other young people. Young people may present with similar behaviours but may nevertheless have very different support needs. So when you are working with them to develop their ICP, think about what is unique about them and make sure this is captured in the plan.





# Working with children and young people in residence policy



## Grievances

Every child or young person has the right to make a grievance if they feel that they have been treated unfairly, unreasonably or illegally, and to do so without fear or retribution.

When a child or young person wants to make a grievance we **must**:

- have forms available for them to complete and a secure on-site mailbox to post the grievance form in
- acknowledge their grievance within three working days
- investigate their grievance and report the outcome to them, in writing, within 14 working days, or advise the child or young person why it will take longer.
- give the child or young person the opportunity to have their grievance reviewed by the residences Grievance Panel if they are unsatisfied with the outcome of the investigation.
- provide the child or young person with the opportunity to have an independent advocate support them with their grievance.

[Charter for children in care under 12](#)

[Charter for children and young people in care over 12](#)

[Children, Young Persons and their Families \(Residential Care\) Regulation 1996](#)

[Grievance form](#)



C 4.1 – Grievance

**Supporting Documents:** [Charter for children in care under 12](#) and [Charter for children and young people in care over 12](#)



# Working with children and young people in residence policy



## Line of sight

The primary task of the Care team is to engage the young person and proactively manage their behaviour, in line with Behaviour Change practice and the Punctuated Practice approach.

During each shift, all staff members must be in the line of sight of at least one other staff member and all young people must be in the line of sight of at least one staff member.

**Key information:** Engaging with children and young people



C 4.1 – Line of sight



## Key Information Engaging with Children and Young People

### What's important to us

Sometimes it is easy for the voice of the child to be lost when adults want to be heard. We need to spend time getting to know the children and young people we work with and listening to their hopes and dreams as well as their fears and worries.

This paper provides information and ideas around strengthening engagement and participation of children and young people.

Engaging with children and young people is essential to Child, Youth and Family (CYF)'s work supporting families and protecting children. Understanding the perspective of the child or young person is critical to completing an assessment and developing interventions.

To genuinely consult and actively include children and young people in the decision making process, it is important to:

- demonstrate a genuine interest in a child or young person's viewpoint
- have a thorough understanding of the child or young person's personal development
- appreciate what environmental conditions facilitate good communication with children.

### Why should we listen to children and young people?

- *Because it works!* – listening to children makes our work more effective  
Taking children/young people's views on board will likely lead to more successful interventions and better outcomes. If they feel they have a voice, children/young people may construct a more positive sense of identity, become more confident and assertive, and less vulnerable to abuse and neglect. Conversely, if children/young people do not receive the opportunity to participate in the decision making process, they are less likely to 'own' the decisions that are made, instead obstructing or circumventing them.
- *Because it is important* - The United Nation Convention on the Rights of the Child (UNCROC) and the Children, Young Persons and their Families Act 1989 (CYP&F Act) provide for children and young people's voices to be heard.
- *Because it is a basic human right* - Children and young people have to live with the consequences of decisions that affect them, so it is only fair that they have some input into these decisions.

### Tips for talking with children and young people effectively

Children's communication may be indirect and, depending on the child's age, may require the use of an intermediary device such as drawing tools or a toy. While there may be opportunities for staff to engage in non-directive work, such as when driving a child between places, there is usually a clear purpose, plan and structure for the contact.

#### Purpose

The purpose of talking with a child should be clear from the beginning. There are many reasons to spend time talking with a child or young person including obtaining and clarifying information from them and obtaining their perspective on events. There will also be times when the purpose is to provide the child or young person with information that it is important for them to know.

#### Setting

The setting is really important and needs to be child friendly (eg, not the courthouse or the principal's office). Think about where the child might be comfortable, like the park, and sitting at roughly the same height as the child can also assist in developing rapport and making the conversation comfortable.



Children will need access to activities and a portable “tool box” might be helpful. the following ‘tools’ tend to settle children and are non-distracting:

- Play-Dough and cutters
- felt tip pens and paper
- colouring in pictures
- Koosh balls.

### **Conversation format**

The conversation format should take into account language considerations. Its important to ensure the child or young person knows who you are and what your role is. Explain why you want to talk with them, and let them know that it's okay if they don't know the answer to something or can't remember. Building rapport is important, so spend some time talking about neutral topics or things that you know they are interested in can break the ice.

Use a variety of questions, including free narrative, open ended questions and more probing questions when you need to clarify or get more information. Throughout the conversation you will need to use general listening skills (eg, paraphrasing, reflecting and encouragers ("uh-huh")) to encourage elaboration. Remember, be flexible and adaptable, tailor the questions to the child's comments and capabilities, and how well they are managing to stay involved in the conversation.

### **Language considerations**

Language considerations are important. Effective communication techniques must be employed that take into account a child's developmental levels, their language ability and the research on best practice for talking with children:

- use simple, everyday language and short sentences
- use names rather than pronouns (ie, avoid “he”, “she”, “they”)
- avoid speaking in negatives (eg, “did you not see the car”) and “if this, then” sentences
- use sentences containing only one thought (eg, “you went to the shop”, not “you went to the shop, met the man and he took you to see the ducks” – this contains three thoughts)
- use questions and comments with a minimum number of ideas; the younger the child the smaller the number (one main idea is good)
- begin questions leading with the main idea (eg, “were there any grown-ups there when you were eating?” not “when you were eating, were there any grown-ups there?”)
- avoid leading questions (eg, "What was the biggest animal at the zoo?" instead of “Did you see the great big elephants at the zoo?”)
- avoid asking the same question twice; a young child may think they gave you the wrong answer the first time, so they'll change it to what they think you want to hear
- use concrete examples, children do not handle abstractions well
- when gathering information implicating another person in any way, be as open as possible and don't suggest what may have happened to the child
- don't dismiss a child as incompetent if they don't seem to follow the questions; it's probably due to the wording of the question rather than their level of understanding.

### **Closure**

Closure is also an important aspect of any interview with a child and should not be rushed. It can include explaining what is going to happen next, answering any questions they might have, checking out you they can talk to if they any worries about the talk, and thanking them for talking to you. Consider ending on a neutral topic or something that they child or young person has told you they enjoy.



### **Special considerations when talking to very young children:**

- they are likely to have short concentration spans
- they tend not to give a linear account (from beginning to end)
- they can not identify when they don't understand something
- the younger the child, the more specific the questions must be
- they may have difficulty keeping on the subject
- they use and interpret language literally
- they have very limited understanding of time, space and distance
- their use of certain language does not mean that they actually comprehend those words or concepts.

### **How can a child's participation be encouraged?**

#### **By making children and young people feel comfortable and familiar with the decision making process**

It's important to take the time to explain decision making to children, and what their choices are, in a way that they will understand. When involving children or young people in a planning meeting it might be important to spend some time with them in preparation and ensure they understand what the purpose of the meeting is and what will happen in the meeting.

#### **Through the use of creativity and imagination**

Think outside the box when it comes to giving children the opportunity to participate in decision making. If the child does not want to be actively involved, but they still want their voice to be heard, they should be encouraged to express their views in drawings, letters, audio tapes and other art forms.

#### **By meeting expectations**

Children and young people want to feel heard by their social worker, and they also want to see evidence that their social worker has acted on what they have said. If you agree to carry out a task for a child within a certain timeframe, then this needs to happen. Children and young people want to know that their contribution has led to positive change.

#### **By acknowledging the contribution children/young people make to the decision making process**

Children and young people need to feel that their views have not been misinterpreted or distorted by any professionals. One way to ensure this is by incorporating a child or young person's actual words into the minutes of a meeting or a court report.



# Working with children and young people in residence policy



## Reintegration and preparing for the future

All children and young people leaving the residence **must** have a transition plan jointly developed by the Multi-Agency Team (MAT) which will include both the residential and site social workers.

For children and young people returning home, at least two weeks prior to the return home a planning meeting involving the key professionals who are working with the child or young person and their family **must** be held. At this meeting professionals will ensure that the services and supports needed are in place.

Each child or young person **must** have a transition plan prepared in preparation for their discharge.

**Key information:** A child or young person's journey through residence

**Key information:** Transition between placements

**Key information:** Preparing for independence

**Key information:** Towards independence – Voices of young people





## Key Information A child or young person's journey through residence

### What's important to us

We want children and young people to reach their full potential. Residential care provides a safe and stable placement for children and young people when they are not able to be placed in the community. A residential placement is a supportive environment with a focus on thorough assessment, so that we understand and meet the needs of the child or young person. The goal of any residential placement is to create sustainable behaviour change which enables the child or young person to return to their community.

This key information provides guidance for residential staff while children and young people are in a residence.

### Preparing for arrival

When a child or young person first arrives at a residence, they will probably be really anxious about having left their family, friends and places that they are familiar with. Be prepared for their arrival by familiarising yourself with any information you already know about the child or young person. Check CYRAS for information and identification of any needs and risks, and check with the child or young person's site social worker that you have all the information you need in preparation for their arrival. Familiarise yourself with the child or young person's family group conference plan, and review the relevant comprehensive assessments of need completed by the site social worker.

Talk with the child or young person's site social worker about your expectations of what items they need to bring with them to Residence. This will include a custody order, medical consent and sufficient clothing and personal items for their residential stay. If these items are unavailable of the day of admission, ask the site social worker for these to be provided as soon as practicable.

Use the [Residential Assessment Triangle](#) to think about where in the residence this particular child or young person is best placed. Talk to your team leader about the group dynamics in the residence and any other factors the team leader will need to consider when making this decision.

### On arrival

Whilst undertaking the admission process reassure the child or young person and acknowledge that they may have concerns about the residence and not know how things work and who to talk to. Arrange for someone to show the child or young person around once you have completed the admission. Let them see where they will sleep and other key parts of the residence as soon as possible as this will help lessen any anxiety.

Take the time to explain some of the details around residential routine, let them know that they will get an introduction and orientation to the site, and introduce them to staff members that they can talk to if they need help. Also remember to provide them with a copy of the Charter for Children and Young People in Care ([under 12](#) and [over 12](#)), and talk with them about it, answering any questions they might have about their rights.

Talk with the child or young person about who they wish to have contact with from home whilst they are in residence, and ensure that they understand the process for this to occur. If there are people that have been deemed unsafe for a child or young person to have contact with during their residential stay, it is important that they are provided an explanation of why this is.

### Initial screening and checks

Complete the screens for the admissions process which will help you to assess the child or young person's physical and emotional health upon arrival. This includes a CAGE or SACS assessment, a Kessler screen and a Suicide screen (see [Practice Tools policy](#)). In youth justice residences this will also include using the MAYSI-2 check.



In addition to an initial health check, a TRAX or Wellbeing Assessment may also need to be completed (see [Practice Tools policy](#)). It is important that during these screens any immediate health needs (i.e. sight or hearing) or mental health needs are identified and that action is taken to meet these.

Check to see if the child or young person has arrived at the residence with any medication. If they have arrived with medication, make sure that this is handed to the nurse or shift leader as soon as possible. It is important that medication is kept secured and safe at all times and that the child or young person receives it when required.

The child or young person's property is signed in and labelled when they arrive so that they don't lose anything during their stay. Some items will not be allowed in the residence so be careful about what goes into the unit with the child or young person and what will be kept safe for them until they leave.

### **Engaging with the child or young person**

When a child or young person is placed in residential care, it is important that we understand their strengths and needs and support them to change their behaviour and improve their wellbeing. Manage your interactions with the child or young person to reinforce that they are safe and their views are respected. Let them know that even when they get something wrong they can use this experience to learn new things - these are 'teachable moments'. Making sure that children and young people feel safe in their placement is very important; they will not be able to focus on making changes and trying new things if they feel unsafe.

Role-modelling pro-social behaviour is essential to children and young people. Children and young people who enter residential care may not have had adults in their life who have been able to guide them about appropriate interactions with others and how to resolve conflict in a safe way. This is an ideal opportunity to role model behaviour which encourages children and young people to see different ways of interacting with others.

There are times in the residence that children and young people may be more anxious and/or vulnerable (e.g. before a Court hearing, prior to whānau coming for a visit). Familiarise yourself with both the operational plan and Individual Care Plan for the child or young person. These will assist you in making sure that your responses to children and young people correspond to their needs. If you need more information you can talk to the Case Leader for the child or young person. Take note of anything that you may need to watch out for, particularly at night time or after certain activities such as phone calls or visits.

An important part of a child or young person's stay in a residence is them knowing that they are able to raise any concerns that they have. Make sure they are familiar with the grievance process when they arrive at the residence, and discuss this with them regularly. Hand out grievance forms when they are asked for and, where appropriate, support the child or young person to complete these. Children and young people should be made aware of Grievance Panel members and their role, in addition to their right to choose to have independent advocate support with their grievance.

Hold regular forums for children and young people to talk about their rights in and out of residence, and gaining their views. This is a great way to engage children and young people, and helps us understand areas which we could build on as a service.

### **Medication**

Each residence has a dedicated medical team that can assist you to administer medication correctly. Staff members who are designated to administer medication (i.e. Shift Leaders and Team Leaders) should go over the medication files with the nurse and clarify any instructions which may not be clear to them.

All medication is administered in a safe manner, and documented in the correct medical file. It is important that you make a record of occasions when medication is refused by a child or young person, and that you pass this information on to the medical team. If medication is consistently





refused, talk to the case leader or Team Leader Clinical Practice. Record when a child or young person refuses their medication and return it to storage.

### **Behaviour change practice**

All children and young people need routine, structure and boundaries to help them be successful. In the residential setting we recognise that care team staff are the primary agents to promote behavioural change. Your ability to develop and maintain warm and nurturing relationships, as well as enforcing consistent behavioural limits, will have a significant impact on children and young people's ability to make sustainable changes.

In order to support best outcomes for the children and young people in residential care maintain an approach that is consistent with the Code of Conduct. We expect you to:

- use respectful and professional language at all times
- attend all training workshop opportunities in behaviour change practice
- consistently model values such as respect, honesty, and responsibility
- take responsibility for their own behaviour
- recognise when mistakes are made and take appropriate action, such as apologise
- maintain effective communication with children and young people and with other staff
- manage conflict constructively
- have a positive attitude to work.

Our residences provide a structured day with opportunities for developing and practicing behaviours and skills that children and young people need for everyday living.

We use a contingency management approach (a 'points and levels' behaviour management system) with children and young people to help shape desired behaviour. The points system emphasises recognition of and attention to pro-social behaviours, aiming to increase their use by the child or young person.

The daily living environment provides teachable moments. Teachable moments are learning opportunities at times when the child or young person behaves inappropriately or is having difficulties managing distressing feelings such as anger, frustration or anxiety). Direct-care team staff can assist the young person to problem solve, develop coping strategies, or make appropriate choices. With your support, children and young people can then learn and practice the skills needed to manage their feelings and behaviour in a socially acceptable way.

The residential environment provides an ideal opportunity for powerful or influential positive role modelling to occur. As social learning theory has shown, pro-social modelling is a highly effective way for the young person to learn to perform new skills and behaviours. The direct-care team have a crucial role in making this approach work in our environment.

### **Punctuated practice**

All staff working in the residential environment receives training in the Punctuated Practice approach. Punctuated practice works best when practitioners can quickly identify the level of the behaviour, and the level of the required response.

Punctuated practice relies on staff connecting and engaging with children and young people. This is about keeping everyone safe in our environments using safe strong practice.

Punctuated practice is used to accurately identify both appropriate and inappropriate behaviours demonstrated by children and young people and where there is a need for a response, it occurs in a timely manner at the appropriate level. Punctuated practice is dependant on staff assessment and connection with the child or young person, to best understand the triggers and early warning signs of escalating behaviours.



It is important to recognise that behaviours can quickly escalate from low level to high level. It is important for staff to be looking out for triggers and early warning signs in order to intervene as early as possible at the lowest form of intervention.

It is important to review your responses to high level behaviour to assess if the behaviour started as high. It may be that it started as medium or low level behaviour and was not appropriately identified at the time, and as such escalated to high level. This is included in the shift debrief.

Our operational plans are individualised for each child and young person and provide management strategies for care team staff to consistently manage specific risks or behaviours of concern. Operational plans include triggers for behaviour and strategies for staff to influence positive behavioural change and de-escalate difficult behaviour.

### **Points and Levels behaviour change system**

We use a contingency approach (a 'points and levels' behavioural system) with children and young people to help shape desired behaviour. The Points and Levels system emphasises recognition of and attention to pro-social behaviours, aiming to increase their use by the child or young person.

The system incorporates a 'response cost' component designed to help the child or young person understand the negative consequences and disadvantages of reliance on inappropriate behaviours. In tandem with this, we focus on teaching the young person the appropriate behaviours to use in place of the inappropriate behaviours. Through this approach we aim to reduce the child or young person's reliance on inappropriate behaviours as a way of functioning.

The points system incorporates the use of 'levels' to support the child or young person's progress in learning and maintaining the behaviours and skills they will need for a successful and sustainable transition from the residence. As the child or young person is able to consistently demonstrate pro-social behaviours, they will be recognised by graduating through the 1, 2 and 3 Level incentive system.

The points system and levels are designed so as to emphasise the positive motivational value for the child or young person.

The points system:

- is designed for practicality, simplicity and ease of use by staff
- is designed for ease of understanding and 'use' by the child or young person
- is 'operated' by the Care Teams and Case Leaders
- is in operation 24/7; across daily routines, programmes and school sessions in the residence
- is computer based for efficiency and to facilitate regular evaluation of the young person or child's progress against specific objectives within their behaviour management plan
- ensures an emphasis on recognising and rating the positive behaviour demonstrated by children and young people. Ratings are weighted to ensure positive behaviours carry a higher tariff, in comparison with inappropriate behaviours.

### **Teachable moments and pro-social modelling**

The care team have tremendous potential to positively impact on the children or young people's well being, motivation and behaviour change:

- As you spend the most time with the children or young people you are present when most 'teachable moments' occur
- The children or young people may tend to be guarded and 'say what they think needs to be said' in a one to one session with a therapist. However in their daily living environment where they are more likely to be at ease and familiar with the surroundings, the child or young person is more likely to be open about their core beliefs, attitudes, behaviour and feelings. The care team is ideally placed to pick up on opportunities for open discussion with the children or young people. In this sense they are well placed to contribute to the development



of appropriate behaviour management plan objectives, which sets the scene for appropriate therapeutic intervention and behaviour change

- The daily living environment provides opportunities for adult intervention during times when the young person behaves inappropriately or they are experiencing feelings that are difficult to manage (anger, stress, and anxiety). The care team can use teachable moments to assist the child or young person to problem solve, develop coping strategies, then learn and practice the skills needed to manage their feelings in an appropriate way
- The daily environment provides an ideal opportunity for powerful or influential positive role modelling to occur. As social learning theory has shown, modelling is a highly effective way for the young person to learn to perform new skills and behaviours. The care team clearly has a crucial role in making this approach work in our environment. Therefore maintain a professional role at all times, and remain aware of the impact that you have on the children and young person in your care.

### **Shift planning and debriefing**

When planning for a shift it is important that any other professionals that may require access to the children and young people, such as health and education professionals, or programme providers, are considered and consulted in the planning as appropriate. Make sure you have a good understanding of the time that is set aside for each activity and how you can change the plan throughout the shift if this becomes necessary.

Shift debriefing ensures that all information from the shift is captured, and any information about specific children and young people is passed on to the appropriate people within the wider residential team for follow up. Debriefs review the effectiveness of the planning and measure this against a variety of areas including safety, communication, teamwork, and strategies for managing both the group and individual needs amongst the children and young people. There may also be occasions where a serious incident has occurred during the shift, and it is important to remember that a Psychological First Aid debrief is available.

### **Night-time monitoring**

Visual checks of children and young people in their rooms at night are complemented by audio monitoring.

The frequency of visual checks of children or young people is determined in Operational Plans, when it is assessed that more regular checks are required.

During the night one ground check is to be completed of the residence building. This includes checking the perimeter of the residence and the outside of all bedroom windows.

### **Secure care**

The ability to provide secure care is an option to consider preventing children or young people being a risk to themselves or others, when there is no alternative to ensuring safety. This is a means of managing a particular behaviour as opposed to being a punishment. It is important that children and young people are given a clear explanation as to the reason that they have been placed in secure care.

Whilst in secure care, a child or young person receives individualised programming that allows you to assess how they present as a risk to themselves or others. Once this is determined, appropriate interventions are put in place. Short-term, targeted programmes such as managing anger, getting along with others and understanding the Court process can assist in reducing the ongoing risk of harm. The child or young person also continues to receive educational support and regular access to recreation while staying in secure care.

The child or young person's Individualised Care Plan and/or Operational Plan may also need to be altered after they have been in secure care to outline different or stronger interventions which are hoped to help prevent further incidents.



## **Managing incidents**

Children and young people who require residential care often have complex needs and behaviours. Fostering a structured, predictable and pro-social environment is essential to reducing children and young peoples potential to be elevated in their behaviour. The best way to ensure the unit is settled is to be proactively communicating with the children and young people, and responding to behaviour triggers early. This will involve line of sight approach being maintained, as well as understanding the individual triggers of each child or young person.

When an incident occurs in a residence, working together as a staff group will ensure the best possible response. Make sure the incident details are recorded in full so that there is an accurate account of what occurred. This is important as incident reports can be used to support and evidence social work reports, court reports and other documentation. Record the category of the incident on the incident report and follow the required actions depending on the chosen category.

Once the incident has been resolved, help to settle the child or young person involved and take note of any other children and young people you may need to monitor as a result of the incident.

## **Security and emergency management planning**

Because we have the care of the children and young people 24 hours a day seven days a week when they are in a residence we need to have appropriate measures in place to deal with any event that may arise. Familiarise yourself with the Security Management Plan and the Emergency Management Plan so that you know what to do in an emergency and how to assist in maintaining security.

## **Preparing the child or young person to leave the residence**

Residences are not a destination for anyone, but rather part of the care journey to meet a child or young person's permanent care needs. The multi agency team is central to ensuring robust planning for children and young person's transition from residence. The multi agency team may include the child or young person, family/whānau, residential staff, site social worker, health and education providers and significant others involved with the child or young person.

From the child or young person's very first day in a residence, planning for transition from residence will be captured in their Individual Care Plan within the first seven days of admission. Transition planning will identify the needs of the child or young person, including care arrangements, whanau support, education and/or vocational options, linking into appropriate health services and other identified specialist support services (such as alcohol and drug counselling or anger management support).

The residential multi agency team assists in developing and monitoring the objectives of the transition and make sure that:

- the transition plan is in place as soon as possible
- information about the child or young person is shared appropriately with those involved with the child of young person
- post placement visits are arranged
- there is assistance to help get the placement back on track if it is needed.



## Key Information    Transitioning between placement

### What's Important To Us

When children or young people have to move to another home, or even a residential facility, it is important that the transition is responsive to the needs of the child, is well planned, and that wherever possible the child, their family, the leaving and receiving homes are involved in the planning.

Changing living situations can be incredibly unsettling and confusing for a child or young person. A child or young person in the custody of the chief executive may have already experienced significant trauma and upheaval in their lives, and any change in placement needs to be carefully managed to minimise further disruption. The best way to limit the impact of a placement change is to ensure there is a clear and well-planned transition, that everyone is aware of what is going on and that the child or young person is well supported throughout the process.

### Planned vs Unplanned Placement Changes

Not surprisingly, research tells us that an abrupt placement change causes more harm to a child or young person than when a change is planned. Nevertheless there will be times when a child or young person will need to be moved to a new placement quickly and there will have been little time to do much in the way of transitioning. Wherever possible, even when placement changes need to happen quickly, every effort needs to be made to ensure there is a clear and comprehensive transition process that will enable the child/young person to move as smoothly as possible between placements.

In situations when an immediate placement change is necessary, ask yourself how the situation can be best managed to minimise the impact of the disruption? A child/young person's safety must never be compromised, but if there is a possibility that they could remain in their current placement (with extra supports or services) so that they can be transitioned in a planned way to their new placement, then this should be seriously considered.

The child or young person's family need to be part of the planning and decision making regarding placement changes and how these can best be managed. Remember regardless of where the child is placed their family are vitally important to them, so ensure that they are well informed, connected and involved as much as possible. This will also assist with the child or young person's sense of connectedness and belonging.

### Transition Arrangements

Transitions need to be child and young person-focussed, well-planned, well-supported, and clearly structured. As much as possible include the key people in the child's life in the planning for the move; this includes the child or young person themselves, their family, their current caregivers, the new caregivers, the child/young person's lawyer, other guardians, and any other appropriate support people (such as school teachers).



Take into consideration:

- these visits provide an opportunity for all involved to express and address their fears and worries about the impending changes
  - use the visits to address any fears, worries or anxieties and to build a relationship with the new caregivers
  - share information about the child or young persons likes, dislikes, routines, favourite stories, song etc
- Pre-placement visits between the child or young person and new caregivers
- how will the visits look? - day, overnight, weekend stays, or a combination of different types?
  - what time will they occur?
  - where will they happen - new caregiver's home, current caregiver's home, neutral location?
  - is supervision, facilitation, mediation required between the parties and who will provide this?
  - if pre-placement visits are not possible, then giving the child or young person specific information about the new family or living situation may help alleviate fears and worries.
- Length of transition period
- depends on the age, needs and wishes of the child/young person and the type of placement to which they are moving
  - a child moving into family/whānau care with someone they know and trust may need a shorter transition period than moving to a previously unknown caregiver
- Support
- what support is required for the transition?
  - who will provide these supports?
  - who can the child or young person call for support?
- Review
- Reviews help to identify possible problems that may impede progress with the transition arrangements.
- The number of reviews needed will depend on the transition duration and also the complexity of the case/family:
- when and how will the arrangements be reviewed?
  - who will be involved in reviewing the transition plan?
- Contingency
- how will we know that the arrangements are experiencing difficulty or have broken down? What will we see/notice?
- Have a plan "B"
- who will be involved in the decision-making if the arrangements need to change?

A common concern expressed by social workers is the length of time it takes to develop and implement a transition process. Transitioning can be time-consuming - it requires a great deal of thought and planning, but it is time well spent. It can take more time to correct the harm caused by an inadequate transition process than to do the work well in the first place!



## What Can Assist The Transition Process?

- talk honestly with the child or young person about the reasons for the move, in language that they will understand. The idea is not to put any blame on anyone, but to highlight problems or unmet needs, and to describe the ways in which these problems/needs will be addressed in the new placement
- give the child or young person very clear and detailed information about where they will be moving to
- include children and young people as active participants in the placement change. Although the adults are ultimately responsible for the decision-making about a placement change, children and young people need to be given the opportunity to share their feelings, worries, concerns, hopes and dreams about the change
- support caregivers to share information about day to day care things that matter for the child or young person - bed times, food preferences, special toys, stories, songs etc
- ensure photos and special mementoes of the previous caregivers accompany the child/young person to their new placement
- caregivers will often have strong feelings when a child or young person needs to leave their home. The caregivers may feel guilty about not being able to meet the needs of the child or young person, or they may feel angry with the social worker for not supporting them in the ways they thought they should have been. Support caregivers to identify and express their feelings about the placement change. Other children or young people in the home (either those in care or the caregivers' own children) may also require support to cope with the loss of a household member
- involve the child or young person's family in the decision making, transition and post placement period. It's important that they continue to support the child or young person in their new placement and involving from the beginning will support this
- if the child or young person is returning home, unresolved feelings and issues are likely to emerge, both for the child or young person and for their parents. Extra supports need to be provided to help the family cope with their emotions and resolve the issues.

## Saying Goodbye

Wherever possible, placement changes need to be acknowledged in a special way. Encourage the child/young person and their caregiver/s to think creatively about how they would like to say goodbye to each other. Ideas may include:

- a favourite activity that the child or young person and their caregiver enjoy doing together (i.e. fishing trip, trip to the park, walk along the beach)
- a 'going away' party with home-made cake and decorations
- a special dinner serving the child/young person's favourite meal
- poem/drawing/sculpture created by the child/young person for the caregiver/caregiver's family
- an awards ceremony hosted by the child/young person with hand-made certificates for everyone in the caregiving family
- tree or shrub planted at the caregiver's home in honour of the child/young person.

However the acknowledgement is made, there should be plenty of photographs taken to commemorate the experience which the child or young person can put in their Life Story Book.

## After the Transition

Following a successful transition, it may be beneficial to set up some post-placement visits, at least for a period of time. These visits will help to stabilise the placement and assist the development of



the relationship with the new caregivers. They also provide the opportunity to manage any issues that have arisen as a result of the placement change.

When children and young people are in their new placement, they need to know that it is acceptable for them to miss the family they have just left. They need to be given permission to grieve for their loss. Encourage the new caregiver to help the child or young person vocalise their feelings and thoughts. It also helps the child or young person to know that their previous caregiver wishes her or him to do well in their new placement.

### **Special Considerations: Residential Care**

In most situations, the placement of a child/young person in a residential facility will happen almost immediately after their residential placement has been approved.

This means that there will be little chance for pre-placement visits to occur, or for a comprehensive transition process to be completed. To minimise the negative impact that this may cause, before the child/young person enters the residence talk with them about what they can expect, what will be happening for them while they are in the residence, and what the plan is for them when they leave.

Placements at residential facilities are strictly time-framed so this provides you with an opportunity to develop some clear and structured transition arrangements for when the child/young person leaves. Talk with residence staff when developing these arrangements.





## Key Information Preparing for independence

### What's Important To Us

When young people are getting ready to leave our care, some of them may lack confidence and find the prospect of independence challenging. It is important that we work together with the young person to make a plan that shows them what they need to do, by when, and who will help them do it.

Young people moving to independence need stability and belonging when they leave care. Achieving this move from dependence to independence takes time (at least two years) and a network of people they can rely on now and into their adult years.

The most important thing when transition planning is the time spent in building the young person's support network outside of Child Youth and Family (CYF), and for this network to offer their time, advice and support to the young person to meet their goals. Young people want their network to be people they trust and can relate to, and who will be there when needed. Reconnecting young people with and strengthening family/whānau relationships is vitally important as part of this network.

Regular reviews of progress should occur dependent on the wishes and needs of the young person. When writing the plan it's best not to assume the young person will be able to carry out 'basic' tasks as they may need support to do this. Achieving tasks will build their confidence in themselves to be able to be independent.

Areas that should be included in the plan are:

- family/whānau and social relationships
- practical skills for independent living (life skills)
- accommodation
- education, training and employment options
- health and development
- financial arrangements

For an example of a plan for independent living see below.

### Towards living independently plan (example)

This is an example transition plan however encourage the young person to individualise their own plan.

#### Jimmy's future

**Longer term plans:** This may include accommodation, financial supports, employment/education/training, family/whānau/peer supports. It's best that this is not a long list as it may be overwhelming and can be added to and/or changed.

- I will be able to financially support myself
- I'll be able to drive a car
- I'll complete secondary school at Waihi College

### How to make this happen

Short-term goals contribute towards the long-term goals and depend on the abilities and wishes of the young person and the supports that are available. Each goal should be broken down into smaller steps if necessary to build the young person's skills, self-confidence and self esteem.

### Who will help & by when



**I'll register with Work and Income for the IYB - to do this I will:**

Look up the number in phone book or on-line

Ring and make an appointment with the local office and write the date / time down, and what documentation I need to take

Prepare the documentation (letter from CYF, proof of identity, existing client number if I have one, proof of address, bank account number)

Attend the appointment

Jenny, social worker to write letter by Friday 5th March

Jan, caregiver will help me contact W&I by Monday 1st March.

Uncle Joe will come with me to the appointment

**I'll get my learner licence - to do this I will:**

go to the driver's licence agent at BP on Ford Street. Take birth certificate for ID and evidence of address

fill out an application form

book a time to take the theory test (at least 6 weeks away)

pay for the theory test and the learner licence application

have photograph taken, sign documents

study for theory

sit theory test

I will do this on my own, and ask my mate Jon to come with me

CYF has agreed to pay for my learner licence

I will ask Jon and Uncle Joe to ask me questions each week to help me prepare for test

**I'll complete secondary school at Waihi College - to do this I will:**

stay at school for 2009 and 2010

meet with Jenny to find out how I'll pay for my books, camps, fees, uniform, after school art classes and soccer fees/soccer shoes (after I turn 17), as well as where I will live until I finish school. Jenny to find out what CYF can cover and whether I can live with Jan until the end of 2010

I will phone W&I and Studylink to find out if they can

Meet with Jenny at Youth Connex on Tuesday 10th March at 4.30pm, with Jack, youth worker.

I will phone W&I and Studylink from Youth Connex with Jack before we meet Jenny.

We will all meet at Jan's place on the first Monday every month at 4pm to check in how everything is going - invited is Jan, Jenny, Jack, Uncle Joe, Aunty Kath and Jon. If I need extra help I'll ask for it rather right away.



## Key Information Towards Independence – Voices of young people

### What's Important To Us

Young people need to practice their independence before they leave our care and we need to support them to do that. It is important that we farewell them with hopes and dreams for their future and someone to guide them in getting there. This is in addition to making sure they are able to financially support themselves, are engaged in work or training and have somewhere supportive and secure to live.

This Key Information provides insight into the views of young people in the care of Child, Youth and Family about what helps when transitioning from care to independence.

"Independence. The mere mention of the word stirs the emotions, aspirations and spirits of any given teenager. Independence is that thing that you dream of, yet shy away from when approached by it, what you're excited by when you're younger, but when older feel too young for. The one thing that can show us, as young people what we are, and in turn, are not capable of."<sup>11</sup>

The issue of independence for young people can be daunting and difficult. Support, guidance and direction from those close to them are essential to helping them with this difficult life transition. Young people leaving care may be ill prepared for independence as a result of a history of abuse, trauma, multiple placement moves, poor educational attainment, poor attachment patterns and limited ongoing family support. This lack of preparation may lead to poor life outcomes.

Listening to the voices of young people enables us to better understand how we might support young people leaving care, and how the adults in their lives can take action to support them in their wish to live independently.

### When to begin preparing young people for independent living

Transition from care to independence needs to be seen as a process rather than a one-off event; it works best when the young person is encouraged to lead and be in control.

It takes gradual, flexible and appropriate planning and support for young people to succeed as independent adults.

Young people vary in how and when they develop the maturity and skills for living independently. They need time to adapt to the idea of leaving care, and what this transition means for them practically and emotionally. The earlier this work can begin the better. Research indicates that two years of planning and preparation is ideal in order for the young person to learn the skills necessary to become independent.

### Allowing young people to choose who facilitates their transition

Young people should have the key say as to who is involved in planning their transition to independence. They may prefer that Child, Youth and Family (CYF) have limited involvement in this process. If this is the case, the social worker's role may be to help bring together key people involved in supporting the young person. The young person's relationship with people they trust and see regularly will be fundamentally important to this transition work.



Young people may want to include the following people in their independent living preparation:

- current and previous foster carers
- family/whānau
- friends
- mentors
- support services
- lawyer (if they have one).

Maintaining, reconnecting and repairing family/whānau relationships can be important to the young person as they mature, so it is a good idea to involve family/whānau in the process.

### **Achieving best practice when planning transition to independence**

A young person's ideal transition from care to independent living will include the following:

- holistic plans
- regular review of plans to assess progress and strengths; working through any areas of difficulty will assist in building the young person's self confidence and self esteem
- contingency planning
- involvement of family/whānau and other support networks.

It's good to have some form of written independence plan with the young person and other involved parties at the onset of this process.

The [Three Houses](#), genograms and ecomaps are engagement tools that can be used to help the young person envisage what areas of their life they wish to focus on for their future. They will also help to identify short- and long-term goals. Short-term goals should then be broken down to small practical steps. It's important to work first on the goals the young person sees as a priority.

### **Key areas to consider in the plan**

#### **Practical matters**

Young people worry about not having enough money or help, not being able to clean up after themselves or being forced to leave care before they are ready. Financial worries impact on the likelihood a young person will remain in education/training once they leave care.

*What can help?*

- linking the young person into a job, training and/or education
- developing life skills ( eg, paying rent, setting up a bank account, cooking, budgeting, cleaning, shopping for clothing)
- supplying practical items (eg, bedding, drawers, etc) to set up a house
- obtaining a driver's licence
- considering whether further legal support may be needed (eg, additional guardianship if still at school, or consider s91 support order)

#### **Emotional needs**

Young people worry about being alone or not coping.

*What can help?*

- let the young person know the date they will no longer be in the custody of CYF, and what this will mean for them
- inform them how they can access their case file
- discuss what support they can receive to finish training, school, etc



- acknowledgement and support on the actual day they leave care
- have a clear post-care plan in place so the young person knows who and where they can turn to for support
- linking them with local mentoring youth programmes
- an awareness and reconnection with their family/whānau.

### **Accommodation**

This is crucial when leaving care, and where post-care intervention can make a difference. Remember, a young person under the age of 18 years can not sign a tenancy agreement.

#### *What can help?*

- knowing where they are going to be living (and support in securing accommodation long-term)
- checking that it is a safe place
- exploring if the young person can remain with foster carers, or if family/whānau require support to provide accommodation up until at least the completion of high school; checking where the young person can go for the odd weekend.

### **Health**

This needs to be from the young person's perspective and holistic in nature. Consider smoking, drug and alcohol use, sexual health, physical conditions and mental health (including self-harm and attempted suicide).

#### *What can help?*

- while in care, young people should have regular dental and medical checks with any outstanding treatment provided prior to discharge
- assisting the young person to know how to go the doctor in the future
- linking the young person with youth friendly services (eg, Rangatahi Māori Sexual Health Strategy, Family Planning, etc)
- advising the young person how to find out whether they are entitled to ACC or other services.

### **Financial Assistance**

The current benefit assistance looks at need and parental support. Financial assistance offered to young people may not be enough for them to move from care to independence.

Young people said that, even if working full-time, the youth rate does not allow much money to meet the basic financial requirements of rent, food, power, travel, clothing, etc.

#### *What can help?*

- linking the young person into financial support when board payments stop
- connecting them to Work and Income prior to leaving care
- making use of community resources that offer programmes for sitting drivers licence; if there is a cost, Work & Income may subsidise
- support in accessing/attending counselling and parenting courses.

### **Accessing CYF files**

Young people have expressed an interest in being able to see their case files. Specific requests were: being able to see their files on a regular basis, having support while doing so and having the ability to 'correct' information. They also expressed the view that life story work can help process experiences of being in care.



## **The rights and entitlements of young people**

### *What can help*

- having a copy of their care plan whilst in care
- being told their rights once they have left care
- knowing what their financial entitlements are.

### **Just prior to leaving care**

Young people identified that the month leading up to, and following, transition from care was crucial, and they often want more direct support and guidance from CYF at this time. This is a vulnerable period in their lives and we need to ensure that they have good support and guidance during this time.

Consider providing a 'leaving care pack' that could include:

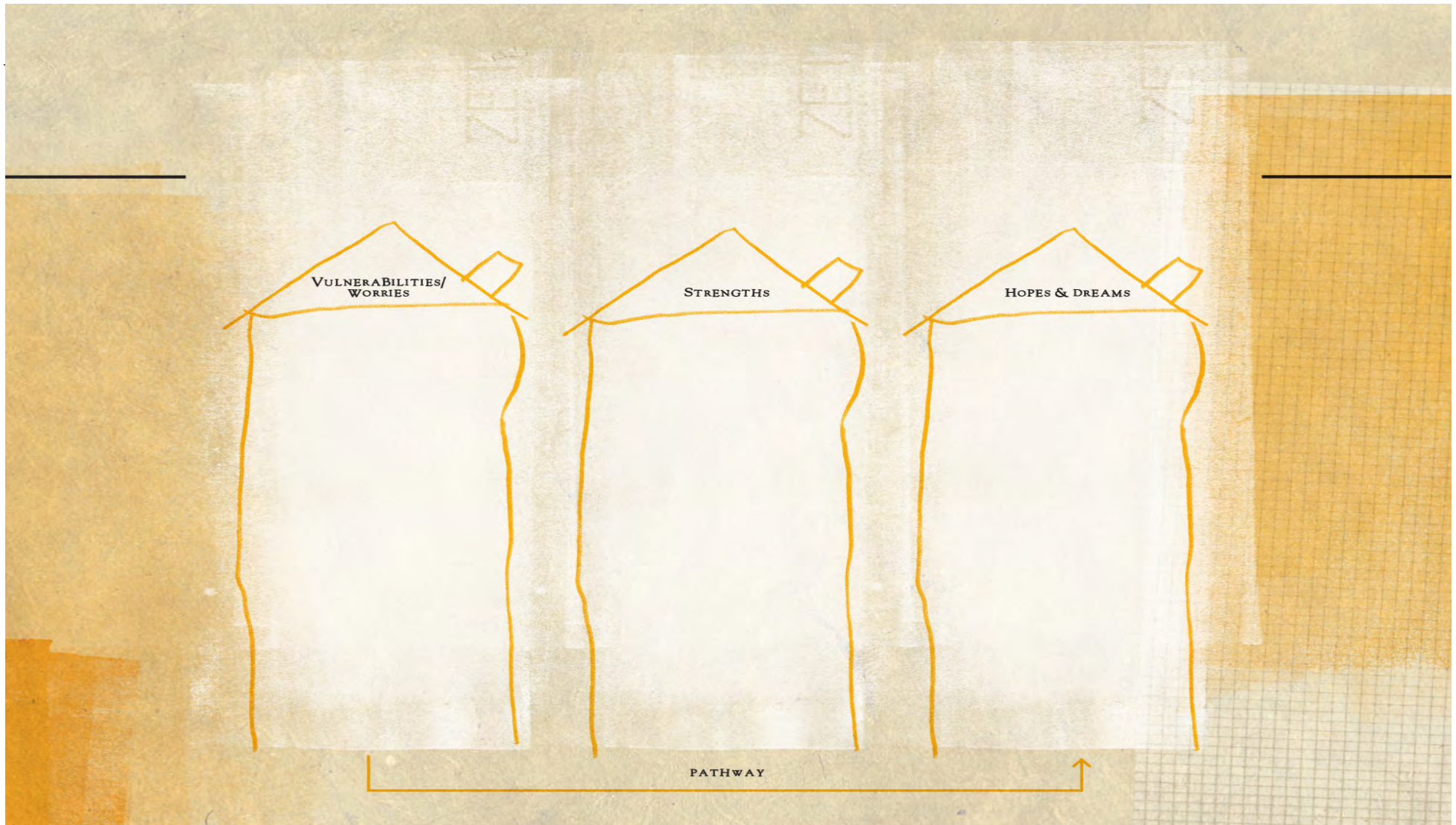
- their birth certificate
- their family history, family tree and family contact details
- their school and medical reports
- information detailing what additional guardianship means, and how they can rely on CYF or another legal guardian.

Contact details for:

- doctors
- dentist
- Work and Income
- Internal Revenue Department
- regional power companies
- phone companies
- local youth support networks
- a letter to Work and Income, if Independent Youth Benefit (IYB) has not been set up.

Detailing:

- that the young person has left the care of CYF
- the date of discharge from care
- that the young person is independent
- that the young person can not be expected to return to their parent/guardian's home.



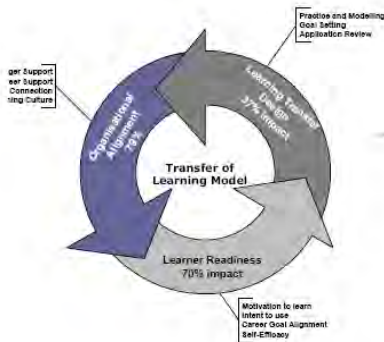


## Baseline Messages

- Secure care is more than a process, it is a practice that places staff knowledge of a child or young person at the core of restoration for the child or young person
- The practice phase tool requires staff to consider the journey to secure care is prevalent in their decision making alongside the legal pathway
- Grounds for Secure care need to evidence 'necessary' – your lead up to 'necessary' is in the practice you carry on the floor.
- s368 of the CYP&F act and part 5 of the regulations are not meant to be kept in isolation, instead they are meant to align with the practice and remain connected with the OPM and children and young people
- Secure Care is one of the interventions that sit on the higher end of the continuum of intervention (Punctuated Practice)
- It is expected that when we engage in secure care we are able to document with evidence why no other level of engagement or intervention was not considered an option
- Escalated behaviour with potential to result in a secure care admission starts with a trigger. In hindsight – What is it? Was it managed well? Was there room for a shift in their behaviour if I engaged earlier?
- The purpose of secure care is not about 'calming' a child or young person down; it is safety and wellbeing, reflection and a self-discovery of the child or young person.
- The Practice Centre has been made the central hub of key information and policies for residential services and provides residential staff more opportunities to apply better reflective practice, strengthen the engagement to build brighter future outcomes for children and young people in residences.
- Residential policy and key information provides key practice requirements and guidance for residential staff when working with children and young people in a residence.
- The Residential Practice Framework combines the phases of a residential staff member's work (i.e. engagement, assessment and planning; changing behaviour and supporting wellbeing; reintegration and preparing for the future) with Child, Youth and Family's principles and perspectives, to create practice triggers that inform everyday work.







**Care Teams** will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of regulation 26).

To demonstrate the transfer of learning for **Team leaders**, the following criteria evidencing and ensuring the management of the children and young people in their care, via **care teams** are as follows:

**Operational Practice One:**

- 1 coaching sessions on one of the identified regulations
- Evidence of objectives designed with the shift leader so the sessions are tailored to the teams need around their development.
- 1 coaching session on a key area of the boundary wall

**Operational Practice Two:**

- Reviewing 2 incident reports with feedback
- Review and offer a point of analysis for daily log

**Sign off process:**

This can be done from a colleague or a Residential Manager.

There are specific forms (see below) that will have feedback written on to it for each team leader, this will need to be faxed with the attendance record of coaching to Learning and Development.

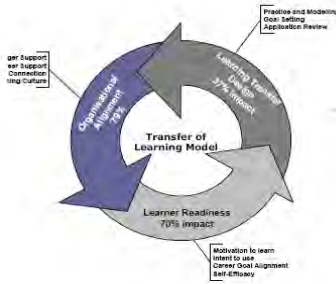
The tasks need to be done before Operational practice Two begins.

There will be reports to Jo Field - monitoring the progress of the transfer of learning.



## Coaching for Change Transfer of Learning – Sign off

### Operational Practice One – Team Leaders August 2011



**Care Teams** will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of Regulation 26).

#### Operational Practice One:

- 1 coaching sessions on one of the identified regulations
- Evidence of objectives designed with the shift leader so the sessions are tailored to the teams need around their development.
- 1 coaching session on a key area of the boundary wall

#### Coaching Session

#### Identified regulation:

Objectives for the coaching session:  
(remember these need to be measurable)

- 1.
- 2.
- 3.

#### Feedback – CRC (please be specific):

**Commend:**

**Recommend:**

**Commend again:**

**Sign off:**  
(please sign and print name, role)

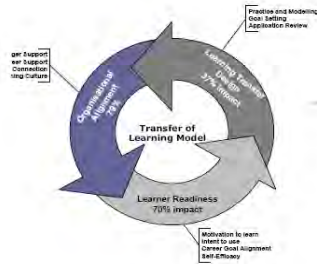
**Date signed:**

**Date received (L&D):**



**Coaching for Change  
Transfer of Learning – Sign off**

**Operational Practice Two – Team Leaders  
August 2011**



**Care Teams** will provide statutory social work services which promote the protection, wellbeing and best management of children and young persons in residence. **Team Leaders** are required to provide care teams with guidance in their management of children and young people, ensuring the management of the children and young people in their custody, are fair and Just always complying within the boundaries of Legislation, Regulations and Code of Practice (as per the instruction of Regulation 26).

**Operational Practice Two:**

- Reviewing 2 incident reports with feedback
- Review and offer a point of analysis for daily log

**Feedback – CRC (please be specific) for writer of incident report 1**

**Commend:**

**Recommend:**

**Commend again:**

**Sign off:**  
(please sign and print name, role)

**Date signed:**

**Feedback – CRC (please be specific) for writer of incident report 2**

**Commend:**

**Recommend:**

**Commend again:**

**Sign off:**  
(please sign and print name, role)

**Date signed:**

**Review and point of analysis for daily log:**