



Therapeutic Model of Care for working with Children, Young People, and Families.

Safety · Connection · Healing · Community

Uniting

Uniting

Acknowledgement of Traditional Owners

We begin by acknowledging the Traditional Custodians of the land on which we meet today, and we recognise that this land has and continues to be a place of living culture

We remember and pay respects to ancestors past and present and extend that respect to any Aboriginal people here today

Uniting commits to the continued development of culturally appropriate services that are guided by the Aboriginal community. We commit ourselves to actively work alongside all Indigenous people for reconciliation and justice.



Uniting Vic/Tas

In 2015, the Uniting Church Synod of Victoria and Tasmania accepted the recommendation that a single body oversee the Synod's UnitingCare agencies, and that the legal entity adopt the Uniting brand. This led to the formation of Uniting Vic/Tas in 2017, the coming together of 21 UnitingCare agencies.



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Why Develop our Own?



Promotion of Creativity
Promotion of Ownership
Promotion of Org
Integration
Learning from
Experience
Cultural Responsiveness

Uniting TMoC Project

The TMoC represents Uniting's ambition to develop an approach to leadership, culture, and practice that is evidence informed and recognises the profound impact of complex trauma on our organisation.

It seeks to support our workforce to feel confident and competent in their practice, sharing what we already do well and creating development opportunities to remain contemporary and effective in the way we deliver services.



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He who loves practice without theory is like the sailor who boards a ship without a rudder and compass and never knows where he may cast.

Leonardo Davinci

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What is the TMoC?

An articulation of Uniting's approach to leadership, culture and practice to ensure we support healing for people impacted by complex trauma.

It involves a significant investment in practice support (i.e. training, coaching, Principal Practitioner program) to enable our workforce to feel confident and competent in their practice.

It's not a not a rigid doctrine, but a knowledge and evidence base to draw upon, guiding and supporting people in their challenging work... to assist with, rather than replace thinking.

Uniting TMoC, 2024, p.19

Design & Development Approach

Evidence Informed

"EIP should be understood as excluding non-scientific prejudices and superstitions, but also as leaving ample room for clinical expertise as well as the constructive and imaginative judgements of practitioners and clients who are in constant interaction and dialogue with each other." – Nevo & Slonim-Nevo, 2011, p. 1176

Collaborative

"...the people who face those problems every day are the ones who hold the key to their answer." IDEO, 2015, p. 9

Iterative

"Iteration allows us the opportunity to explore, to get it wrong, to follow our hunches, but ultimately arrive at a solution that will be adopted and embraced." IDEO, 2015, p.25

Safety Conscious

"Safety is not only being safe from harm, but also feeling safe." Uniting TMoC, 2024, p.83

Evidence-Informed

Our methodology was shaped by our commitment to evidence-informed practice, drawing on multiple forms of evidence, including:

- Research evidence
- Practitioner knowledge and skill
- Child, young person, and family knowledge, preferences, and values

(Alla & Joss, 2021; The Centre for Community Child Health, 2016)

Therefore, our methodology privileges both practitioner and consumer expertise, and research evidence.

This means we:

- engaged meaningfully with consumers, practitioners, and our expert advisory group
- conducted targeted literature searches
- reviewed seminal works on trauma and related theories
- cross-referenced consultations with research evidence
- drew on evidence-based frameworks and practices (e.g., MARAM)

“We now know that evidence-based practice cannot be assured by 'choosing' a treatment from a list of approved options. This is but a parody of evidence-based practice and tantamount to mistaking the cover of a book for its contents”

– Fonagy, et al., 2014 (p.4)

How we Promoted Collaboration

First Nations Cultural Safety

Eva Orr - Reconciliation Lead
Kyalie Moore - Boomerang Consultancy
VACCA

Governance Structure & Advisory Group

LCP GG, CYF SM GG, CESI
Partick Tomlinson, Janise Mitchell (ACF)
Kellie Goes (MacKillop)

Uniting Workforce & Consumers

Individual and Group Consultations
Leadership Workshops
YPAG
Chapter Working Groups

LGBTIQ+ Cultural Safety

Kaye Bradshaw - LGBTIQ+ Inclusion
Lead
Merrin Wake - Consultant
Son Vivienne - Transgender Victoria

Uniting Departments

People & Culture
Quality & Improvement
Mission & Equity
Marketing & Comms

How we Facilitated Iteration

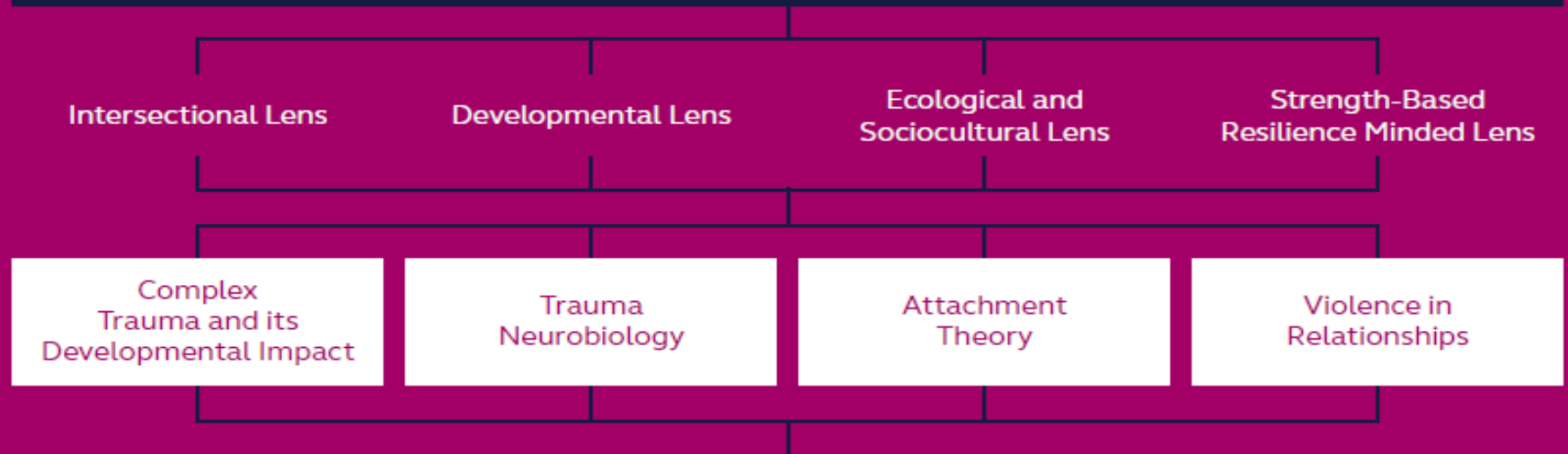
- Undertook a thematic analysis of initial consultations, which we based our draft on
- Reviewed relevant literature and searched for new evidence when required to align consultation data
- Demonstrated to our stakeholders how their input shaped the draft model
- Tested our model via workshops, document reviews, individual consultations
- Refined our model based on stakeholder feedback

How we Promoted Safety

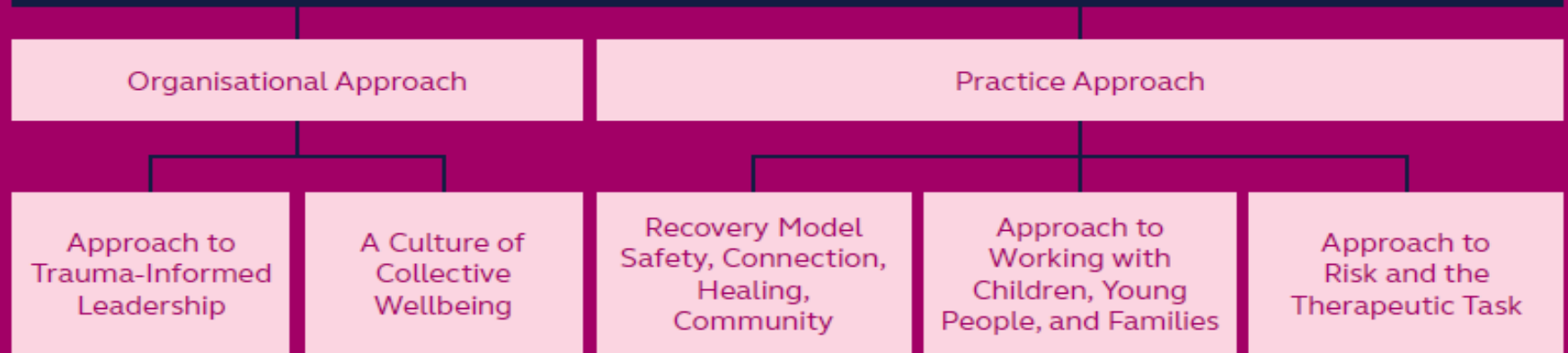
- Established relationships before engaging in consultations
- Accountable to our commitments via our project governance structure
- Ensured roles and responsibilities were clearly explained
- Acknowledged power imbalances (e.g. reimbursed participating consumers for their time)
- Included a diverse range of people and views
- Equally valued lived experience and professional expertise (e.g. ensured consumers views influenced outcomes)
- Sought input from D&I leads so consultations with Uniting's priority populations were culturally safe

Therapeutic Model of Care for Children, Young People, and Families

which is based on the following evidence-informed knowledge:



This evidence-informed knowledge base informs the models approach to **Trauma-Informed Care**, sitting at the heart of which is our **Trauma-Informed Relational Practices** both of which guide our:



TMoC Conceptual Elements










Trauma-Informed Relational Practices

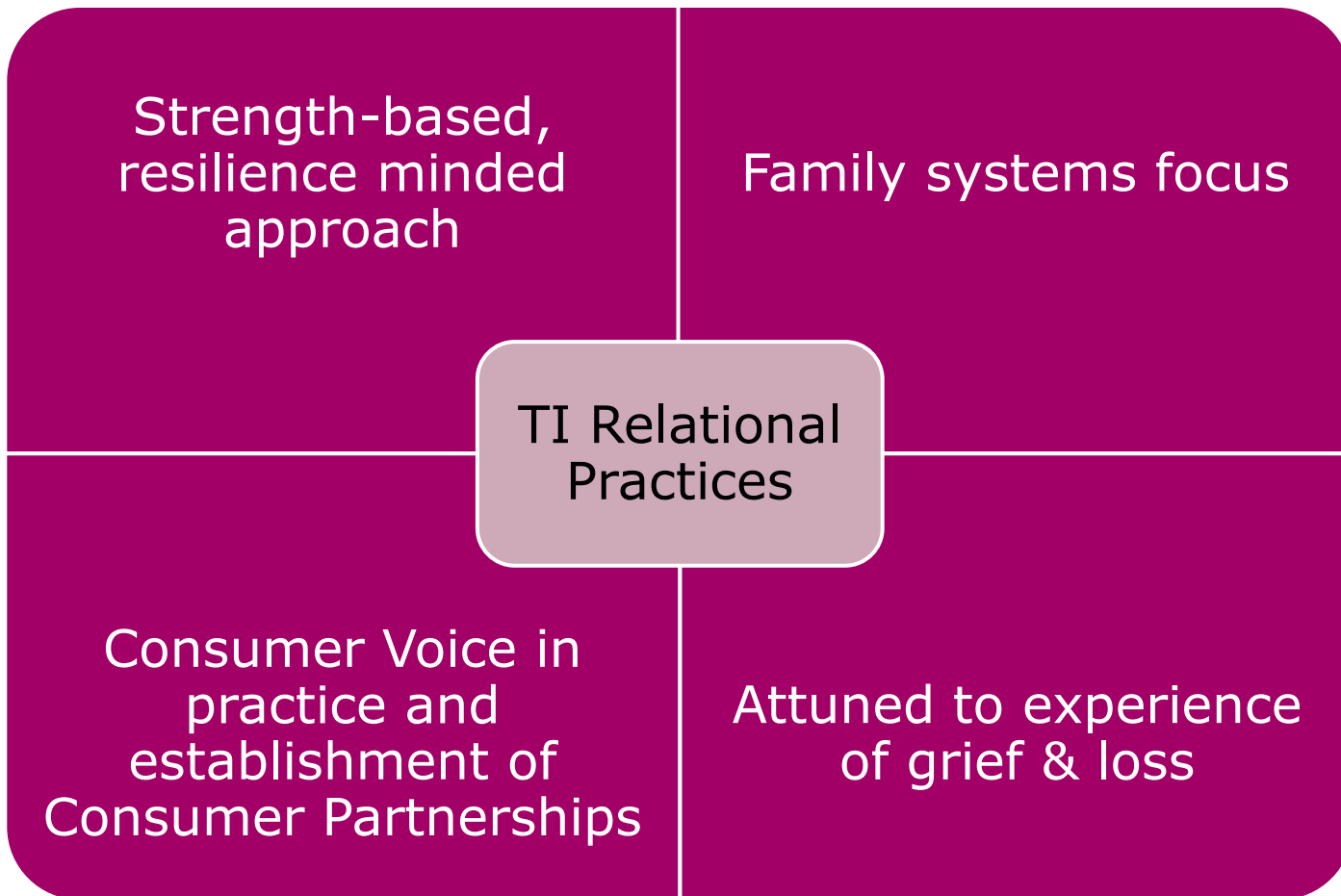
Relationships are at the heart of the TMoC. It is within the context of relationships that the principles of trauma-informed approaches come to life.

Our Trauma-Informed Relational Practices provide a blueprint to guide all relationships, whether they be with peers, consumers, the people we lead or the people we are led by.

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Features / dynamics of an abusive relationship	Features / dynamics of a healing relationships
Unsafe, boundary violations, betrayal	 Safety, boundaries and trust
Arrested development	 Developmental/ learning focus
Closed system, willful blindness	 Openness, listening, noticing, and advocacy
Power imbalance	 Collaboration and power sharing
Reactivity and survival	 Reflection and thinking
Neglect of health and wellbeing	 Focus on health and wellbeing
Conflict/rupture with no repair	 Conflict/rupture with repair

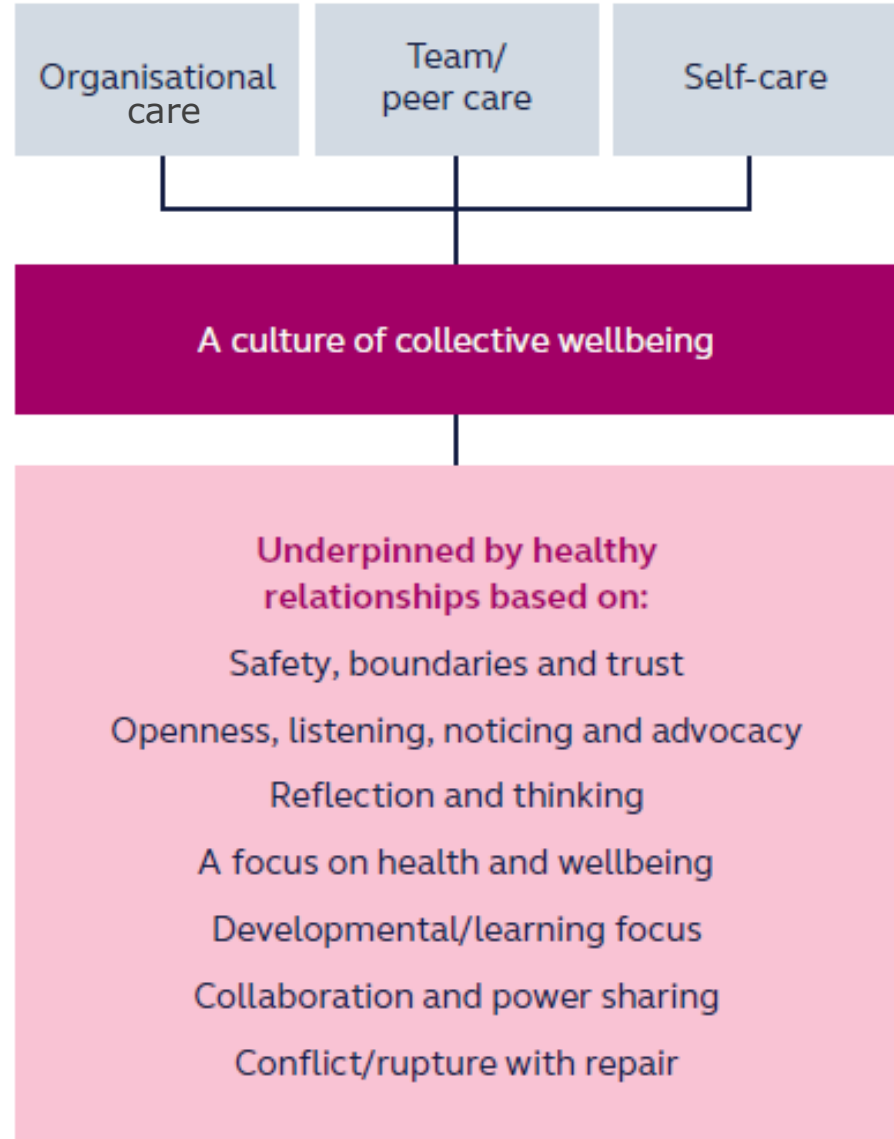
Approach to Working with Children, YP, and Families



A Culture of Collective Wellbeing

1. Because exposure to trauma-related material occurs in the workplace, opportunities for healing and restoration need to be integrated into the workplace.
2. Collective wellbeing is achieved when there is a focus on organisational responsibilities, team/peer responsibilities, and self-care responsibilities.

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TMoC Recovery Model



Is not a strictly linear model where one moves through fixed stages during their recovery. Rather, it is understood to be dynamic, circular, and iterative – largely influenced by our environments and intersectional variables (Cook *et. al.*, 2005).

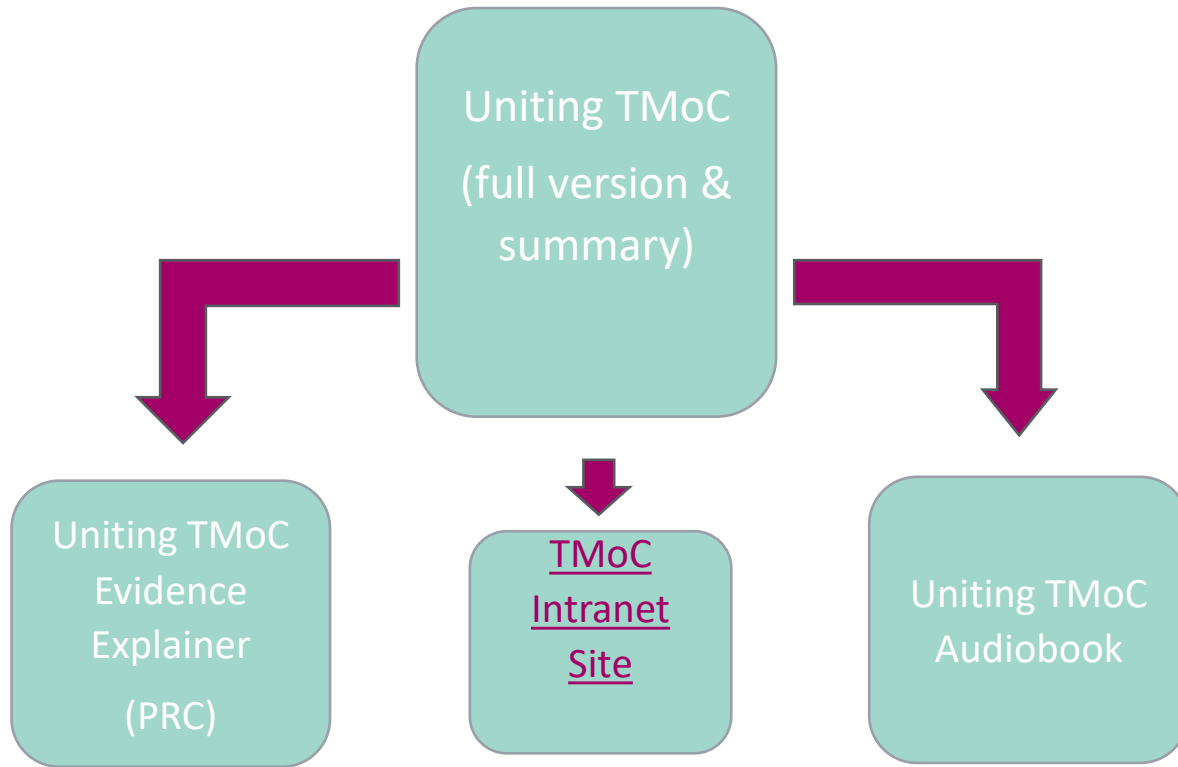
TMoC Document

Includes a comprehensive literature review related to complex trauma and trauma-informed care.

It goes on to detail what leadership, culture and practice needs to look like at Uniting to create and maintain a trauma-informed system of care.

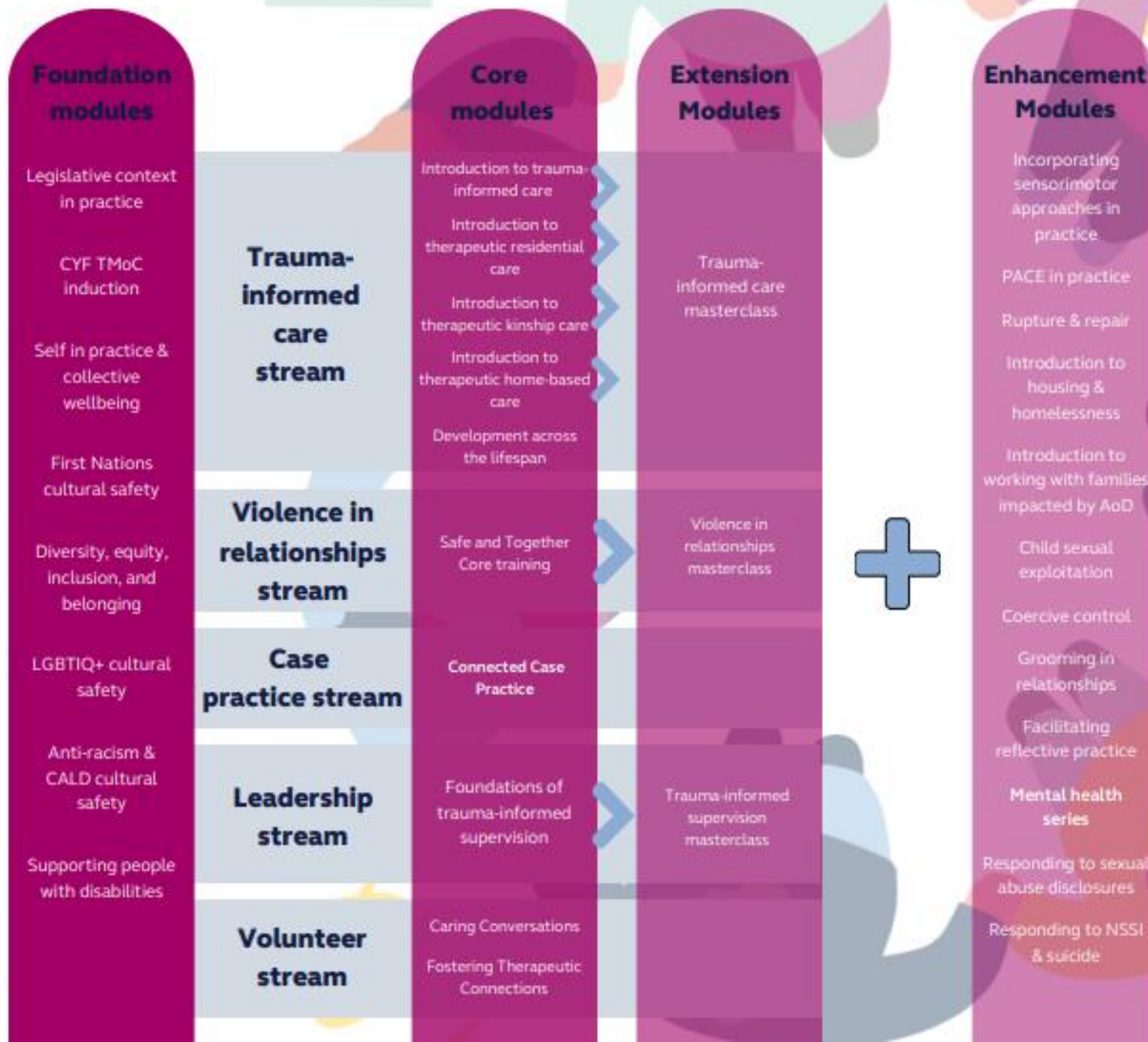


**Therapeutic Model of Care
for working with Children,
Young People and Families
– a summary.**



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CYF TMoC Practice-based training program.



Monitoring & Evaluation Domains

1. Workforce Development
2. Implementation Supports
3. Practice Supports
4. Quality & Performance



Risk and the Therapeutic Task

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Methodology In Action

We wanted to ensure that that expertise was not in the hands of any one person or idea but was a collaborative and inclusive venture.

The result is a model of care that brings trauma informed care to life by integrating multiple world views, theories, frameworks, and ways of knowing.

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"Our Approach to Risk and the Therapeutic Task is a key element in our TMoC. The development process for this element is an example of principle-driven methodology in action"

Uniting TMoC Methodology and Evidence Explainer 2024

Evidence Informed

We adopted a synthesis process incorporating:

- Contemporary Literature Review;
- Legislative Frameworks eg MARAM and BICM;
- Subject Matter Experts eg culturally and inclusive practice experts;
- Consumer insights eg Young Person's Advisory Group

"EIP should be understood as excluding non-scientific prejudices and superstitions, but also as leaving ample room for clinical expertise as well as the constructive and imaginative judgements of practitioners and clients who are in constant interaction and dialogue with each other." – Nevo & Slonim-Nevo, 2011, p. 1176

Collaborative

Explicitly working with the wisdom and lived experience inherent in the CYF Uniting Vic/Tas Workforce.

1. Ensures resonance and a “value-add approach”
2. Privileges current practice and thinking, by engaging multiple stakeholder groups were engaged across Uniting Vic/Tas
3. Answers the question “who is my main audience?” ensuring model is attuned to their need.
4. Engaged up and down the system hierarchy, geographically across Vic/Tas to capture rural and metro perspectives and 6 “early to career CYF practitioners” as well as our Quality partners.

“...the people who face those problems every day are the ones who hold the key to their answer.”

IDEO, 2015, p. 9

4 Emerging Themes

1. Practitioner Capacity & Confidence
2. Multi-Agency Models with different thresholds of risk and inconsistent approaches to managing risk – gaps in sector with tools and assessments.
3. Working Systemically with Families, incorporating the Child's Voice.
4. Organisational Culture reflecting/competing priorities and/or lack of emphasis on incorporating a therapeutic approach in practice.

- 1. What do you see as the current challenges impacting risk assessment &?**
- 2. Describe key themes of concern – what risk themes do you regularly respond to?**

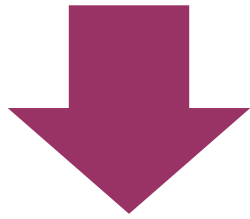
Iterative



We adopted the Plan, Do, Check, Act approach when developing the TMoC.

"Iteration allows us the opportunity to explore, to get it wrong, to follow our hunches, but ultimately arrive at a solution that will be adopted and embraced." IDEO, 2015, p.25

Safety Conscious “Walking the Talk”



Doing to



Being with



Doing for

*“Safety is not only
being safe from harm,
but also feeling safe.”*

Uniting TMoC, 2024, p.83

TMoC Risk Wheel

The result is a risk model that reflects the principles of our methodology.



Evidence-informed, amalgamating therapeutic approaches, practice frameworks and processes, is inherently collaborative increasing safety for practitioners AND consumers



Thank you

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Learn More
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