

PRACTICE GUIDE

Evolve Therapeutic Services

Evolve Therapeutic Services (Evolve) is a tertiary level mental health service that provides trauma informed mental health assessment and interventions to children in care who have significant needs. This practice guide provides information about the partnership approach between Queensland Health and Child Safety, to meet the complex mental health needs of children in care.

Working in partnership

Evolve provides services through a collaborative partnership between Child Safety and Queensland Health, in accordance with a departmental level Memorandum of Understanding (MOU).

Service delivery model

The primary function of Evolve is to provide intensive, multi-disciplinary, trauma informed mental health assessment and interventions to children in care who have severe and complex mental health needs. The Evolve treatment model provides planned and coordinated therapeutic support to children, aimed at improving emotional wellbeing and skill development. It supports interagency collaboration by bringing together a consistent support network for the child and aligns case planning and service responses to ensure the effective use of resources. (Refer to [Evolve Therapeutic Services \(ETS\) Model of Service | Queensland Health](#) Appendix 1.)

Evolve also provide specialist training and professional development to foster and kinship carers, residential care staff, Child Safety and other key stakeholders to build knowledge and skills and a shared understanding of the needs of children in care (Refer to [Training and professional development](#)).


Triage of referrals

Child Safety will consider the eligibility before referring the child to Evolve. Evolve will review referrals to ensure eligibility and inform prioritisation based on the priority groups and prioritisation criteria. For further information, refer [Evolve Therapeutic Services \(ETS\) program service user description: Characteristics, indicators, and priority groups](#).

Assessments

The child's mental health needs are assessed throughout the Evolve intervention, including an initial assessment (completed within 1 month from acceptance of referral) and a comprehensive assessment (completed within 3 months from acceptance of referral). These assessments are informed by information contained in the initial referral. Further information is then gathered from the child, carers, Child Safety, parents, school staff and other stakeholders, throughout the intervention.

These reports incorporate an assessment of the child's immediate and ongoing needs and risks (for example, suicide, self-harm, aggression) and are completed in consultation with the multidisciplinary team working with the child. The comprehensive mental health assessment explores in more depth the child's strengths, risk and protective factors, and identifies goals and barriers to recovery.



Risk assessment is a core part of Evolve assessments, including at initial assessment, when clinically indicated, and as part of case closure and case transfer processes. Other situations where a risk assessment is indicated include suicide risk, risk to others and drug and alcohol use. Identified risks are incorporated into a comprehensive risk management plan (includes recommended strategies to mitigate risk and help improve the child's safety). Any findings and recommendations made by Evolve are discussed with the child, parents, carers, Child Safety, and other key stakeholders.

Evolve interventions with a child

Evolve interventions with a child may include:

- comprehensive mental health assessments
- intervention plan development, implementation and monitoring
- crisis and short-term interventions to 'stabilise' the child, including mechanisms to manage mental health risks by Evolve clinicians and safety and support networks
- attachment and trauma-informed mental health and therapeutic interventions
- therapy to support relationships between the child, carer and safety and support network.

The frequency of contact with the child, parents, carers, Child Safety and other key stakeholders will vary according to clinical need.

A child referred to Evolve may not always be ready to interact with a clinician. If no suitable strategies are identified to engage the child or continued efforts are counterproductive, the Evolve care plan will be reviewed and a multidisciplinary meeting scheduled to consider alternative interventions (for example, level of carer support, stakeholder consultation and training, referral to an alternate service). The outcomes from the multidisciplinary meeting will be discussed with Child Safety.

Engaging with Aboriginal and Torres Strait Islander children

The connection of Aboriginal and Torres Strait Islander children to kin, culture and country is integral to their health and wellbeing. Many Aboriginal and Torres Strait Islander children in care are impacted by trauma, disrupted relationships and grief and loss, intergenerational trauma, segregation and racism. Strong cultural identity and connections are key protective factors and help children develop their sense of identity, self-esteem, and sound mental health. All partners involved in delivery of Evolve services have a role in working together to provide a culturally safe, wrap-around service to Aboriginal and Torres Strait Islander children.


Indigenous Program Coordinators are employed in six Evolve sites and are responsible for supporting Evolve clinicians to complete cultural assessments and provide culturally appropriate therapeutic services to the child, carer and family. Where appropriate, the Indigenous Program Coordinator will attend stakeholder meetings, carer and family sessions to ensure cultural sensitivity. In the absence of an Indigenous Program Coordinators, Evolve may link with a Hospital and Health Service Indigenous Health Worker. Indigenous Program Coordinators may also be able to provide cultural consultancy, training and peer supervision.

Care planning and stakeholder meetings

An Evolve care plan is developed in collaboration with the child, carers, Child Safety and other key professionals, and shared at stakeholder meetings. The Evolve care plan is recovery focussed and targeted towards the child's goals. Updated care plans will be discussed with Child Safety every three months and regularly reviewed at stakeholder meetings.

The purpose of stakeholder meetings is to:

- set common goals, objectives and timeframes and identify stakeholders responsible for monitoring and reviewing progress and achievements of goals

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- provide a group process for stakeholders to reflect on the child's presentation, experiences and history, and deepen their understanding of the child, and
 - build the capacity of the stakeholder group to respond to the needs of the child. (Refer to the Practice Guide [Safety and support networks and high intensity responses.](#))

Case transfer

When a child relocates outside of their current Evolve service provider's geographical catchment, and it is determined ongoing therapeutic intervention is required, a transfer between the respective Child Safety Service Centres (CSSC) is to be progressed. Evolve inform the respective Evolve service of the potential transfer. Both transferring and receiving CSSC and Evolve need to make direct contact and ensure a considered and safe transfer and service capability is considered. If there is no Evolve service in the new location, another service provider may be sourced. When a child is transferring to another mental health service, liaison and handover will occur between Evolve and the receiving mental health service.

Case closure

A decision to exit a child from Evolve may be made after review of the Evolve care plan and in consultation with Child Safety. Typically, program duration is reviewed at 15 months with the intention to close service delivery at 18 months, however therapeutic intervention may be extended if required. The views of the child, the child's carers and key stakeholders are considered and reflected in the final care plan. Prior to case closure, all key stakeholders will ensure transitional activities and supports are in place for the child when service ceases.

Case closure decisions occur due to one or more of the following reasons:


- Evolve care plan goals are met and the child no longer requires the service
- Evolve eligibility criteria is no longer met, (for example, the child is no longer subject to a child protection order and is under the age of 18 years)
- the child's carers, stakeholders and/or the child are no longer engaging
- the child's whereabouts are unknown
- the child has not received therapeutic benefit from the service
- the therapeutic needs of the child have changed and the child would benefit from referral to another service.

Training and professional development

Evolve provides specialist training and professional development in the form of workshops, seminar series, self-paced learning and presentations to a range of key stakeholders including foster and kinship carers, residential care staff, Child Safety, teachers, private practitioners and parents. The purpose of training is to increase the knowledge and skills of stakeholders to better meet the mental health and developmental needs of children in care who have complex mental health needs. It is also an opportunity for carers and professionals to network and share resources.

Evolve training and professional development covers a broad range of topics including the effects of trauma, abuse and attachment; trauma informed care; grief and loss; child development, neurobiological development; mental health assessment /diagnosis/medication; mental health treatment and intervention; harmful sexual behaviours; Aboriginal and Torres Strait Islander mental health; needs of children in care and in residential care; and stakeholder collaborative practice.

A calendar of training is developed at a local level between Evolve and Child Safety through contacting the Evolve professional development coordinator and/or the Evolve team leader. For



further learning resources and information sheets, refer to [Child protection education resources for health workers](#).

Escalation process

When working in a collaborative interagency model there will be times when stakeholders have different points of view, different understandings of roles and responsibilities or experience communication difficulties. Any issues relating to Evolve service delivery should be dealt with in a timely and respectful manner with the child's best interests as the primary consideration. The dispute resolution escalation process is as follows:

Step 1: Meet with the Evolve stakeholder group

Table and respectfully discuss issues at the stakeholder meeting and seek a resolution.

If the issue remains unresolved, proceed to Step 2.

Step 2: Meet with the Evolve clinician

The CSO and the Evolve clinician meet to further explore issues and attempt to identify a suitable resolution.

If the issue remains unresolved, proceed to Step 3.

Step 3: Internal consultation

a. Consult with the senior team leader and/or senior practitioner

The CSO meets with the senior team leader and/or senior practitioner to discuss the issue, impact on the child and resolution efforts. Further actions to resolve the issue may be allocated to the CSO or actioned by the senior team leader or senior practitioner, if identified.

b. Consult with the CSSC manager and regional practice leader

The senior team leader and/or the senior practitioner meet with the CSSC manager and/or regional practice leader to discuss the issue and determine next steps, which may include:

- Consider the service delivery requirements outlined in the MOU and the Evolve Model of Service.
- Scheduling a meeting with the Evolve team leader or discussion at the next Interagency Review Meeting.

If the issue remains unresolved, proceed to Step 4.

Step 4: Meet with the Evolve team leader or discuss at the interagency review meeting

The CSSC manager, the senior team leader and/or the senior practitioner either table the matter for discussion at the local Evolve interagency review meeting or meet with the Evolve team leader to discuss the issue, steps taken to resolve the issues, proposed mechanisms for resolving issue and a review date.

If the issue remains unresolved, move to Step 5.

Step 5: Meet with the Evolve team leaders' direct line manager

The regional practice leader or the regional director meet with the Evolve team leaders' direct line manager, typically the CYMHS Program Manager or Mental Health Director, to resolve the issue.

Once the issue is resolved, follow up with written confirmation via meeting minutes or an email to summarise the discussion and agreed solution.



Governance

Evolve has formal governance arrangements consisting of a state-wide Evolve therapeutic services interagency governance committee and a local steering committee for each of the six Child Safety regions. The local steering committee is responsible for problem solving and resolving local operational and practice issues in a collaborative and timely manner. If barriers are unable to be overcome at the local steering committee, they should be tabled at the interagency governance committee by the regional director.

Version history

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Appendix 1

Evolve process flow chart of key service delivery steps
Referral
<ul style="list-style-type: none"> - Child Safety completes Evolve referral form (with attachments) and emails to the local Evolve team. - Evolve triages the referral. - Referral outcome is attached to ICMS and recommendations are pursued.
Assessment - Initial and comprehensive
<ul style="list-style-type: none"> - CSO introduces Evolve clinician to the child's safety and support network and provides input into the Evolve assessment. - Evolve commences engagement with child, carers, CSO and other stakeholders as appropriate. - Mental health screening questionnaires are completed by the child, carer and school. - Evolve discusses the initial and comprehensive mental health assessment (including risk assessment) which is reviewed and attached to ICMS if a copy is provided.
Care planning and case review
<ul style="list-style-type: none"> - Evolve care plan is developed from mental health assessment, input from stakeholders and the views and wishes of the child. - Evolve care plan goes to the Evolve multi-disciplinary team meeting for review and endorsement (as part of Evolve case review process). - Evolve care plan is finalised and communicated with the CSO, child, carers and other stakeholders and attached to ICMS if a copy is provided. - Evolve multidisciplinary team internal review meeting provides clinical oversight for the Evolve intervention (as clinically indicated and/or minimally three-monthly). - Evolve Care plan is updated to respond to goals achieved and new goals developed (three-monthly).
Implementation
<ul style="list-style-type: none"> - Evolve works closely with the child, carer, and stakeholders to provide mental health intervention as outlined in the Evolve care plan. - Evolve provides specialist consultations to carers to support their caring role. - Evolve provides information/training/professional development, relevant to the child's needs.
Stakeholder meetings
<ul style="list-style-type: none"> - CSO attends stakeholder meetings (minimum three-monthly) to assist in the coordination of stakeholders, develop shared therapeutic goals, review individual stakeholder progress and work collaboratively to deepen understanding of the child and their needs. - CSO and other key stakeholders action recommendations from stakeholder meetings. - Child Safety and Evolve attend Interagency review meetings (generally monthly), minutes are attached to ICMS.
Case transfer
<ul style="list-style-type: none"> - CSO advises Evolve when a child is moving and any changes to case work or case management. - CSO works with receiving CSSC (if a case transfer is occurring). - Evolve will explore transfer to another Evolve service or another mental health service (if required).
Case closure
<ul style="list-style-type: none"> - Evolve has a multi-disciplinary team meeting to flag case closure (usually three months prior to case closure). - Evolve discusses closure with the CSSC and facilitates a final stakeholder meeting. - Evolve finalises the care plan and related transition activities. - Evolve communicates closure with child and key stakeholders.

Appendix 2

Evolve service location	Service Centres	Phone	Evolve Referral email address
Statewide Program Management Team	N/A	3355 8999	N/A
Brisbane North	Alderley, Chermside, Strathpine, Caboolture, Redcliffe, Morayfield	3355 8999	CHQ-CYMHS- EvolveNorth@health.qld.gov.au
Brisbane South	Mt Gravatt, Cannon Hill, Inala, Forest Lake, Bayside	3087 2200	CHQ-CYMHS- EvolveSouth@health.qld.gov.au
Cairns	Cairns North and Lower Cape, Cape York North and Torres Strait Islands, Cairns, Edmonton, Atherton, Innisfail	4226 3444	Evolve-FNQ@health.qld.gov.au
Gold Coast	Mermaid Beach, Nerang, Beaudesert	5687 9300	GCEvolveTS@health.qld.gov.au
Ipswich	Ipswich North and South, Springfield, Southern Downs	3813 6270	WM_MHSS_EvolveAdmin@health.qld.gov.au
Logan	Logan Central, Loganlea, Browns Plains, Beenleigh, Beaudesert	3412 1500	Logan_Evolve@health.qld.gov.au
Mt Isa	Mt Isa	4749 3821	No generic email
Rockhampton	Mount Archer, Fitzroy, Gladstone, Emerald	4920 5700	CQMHSEVOLVE@health.qld.gov.au
Sunshine Coast	Caloundra, Maroochydore <i>Spoke sites</i> - Gympie, Maryborough/Hervey Bay, Bundaberg	5202 9500	SC-MHAS-DaltonDriveHUB- Admin@health.qld.gov.au
Toowoomba	Toowoomba North and South, Roma <i>Spoke site</i> - South Burnett	4616 5365	EvolveIntakeToowoomba@health.qld.gov.au
Townsville	Townsville South and Burdekin, Townsville West and Charters Towers, Townsville North and Hinchinbrook <i>Spoke site</i> - Mackay/Bowen	4799 9004	Tsv-MH-Evolve@health.qld.gov.au