

APPENDIX B

Review of contemporary practice in out of home care

JUNE 2022



ACT strategy for strengthening families and
keeping children and young people safe



ACKNOWLEDGEMENT OF COUNTRY

The ACT Government acknowledges the Ngunnawal people as traditional custodians of the Canberra region and that the region is also an important meeting place and significant to other Aboriginal groups. The ACT Government respects the continuing culture and the contribution that Aboriginal and Torres Strait Islander peoples make to the life of this city and surrounding region.

The ACT Government would also like to acknowledge the value of traditional parenting practices and communal culture in child rearing. In particular, grandparents, aunts and uncles hold a significant and respected position in families and play an important role in the development of a child or young person's sense of identity, belonging and culture. We believe that the experience of Aboriginal and Torres Strait Islander culture is a strength and protective factor in our work with families. We also understand that for thousands of years, Aboriginal and Torres Strait Islander parents, families and communities have provided safe, strong and loving care for their children, based on cultural wisdom, shared knowledge and traditions which uphold the belief that children have a sacred value to their community.

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Introduction

This review provides a summary of innovative, new and emerging child protection and out of home care practices across Australia and identifies trends and themes. The findings presented here have contributed to design of *Next Steps for Our Kids 2022–2030 (Next Steps)*, the ACT’s strategy to strengthen families and keep children and young people safe.

Child protection and out of home care systems in all Australian states and territories are pursuing broad reforms in response to increasing demand for child protection services, increasing numbers of children and young people living in out of home care, and persistent overrepresentation of Aboriginal and Torres Strait Islander families. Themes that are consistent across all reform agendas include:

- increasing investment in intensive, specialist, early family support services
- embedding of therapeutic, trauma informed practice across service systems
- linking disparate elements of human services systems
- exploring new models of commissioning and partnering
- trialling different models of kinship, foster and residential care
- extending financial and case management support and new models of transition support for young people aged 18–21 years old.

This review considers both broad strategic goals and the design and implementation of specific programs, models and services, in relation to:

- restorative, therapeutic and trauma informed care
- strengthening families
- partnering
- building a continuum of support.

The review outlines new and emerging Aboriginal and Torres Strait Islander models that are central to reducing overrepresentation of Aboriginal and Torres Strait Islander families in child protection and out of home care systems. These models, and the Aboriginal and Torres Strait Islander led programs and services enacting them, reflect the principle of self determination and the strength and importance of connection to family, community, culture and country for Aboriginal and Torres Strait Islander children, young people and families.

Background

2013 practice review

In 2013, the Parenting Research Centre (PRC) and the University of Melbourne were commissioned to provide the Community Services Directorate (CSD) with an overview of validated evidence into different out of home care interventions and service models at national and international levels. The findings from this report were influential in laying the foundational principles for the *A Step Up for Our Kids Out of Home Care Strategy 2015–2020*.

The findings from the 2013 review were:

- Kinship care was found to have better outcomes or was no worse than non-related foster care. This is particularly in respect of placement stability. However, there are indications that children in kinship care are less likely to use mental health services, are less likely to be adopted and may experience slower reunification.
- Therapeutic foster care results in the highest rate of positive outcomes in respect of psychosocial and system levels for youth with difficult behavioural problems than any other form of care. This should be considered as an alternative to residential care programs given there is little evidence that residential care home settings produce outcomes that are better than alternative care arrangements.
- The use of independent living skills programs for young people in foster care who are aging out of the system appear to have no empirical support to facilitate successful ‘independence’. Extending supports for young people to 21 years may ameliorate the need to have separate programs and will more closely approximate the process and timing of leaving home for children who are part of the larger population.
- Research indicates investment into effective substance abuse services that are specifically targeted at parents, and for Aboriginal and Torres Strait Islander parents, those which are culturally infused, would lead to a tangible decrease in entry or restoration from care.

- Incorporation of a basic parenting intervention service that uses social learning theory at its core is essential when supporting parents to address or understand different child behaviours.
- For very high risk youth, the only intervention that has been found to be considered interesting in relation to the outcomes is that of multi-dimensional treatment foster care which works closely with foster parents to manage behavioural and other issues. This intervention has been seen to improve outcomes and generate substantial cost savings by preventing young people from entering residential care.

National overview

Australia has been experiencing a long-term trend for increasing numbers of children and young people living in out of home care. On 30 June 2020, almost 46,000 children and young people were living in out of home care in Australia (AIHW, 2021). This represents around eight out of every 1,000 children and young people aged zero to 17 years old in the Australian population.

Most children and young people living in out of home care in Australia in 2019–20 (92 per cent) were in home based care (AIHW, 2021). Of the children and young people living in out of home care, 67 per cent of them had been living in out of home care continuously for two or more years. Of the approximately 30,000 children and young people in long-term (two years or more) out of home care, 82 per cent were on long-term care and protection orders and were living in either kinship or foster care. Of the children and young people living in out of home care, 42 per cent were Aboriginal and Torres Strait Islander. One in 18 Aboriginal and Torres Strait Islander children and young people (around 18,900) were living in out of home care on 30 June 2020 with almost two-thirds (63 per cent) living with relatives, kin or other Indigenous caregivers.

Review objectives and methodology

Growth in demand for child protection services, growth in numbers of children and young living in out of home care, and persistent overrepresentation of Aboriginal and Torres Strait Islander families, have driven systemic reform across all Australian jurisdictions.

The purpose of this review is to identify innovative practice and themes that may be applicable to the design of the *Next Steps* reform in the ACT. An analysis of texts sourced from the internet, including government and non-government policies, programs, models and research publications was undertaken to gain a broad picture of policies, programs and models utilised in other child protection and out of home care systems, including in prevention and early intervention systems. This analysis also includes information collected through the *National Framework for Protecting Australia's Children 2009–2020* Children and Families Secretaries Group (CAFS) Priority Three Working Group.

This review was first conducted in 2020 and was updated in January 2022.

Caveats

Establishing a strong evidence base in an area as complex as child wellbeing and protection is a continuous and iterative process. This review presents an overview of contemporary practice in Australia, as it relates to the *Next Steps* reform. However, it should be noted that as practice evolves and is examined in published literature, this document should be revisited and updated, to support currency with best practice and continuous improvement of outcomes for children, young people and families involved in the ACT child protection system.



State and territory reforms

Research commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse, conducted by Benton, Pigott, Price, Shepherdson and Winkworth (2017), found that the legislative and structural arrangement for out of home care in Australia varied considerably, with the key points of differentiation including:

- variation in the role of non-government organisations, including in relation to different care types
- geographic and population contexts, particularly in regard to the overrepresentation of Aboriginal and Torres Strait Islander children and young people
- the range of care settings available in different jurisdictions
- the differing range of care models used, for example, paid carer models
- sector reform programs and changes
- the rigidity of the application of carer assessment tools
- monitoring, oversight and accountability of out of home care service provision.

Keeping children and families safe is the priority for all Australian governments. Most Australian jurisdictions have introduced reforms that incorporate early intervention (including intensive family support), investment and legislation changes, with particular focus on diverting families away from statutory child protection systems. Aligning the work of family violence services with family support and child protection has also been a common theme across Australian reforms.

Several jurisdictions are establishing new approaches to build a more robust and coordinated community service system, reconfiguring their out of home care and leaving care systems, and investing in Aboriginal and Torres Strait Islander organisations, service practices and workforce capacity. It is widely recognised that there is a need to shift from ‘a preoccupation with child protection towards integrated services with the emphasis on prevention, early intervention and family support’.

Australian state and territory child protection systems are facing significant challenges, including:

- insufficient capacity to meet the quantity and complexity of cases in statutory child protection and out of home care
- practice concerns in statutory child protection
- presentation of families with more chronic and complex risks and needs requiring a response that crosses the boundaries of government agencies that isn’t always available
- the intergenerational cycle of abuse and neglect
- failure to improve outcomes for children in out of home care
- unstable out of home care placements
- poor outcomes for care leavers
- overrepresentation of Aboriginal children in statutory child protection and out of home care.

In response to these challenges, Australian states and territories have set similar strategic goals for reforming child protection and out of home care systems (AIHW, 2021). These include:

- diverting children from statutory child protection
- reducing re-reporting to statutory child protection
- increasing exits from out of home care
- reducing the number of children in out of home care
- improving outcomes for children in out of home care and post-care
- reducing the overrepresentation of Aboriginal and Torres Strait Islander children in the statutory child protection system.

Jurisdictions have also specified how they plan to achieve these goals, such as:

- better use of evidence and building the evidence of effective programs and interventions
- enhanced analytics capacity
- use of big data and actuarial calculations to derive evidence and insights about where to target interventions
- sharing responsibility across organisations and government departments
- greater use of client directed and other devolved approaches
- strengthened processes for continuous improvement
- improving workforce capability and cultural competence
- enhancing prevention and early intervention efforts.

All Australian jurisdictions currently have a major strategy or set of reforms for their child protection and/or out of home care systems. Strategic and implementation plans for system reform include:

- Their Futures Matter (New South Wales [NSW])
- Roadmap for Reform (Victoria [VIC])
- Building a Better Future (Western Australia [WA])
- Supporting Families, Changing Futures (Queensland [QLD])
- Strong Families—Safe Kids (Tasmania [TAS]).

All jurisdictions are implementing policies and programs alongside Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031, which aims to ensure that children and young people in Australia have the right to grow up safe and supported, in nurturing and culturally appropriate environments (Australian Government Department of Social Services).

Each year the Australian Institute of Health and Welfare (AIHW) compiles a record of recent significant state and territory child protection and out of home care policy and practice changes (AIHW, 2021). Recent noteworthy reforms and approaches of relevance to the *Next Steps* reform are summarised here.



New South Wales

In 2016, the NSW Government launched Their Futures Matter; a four year, whole-of-government reform aimed at delivering improved outcomes for vulnerable children, young people and their families. The reform aimed to develop whole-of-government, evidence based, early coordinated intervention approaches for vulnerable children and families. Significant changes implemented over the four year reform period include:

- establishment of the NSW Human Services Dataset
- development of whole-of-government outcome measures and a common evaluation framework
- development of the Permanency Support Program
- legislative amendments
- development of the NSW Practice Framework
- commissioning of non-government services
- increased targeted earlier intervention
- implementation of new evidence based programs and wraparound supports.

NSW flagship pilot initiatives, programs and services that are underway or currently being rolled out include:

Family Connect and Support—a state wide, whole-of-family service that targets families experiencing vulnerability and provides comprehensive needs assessment, active outreach, short-term case planning, and Family Group Conferencing to prevent escalation into the child protection system.

Thriving Families NSW—aims to enhance the wellbeing of vulnerable families and decrease the likelihood of crisis by facilitating access to strength based, wraparound services including antenatal and postnatal health care, assistance for parents to continue study and access to other required support services.

Thriving Aboriginal Families—place based service designs co-led with Aboriginal communities to enhance local service systems and improve access to services for families displaying early signs of health, educational and social vulnerability.

A Place to Go—supports children and young people aged 10–17 years in contact with the juvenile justice system, with a focus on connecting young people on remand with suitable study options, legal assistance, health care and appropriate short-term accommodation.

Futures Planning and Support—a tailored mentoring based support program for young people aged 17–24 years who have been in out of home care. It offers additional support, above the universal support already provided, to young people with high and complex needs.

Functional Family Therapy—Child Welfare—a home based family therapy model that aims to address underlying trauma resulting in harm to children and families.

Multi-systemic Therapy for Child Abuse and Neglect—a 24/7 home based treatment model for families with substantiated instances of physical abuse and/or neglect of children and young people between the ages of six and 17 years.

LINKS Trauma Healing Service—provides a range of therapists (such as Aboriginal mental health clinicians, psychiatrists, occupational therapists and speech pathologists) to provide trauma focused, evidence based support to children in out of home care.

OurSPACE—provides support and placement stability to children in foster and kinship care, and those who care for them.

Treatment Foster Care Oregon—a strengths based, relational approach to changing the negative trajectory of behaviour that gets in the way of experiencing positive relationships, stability of placement and engagement with education, peers and the community.

Nabu—an Aboriginal co-designed program that provides in home therapy and support aimed at preserving and/or restoring families, wherever possible.

ID. Know Yourself—an Aboriginal led mentoring program for Aboriginal young people aged 15–18 years due to leave the out of home care system.

Youth Action Meetings—facilitated by NSW Police, Youth Action Meetings provide opportunity for local level service collaboration on interventions targeting children and young people (aged 10–17 years) at risk of harm, re-offending or re-victimisation.

Children's Court Pilot—aims to reduce offending by providing alternate service pathways for children and young people entering and/or exiting the justice system through facilitating collaboration between government and non-government agencies and service providers.

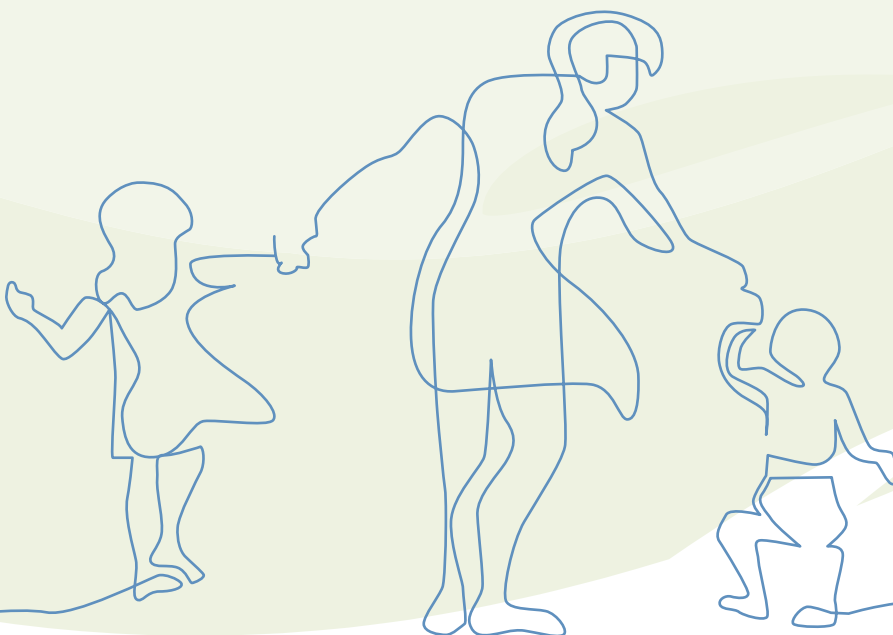
Victoria

The Victorian Government's 2016 Roadmap for Reform sought to transform the child protection system from one of crisis response to one of early intervention and prevention, focussed on:

- strengthening communities to better prevent neglect and abuse
- delivering early support to children and families at risk
- keeping more families together through crisis and securing a better future for children who cannot live at home (Department of Health and Human Services, 2019).

Core themes in Victoria's reform are:

- aligning child and family services that were previously delivered in isolation
- moving to a continuum of service delivery with care services comprising one part of many
- a model of universal and widely available care through to specialist services rather than individual programs
- trialling several different models and then developing policy and infrastructure following evaluation
- collecting data about outcomes and not just outputs
- a funding model that allocates all case management the same unit price but attaches additional funding to the type of support required.



By December 2020, Victoria had transferred case management responsibility for 50 per cent of Aboriginal and Torres Strait Islander children and young people on care and protection orders to Aboriginal Community Controlled Organisations (ACCOs). Implementation challenges for ACCOs have included the skill set of staff and working with children with a high level of need (forum for states and territories).

Better Futures, a new model to support young people transitioning from care, has been piloted in Victoria since 2017 and rolled out state wide in November 2019. Better Futures engages earlier with young people transitioning from care, where Better Futures workers support young people to have an active voice in their transition planning and provide individualised support across a range of life areas including housing and living skills, health and wellbeing, education, employment, and community and cultural connections, up to the age of 21 years. All eligible young people are referred to their local Better Futures provider at 15 years and nine months of age and the level of support provided is dependent upon the circumstances of the young person.

Queensland

Queensland is progressing a 10 year reform program; Supporting Families Changing Futures. The approach for the final five years of the 10 year program is provided through the five year, whole-of-government strategy; Supporting Families Changing Futures 2019–23. The reform focuses on four key areas:

- making sure children have safe, secure and stable places to live
- supporting children's mental, physical and emotional health
- helping children be positively engaged with education from kindergarten through to their transitioning into adulthood
- making sure Aboriginal and Torres Strait Islander children are connected with culture and community.

Core elements of the Queensland reform include:

Our Way: a generational strategy for Aboriginal and Torres Strait Islander children and families 2017–2037 (Our Way Strategy), which aims to

eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system within a generation. Initiatives under this reform include:

- Queensland First Children and Families Board, to provide strategic advice and guidance on implementation of the Our Way Strategy and action plans, and hold government and partners accountable to the Aboriginal and Torres Strait Islander community.
- Aboriginal and Torres Strait Family Wellbeing Services.
- Family led decision making through the Family Participation Program delivered by community controlled organisations that enable families and children to actively participate in all decisions that affect them across the child protection system.
- The development of a wellbeing outcomes framework that defines wellbeing for Aboriginal and Torres Strait Islander children and young people in Queensland. The framework will inform how the impact of the Our Way Strategy is measured.

- Embedding family led decision making across the key decision points of the child protection system.
- Embedding active efforts to apply the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle across the child protection system.
- Developing and implementing the Queensland Aboriginal and Torres Strait Islander healing strategy to address the impact of intergenerational trauma, grief and loss, violence and abuse.
- Partnering with the Queensland Aboriginal and Torres Strait Islander Child Protection Peak to develop and implement an ACCO delivered Aboriginal and Torres Strait Islander Kinship program.
- Implementation of Queensland's plan to respond to domestic and family violence against people with disability and Queensland's framework for action—Reshaping our approach to Aboriginal and Torres Strait Islander domestic and family violence.
- Prevent. Support. Believe. Queensland's framework to address sexual violence outlines Queensland's overarching approach to preventing and responding to all forms of sexual violence and includes funding of specialist sexual assault services across Queensland, new and enhanced sexual assault services and child sexual abuse counselling services for young people in five high need locations and an annual Sexual Violence Prevention grants program.

The Third Action Plan (2019–20 to 2021–22) of the Domestic and Family Violence Prevention Strategy 2016–2026 continues.

The plan includes:

- Embedding integrated service responses/ high risk teams to support high risk domestic and family violence cases.
- Continued funding of safe crisis accommodation, counselling for victims and children, court support and perpetrator interventions.
- Development and implementation of WorkUP Queensland to increase workforce capability and capacity building plans for the domestic, family and sexual violence sector.

Residential care reforms, such as the Oregon model for trauma informed residential care, and family reconnection programs for children under 12 years old living in residential care are being trialled as part of redesigning their service provision for 15–25 year olds.

Implementation challenges reported by Queensland include increasing complexity of child and family needs, particularly in cases where parents are heavily impacted by drugs and alcohol, some poor service outcomes, and tax and work health and safety issues in the professional foster care system.



Western Australia

The Western Australian (WA) Department of Communities are doing an evolution of their Building a Better Future Out-of-Home Care Reform Program, which aims to deliver:

- a system focused on the needs of the child
- a coordinated and flexible service system
- a safe system held to high quality standards
- a legislative framework supporting best outcomes for children and families.

The out of home care reform objectives include:

- greater accountability for funding associated with service provision of out of home care services
- a requirement for any non-Aboriginal organisation to have a mutually beneficial relationship with an ACCO or Aboriginal Reference Group to promote culturally safe and responsive service delivery
- greater stability for Community Sector Organisations (CSOs) through the provision of five year contracts.

WA have established an independent reference group to provide advice to the development of their strategy which includes independent academics and Aboriginal and Torres Strait Islander representatives. They have a separate Program Board which includes their internal finance area, Treasury, Cabinet, Office for Aboriginal and Torres Strait Islanders, and the area in their state government which oversees their WA State Strategic Plan. The purpose of this is to get buy-in very early in the project development.

WA continues to have a very high proportion of Aboriginal and Torres Strait Islander children and young people with over 5,400 Aboriginal and Torres Strait Islander children in care across the state. As such, this will be a significant focus of their next strategy.

WA applies a needs assessment tool for children and young people when they first come into care, which is then linked to their funding. They already have a number of services for young people aged 15–18 years including the Lift program, which is delivered by Anglicare and looks at homelessness and education. It is grant funded and has the option of extending Care Orders up to the age of 21 years (Home Stretch).

South Australia

South Australia (SA) is working to implement recommendations from the Nyland Child Protection Royal Commission Report: *The Life they Deserve*. Current reform elements include:

- legislative reforms
- early intervention initiatives
- extension of kinship and foster care financial support to 21 years of age
- improving services for Aboriginal and Torres Strait Islander families
- increased focus on disability and connection with the National Disability Insurance Scheme.

SA have a draft out of home care strategy and have spent considerable time changing the language of their care services to be responsive to children and young peoples' feedback. SA have three platforms of service delivery for families including:

- supporting families (keeping them out of child protection system)
- for those in care that they protect them
- investing in children to change their trajectory when they leave.

Overall, SA is moving to a needs based system, and are concentrating on understanding what the population looks like, what are their needs, what works and how can they shape their system accordingly; pushing forward family based care; enhancing their dialogue with carers; and transforming non-family based care to be trauma focused. SA has a mixed model of service provision and is exploring significant contract reform. SA applies Professor Paul Delfabbro's (University of Adelaide) needs Complexity Assessment Tool (CAT) for when children first enter care.

Tasmania

Tasmania has been delivering reforms under the Strong Families—Safe Kids Implementation Plan 2016–2020. Now supplemented by Strong Families Safe Kids: Next Steps Action Plan 2021–2023 (Strong Families Safe Kids: Next Steps) and Strong Families Safe Kids: Next Steps Action Plan 2021–2023—Implementation Plan, the Tasmanian Government has continued the journey of changing the way government and non-government services work together to shift the curve and improve the wellbeing outcomes for all Tasmanian children through a public health approach. Initiatives include:

- the Strong Families—Safe Kids advice and referral line
- new Intensive Family Engagement Services trials
- a new Child and Youth Wellbeing Framework and Practice Framework.

Tasmania is using a Pathway Home Model for reunification services. Some elements of service provision include:

- a network of coordinated community based services, including child safety, family services, health, justice, housing and education
- new services being integrated with existing services rather than added on as a separate layer of service provision
- a range of low, medium and high intensity services, capable of delivering comprehensive, flexible services that respond to families' needs
- the provision of sustained, enduring support to families via links and pathways to service providers. (CAFS meeting, 27 February 2020).

Northern Territory

Safe, Thriving and Connected: Generational Change for Children and Families (2018–2023) is the Northern Territory (NT) Government's response to the Royal Commission into the Protection and Detention of Children in the Northern Territory.

Recent reforms and initiatives undertaken by the Department of Territory Families, Housing and Communities include:

- a community education campaign to promote early support services, prompt families to ask for help before a crisis and remove the stigma associated with seeking help
- the Family and Children Enquiry and Support hotline
- a reformed Central Intake Service
- an information sharing scheme and Safe Together practice model to connect child protection and family violence responses
- new Child and Family Centres
- the Children Safe, Family Together Aboriginal Foster and Kinship Care Model, produced by Tangentyere Council Aboriginal Corporation in partnership with the department
- recruitment of more Aboriginal Kinship and Foster Carers
- procurement of new Intensive Therapeutic Residential Care providers.

Aboriginal and Torres Strait Islander **models**

Reducing the overrepresentation of **Aboriginal and Torres Strait Islander families**

Australian governments have committed to achieving significant and sustained progress in eliminating the overrepresentation of Aboriginal and Torres Strait Islander children in child protection systems.

Target 12 of the *National Agreement on Closing the Gap* is to reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children in out of home care by 45 per cent by 2031 (closingthegap.gov.au). Aligned to this target, addressing overrepresentation of Aboriginal and Torres Strait Islander children and young people in child protection systems is one of the four focus areas of *Safe and Supported: the National Framework for Protecting Children 2021–2031* (Australian Government, Department of Social Services).

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) has become a central element of child protection reform across Australia and has been enacted to varying extents in each state and territory; acknowledging the importance of family, cultural and community connections to the identity and wellbeing of Aboriginal and Torres Strait Islander children who come into contact with the statutory child protection system.

Numerous international reviews and reports have articulated the principles of successful reform in relation to the involvement of First Nations

peoples in child protection systems. The annual Family Matters Report examines progress in reforms across all Australian jurisdictions and identifies current best practice and outcomes (familymatters.org.au). Some jurisdictions have conducted their own Aboriginal and Torres Strait Islander led reviews of child protection and out of home care systems. A notable example is the NSW Family is Culture review report 2019 (familyisculture.nsw.gov.au).

This section describes Aboriginal and Torres Strait Islander community managed programs and practices that are proving central to reforming service systems through self determination, cultural authority and connection to culture. Critical factors supporting successful transfer of service design and delivery to Aboriginal and Torres Strait Islander led organisations include:

- facilitating community ownership and control
- embedding culture
- employing local Indigenous staff
- harnessing existing community capacity and leaders
- implementing good governance
- establishing trusting relationships
- keeping the implementation timelines flexible
- using community development approaches (Morley, 2015).

Aboriginal and Torres Strait Islander Community Controlled Organisations (ACCOs)

The *National Agreement on Closing the Gap* recognises that Aboriginal and Torres Strait Islander community control is an act of self determination and commits governments to increase the proportion of services delivered by ACCOs. Most states and territories are exploring or implementing transfer of some child protection services, particularly family wellbeing and support services and case management for children and young people living in out of home care, to ACCOs. However, expenditure on ACCOs remains low, as a proportion of total investment in child protection systems (*The Family Matters Report*, 2021).

Examples of ACCO designed and/or delivered services in Queensland and Victoria are provided below.

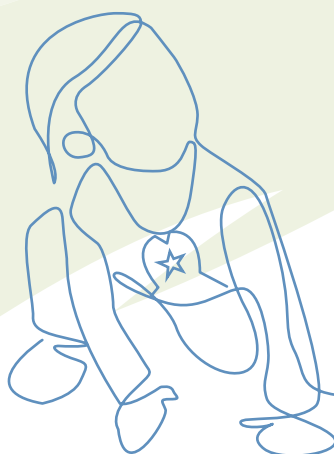
Aboriginal and Torres Strait Islander family wellbeing and support services

The Queensland Government committed \$150 million over five years to establish Aboriginal and Torres Strait Islander Family Wellbeing Services to better support Aboriginal and Torres Strait Islander families (Queensland Government, 2019). Service design and delivery has been led by ACCOs. The intent of the services is to work in collaboration with other culturally safe services, ranging from prevention and placement services, and each family to provide families with the diverse and tailored supports they need, including early intervention and intensive supports. There are currently 33 Aboriginal and Torres Strait Family Wellbeing Services operating across Queensland (AIHW, 2021). Early implementation data indicate high rates of family engagement and low rates of re-notification (CAFS meeting, 27 February 2020).

Aboriginal child care agencies

The Victorian Government has been working in partnership with ACCOs to implement section 18 of the *Children, Youth and Families Act 2005*, which allows ACCOs to assume responsibility for Aboriginal and Torres Strait Islander children and young people on Child Protection Orders (Victorian Government, Department of Health and Human Services). Section 18 allows an authorised ACCO to assume responsibility for case planning and case management. The intention is for ACCOs to be responsible for managing court ordered conditions, day-to-day decision making and child safety (snaicc.org.au). Queensland legislative amendments will also provide for the delegation of statutory powers to ACCOs. In Tasmania, Aboriginal children cannot be placed with a permanent carer unless the application to the Children's Court for a permanent Care Order is supported by an Aboriginal agency.

The Victorian Aboriginal Child Care Agency (VACCA) launched its Nugel program in November 2017. Nugel is the Wurundjeri word for 'belong'. Nugel has led the way in developing a new model of child protection practice, which is premised on Aboriginal organisations working in partnership with Aboriginal families to achieve better outcomes for Aboriginal children and young people. Nugel is committed to involving children and families in decision making and case planning. Nugel promotes Aboriginal self determination in order for children to grow up resilient with self belief and identity, knowing who they are and where they belong (vacca.org.au).



The Bendigo and District Aboriginal Cooperative in regional Victoria also launched a similar program called Mutjang Bupuwingarrak Mukman, which means ‘keeping kids safe’ in the Dja Wurrung language. In 2019, this program was working with 36 Aboriginal children, with plans to increase this number to 72 in 2020 and 110 in 2021 (Victorian Aboriginal Children and Young People’s Alliance [VACYP], 2019).

Aboriginal and Torres Strait Islander Peaks Bodies operate in Queensland and NSW, with a dedicated focus on the child protection and family services sector, and at the national level through SNAICC (SNAICC, 2019). Policy participation roles are also resourced in Victoria through VACCA and VACYP. While there is no state wide peak in WA, the recently established Noongar Family Safety and Wellbeing Council works to provide a strong voice for Noongar children and families and advocate on their behalf. It is important to note, however, that the establishment and resourcing of peak bodies does not constitute meaningful participation if these bodies are not appropriately consulted in the development of laws and policies that affect Aboriginal and Torres Strait Islander children, families and communities (snaicc.org.au).

Family led decision making

Family led decision making leads to better assessments, supports healing and can mitigate unintended trauma from child protection involvement, and helps supports family’s critical thinking and safe, stronger families (SNAICC, 2019).

Two examples of Aboriginal led initiatives that are having positive results are the SNAICC Campaign and Aboriginal family led decision making model (AFLDM). Both initiatives seek to empower and support families to ensure that children remain connected to family, community and culture. SNAICC is Australia’s national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. This campaign aims to eliminate the overrepresentation of Aboriginal and Torres Strait Islander children in out of home care within a generation (by 2040). Family Matters is led by SNAICC and a group of eminent Aboriginal and Torres Strait Islander leaders from across the country. This campaign is also supported by a strategic alliance of over 150 Aboriginal and Torres Strait Islander and non-Indigenous organisations. There is also a list of members of parliament, state parliament, commissioners and guardians and organisations who have signed the SNAICC commitment.

AFLDM is where authority is returned to families and children to problem solve and lead decision making in a culturally safe space by using external convenors that are Aboriginal and/or Torres Strait Islander. AFLDM is reflective of the right of Aboriginal and Torres Strait Islander children, parents and family members to participate in all child protection decisions affecting them, including intervention, placement and care, and judicial decisions. Not only is it their right to participate in decision making but encouraging and supporting the participation of all children and family members in these significant decisions and decision making processes leads to better outcomes for families. This is because, when families have independence, choice, privacy and time, they can draw on the strengths and supports of their whole family and community

to identify responses that will keep children safe and cared for in family, community and culture. Involving people in decisions that have a significant impact on them also means they are more likely to be accepting and understanding of them and more likely to take responsibility for issues and commit to any interventions that have been decided upon. Involving family members reflects an important role in raising their children and increases the likelihood of and mechanisms for identifying supports and options to address care and protection issues.

SNAICC, in partnership with other ACCOs, conducted trials of AFLDM in several sites across the state in 2016–17. The trials provided an opportunity for families to meaningfully participate in child protection decision making affecting their and their children's lives; with an independent evaluation of the trials finding that successful outcomes for families were achieved when Aboriginal and/or Torres Strait Islander conveners and the AFLDM service providers were truly empowered to do things their way. At one trial site, 16 out of 20 families who participated in AFLDM experienced improvements in safety and protection from harm. The extent to which this trial worked and the impact it had was a matter of 'how it was done' rather than 'what was done' (snaicc.org.au).

Queensland has also established the *Family Participation Program* that supports Aboriginal and Torres Strait Islander families to participate in child protection decision making. This program supports the right of Aboriginal and Torres Strait Islander people to self determination in child protection decision making and to access quality, culturally safe services (Ms Lewis, ACT Talking Practice Presentation, 2019).

Aboriginal and Torres Strait Islander family finding and kinship care

In Victoria, VACCA in partnership with the First Nations Legal and Research Services and the Koorie Heritage Trust was selected to provide an Aboriginal Kinship Finding Service. This new service includes the establishment of a genealogical database to support early kinship carer identification and connections to family, community and culture for Aboriginal and Torres Strait Islander children and young people involved in the Victoria child protection system (The Family Matters Report, 2019).

In NT, ACCOs in NT have been funded to pilot a new family and kincare model developed by Tangentyere Council Aboriginal Corporation. The model provides a comprehensive approach to identifying, recruiting and supporting Aboriginal family and kin carers, is responsible to unique community needs; and focuses on continuous assessment of potential for safe reunification of children with their birth parents (Government of the Northern Territory, 2019).

Restorative, therapeutic and trauma informed care

Definitions

A common language and operational definitions are vital for collaboration and building effective relationships in child protection practice. For quality and consistent trauma informed practices within human services, there needs to be effectively implemented organisational shifts in values and culture behind the evidence based trauma informed practices. Trauma informed training that addresses the rationale and theoretical underpinnings of practice should also be provided. A shared understanding of trauma informed care also helps organisations and stakeholders of wider service systems to act congruently and with a shared purpose.

At the heart of therapeutic care is an understanding of the neuroscience of development, attachment and trauma (Mitchell, Tucci & Tronick, 2020). Therapeutic care is underscored by the children's rights movement and the rights of children in out of home care (Mitchell, Tucci & Tronick, 2020). These rights enshrine the needs of children to access family, culture and education, to be safe and feel safe, and to actively participate in decisions that affect their lives (Mitchell, Tucci & Tronick, 2020).

Traumatic experiences are common for children and young people involved with child protection systems, with people often having multiple adverse experiences across their lifetime (Australian Institute of Family Studies [AIFS], 2016). Children and young people involved in child welfare services often have a complex range of symptoms and behaviours related to their trauma exposure (AIFS, 2016). Trauma informed care is a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives (AIFS, 2016). Trauma informed practice is widely recognised in human

service delivery sectors within Australia and there is a growing awareness of the need, and a strong rationale for the value of implementing trauma informed approaches within human services (AIFS, 2016). However, there is no overarching policy to mandate trauma informed care and no framework to guide evidence based practice to transition in a systemic way to trauma informed care in Australia (AIFS, 2016).

Principles

The Handbook of Therapeutic Care for Children (Mitchell, Tucci & Tronick 2020) states the key elements of therapeutic care as:

- Therapeutic care recognises that trauma related to abuse and violence has a differential impact on each child and young person, leading to a unique configuration of impact and downstream consequences.
- Therapeutic care practice privileges children's needs as the basis of all its decisions.
- Therapeutic care understands that children's behavior communicates the efforts made by their internal systems to protect them from the traumatic experiences of violation.
- Therapeutic care adopts a lifespan approach to planning for children and young people as they grow and change.
- Therapeutic care honors the strengths of cultural heritage as resources for children and their relationship networks.
- Therapeutic care adopts the view that children's experiences of deep visceral safety is both an outcome and a form of intervention.
- Therapeutic care is active in ensuring that children and young people who have experienced abuse and neglect are not further disempowered by the way practice is implemented.

- Therapeutic care fosters the authentic participation of children and young people in decision making processes that are about them.
- Therapeutic care empowers relationships to be therapeutic.
- Therapeutic care conceptualises the physical and sensory environments that children inhabit as therapeutic.
- Therapeutic care expands the role of therapists to become relational brokers, network enablers and system advocates for children in out of home care.
- Therapeutic care is resourced by coordinated collective decision making that services the needs and interests of children.

The importance of language

A common language and operational definitions are one of the biggest roadblocks in developing collaboration and effective relationships in child protection practice throughout Australia. Lack of a common language for even the most basic words that are used to assess families and situations is an issue. Words like ‘safety’, ‘danger’ and ‘risk’ can be used vaguely, inconsistently and can prevent stakeholders from understanding each other and making effective plans together. The Partnering for Safety approach draws on the language developed in the Signs of Safety (signsofsafety.net) and the Victorian SAFER Children Risk Assessment Framework to offer some common language that both families and professionals can make use of to work together (partneringforsafety.com).

Culturally appropriate language is also vital. For example, it may be an assessment ‘with’ families rather than assessment ‘of’ families and planning ‘with’ families rather than planning ‘for’ families. Family ‘visits’ rather than ‘contact’. It is important to be factual but non-judgmental.

Models and applications

NSW Therapeutic Care Framework

The NSW Therapeutic Care Framework (TCF) provides guidance on supporting children and young people with trauma informed care at the centre (facs.nsw.gov.au). The TCF outlines a set of 16 core principles for providing therapeutic care, which include child focused, organisational, environmental and system aspects of improving outcomes for children and young people in care. The framework was developed in partnership between Family and Community Services (FACS) and the Association of Children’s Welfare Agencies (ACWA), The Aboriginal Child, Family and Community Care State Secretariat (AbSec), out of home care sector representatives and academics in the field of child protection.

LINKS Trauma Healing Service

The NSW Government funds a LINKS Trauma Healing Service which delivers trauma focused, evidence based support to children in out of home care (linkssupport.dcj.nsw.gov.au). There are currently three specialist teams, which include mental health clinicians, Aboriginal mental health clinicians, occupational therapists, speech pathologists, psychiatrists and customer service officers. In 2020, the Parenting Research Centre completed a comprehensive evaluation of LINKS. The evaluation concluded that LINKS:

- helps children overcome behavioural problems, emotional symptoms and post traumatic stress
- supports social skills, school engagement and the personal wellbeing of carers
- has a positive impact on placement stability for some of the most vulnerable children in NSW.

Hope and Healing Framework

Queensland is using the Hope and Healing Framework for Working With Children and Young People Living in Residential Care. The framework provides a vision, principles and theory for offering trauma informed care (peakcare.org.au). The framework also articulates the respective roles of staff, provider organisations, care teams and child protection staff.

Berry Street Education Model

The Berry Street Education Model (BSEM) is a trauma informed positive education initiative designed to inform and guide teacher practice and student learning (berrystreet.org.au) (Brunzell, Waters & Stokes, 2015). The model aims to expand the possibilities of teaching and learning through integrating clinical, educational and welfare approaches and perspectives and is seen as both innovative and unique (Stokes & Turnbull, 2016). In 2014, the Berry Street Childhood Institute invited the Youth Research Centre (University of Melbourne) to undertake a research and evaluation project examining the effectiveness of BSEM when used to engage young people in mainstream schools. The evaluation found that the BSEM model could be applied in government schools and collated evidence of the model's capacity to impact on achievement, engagement, wellbeing and behaviour (Stokes & Turnbull, 2016). BSEM also facilitated increased teacher versatility, reflection, confidence and authenticity, while intensive professional development has enabled dissemination of unconventional ideas and practice.

Sanctuary Model

The Sanctuary Model is an evidence based care model that supports people who work in stressful human services and care delivery environments, and is currently in use by Anglicare and MacKillop Family Services (anglicare.com.au, www.mackillop.org.au). The Sanctuary Model focuses on safety and how to create a safe, non-violent environment that teaches people to cope effectively with stress and adversity and to heal from trauma. The model provides a range of tools to improve awareness of trauma, including a common language to describe adverse events regardless of roles and professional training. The model is designed to support a culture of safety across a whole organisation, especially one where staff are vulnerable to burn-out and vicarious trauma.

The four pillars of the Sanctuary Model are:

- 1 Trauma theory
- 2 Sanctuary commitments (non-violence, emotional intelligence, social learning, democracy, open communication, social responsibility, growth and chance)
- 3 S.E.L.F (safety, emotions, loss and future)
- 4 Sanctuary toolkit to improve communication, teamwork, learning, conflict resolution, safety (for staff and clients) and self care.

The MacKillop Institute reports some of the benefits experienced by organisations using the Sanctuary Model include:

- improved sense of safety
- decreased staff and client injury and reduction in escalated critical incidents
- creation of environments where staff feel valued, teams trust one another, and clients feel safe and supported to heal
- increased staff satisfaction and innovative problem solving
- decreased staff turnover and increased moral
- more honest, effective and open communication and good complex decision making (mackillopinstitute.org.au).



Strengthening families

All Australian jurisdictions have noted as part of their systemic reform processes that there has been a lack of intensive family support services to assist and support families to safely keep children living at home. Such services are typically based on the concept that parenting is a set of skills that can be acquired and improved through experiences and that providing support early in a family's parenting journey or early in the life of a problem strengthens families and can divert them from involvement in the statutory child protection system.

Concepts central to the development of intensive family support services include:

- access to universal services
- community hubs
- early support.

This section explores these foundational concepts and provides examples of models and services supporting children and young people to remain living safely at home with their families or return to their families from Australian jurisdictions.

Universal services

It is widely acknowledged in Australian and international research literature that access to universal services, such as health and education services, underpins healthy early childhood development. For vulnerable populations, additional support may be required to identify and refer children and families to appropriate services early in the life of the problem or the child (Moore et al., 2017). The first 1,000 days of a child's life have been identified as a period of maximum brain development plasticity, which starts in utero, and in which access to universal services can promote positive outcomes for children (Moore et al., 2017).

Community hubs and place based initiatives

The community hub model seeks to address issues holistically and considers the broader socio-economic system in which children and families exist (Higgins, 2018). Evidence supports the value of a single entry point that is centrally coordinated, embedded locally within communities and staffed by multi-disciplinary local expertise. Effective community hubs can improve understanding of the service system, improve referral to services and maintain relationships with families, which can in turn reduce pressure on statutory services.

Successful community hubs are:

- informed by evidence based practices proven to enhance social and economic supports
- trusted and culturally appropriate spaces for people to understand service availability and be referred to services
- embedded within the community with mechanisms to identify and respond to the local communities' needs
- are able to effectively link a family to a variety of services, including early childhood, health, housing and parenting.

Community hub models operating in Australia include Aboriginal and Child and Family Centres (NSW), Early Years Centres (Qld), and The Orange Door (Vic) (NSW Government, 2019). Similar in concept to community hubs are place based initiatives, such as the Victoria Community Partnerships Initiative. This initiative will adopt a place based approach to provision of services with the aim of increasing access to services and reducing childhood vulnerability.

Early support

There has been an increased focus nationally on developing early intervention services and approaches that provide support early in the life of a child or a problem to divert families from statutory child protection systems. Most jurisdictions have invested in models of intensive family support that are designed to support families who are at risk of entering the statutory child protection system or whose experiences may lead them to becoming at risk.

Intensive family support service models currently in use in Australia range from short, focused programs, such as the Family Foundations Program, which provides ten free sessions to help parents strengthen their relationship as a co-parenting team, to specialised services that work with families over many months, such as Tasmania's Intensive Family Engagement Service.

Most state and territory strategic reform agendas aim to shift their child and family services system from crisis response to early intervention and prevention by creating services that are coordinated and work together to meet the needs of vulnerable families and children. Common areas of focus are on broadening referral pathways and meeting the needs of families with complex needs and risks who are involved in multiple services.

A report commissioned by the Centre for Excellence in Child and Family Welfare, Berry Street and other agencies in the child and family services sector presented evidence of the need for additional, long-term investment in targeted early intervention and intensive family preservation services (Social Ventures Australia Consulting [SVA], 2019), using programs being trialled or implemented in Australia as examples of models that can contribute to preventing children and young people from entering out of home care (for example, SafeCare, Functional Family Therapy—Child Welfare, Multi-Systemic Therapy).

This section describes some programs and services that are being trialled or embedded in Australian jurisdictions with the aim of supporting families so that children and young people can remain safely living at home.

Placement prevention/preservation models

Intensive family support services designed for families whose children are at risk of entering out of home care are typically referred to as 'prevention' or 'preservation' services. Some elements of effective family preservation services include having a 'lead professional', pre-natal and post-birth supports, appropriate adaptations for working with parents and carers with disability and strong family engagement and family led decision making.

Lead professional

A lead professional model refers to an individual who is responsible for coordinating the support for a child or family who is in contact with the child protection system. An independent review of out of home care in NSW recommended a lead professional model in NSW to coordinate support for children and families with complex needs (Tune, 2016).

Benefits of a coordinated lead professional include:

- a stronger relationship between the lead professional and a family based on trust and respect
- earlier identification of the child and family's needs
- assistance in navigation of the system and access to services for a family
- potential avoidance of further trauma as people can avoid retelling their story to multiple services
- able to progress monitoring of a service/case plan and the ability to adapt it as needed
- a coordination of joint responses between agencies and the child and family.

Pre- and post-natal support and nurse-family partnership

Nurse led, home visiting programs that provides support to women experiencing vulnerability who are pregnant or with an infant child are offered to some extent in all jurisdictions. An example is the Western Australian Best Beginnings program, which includes Best Beginnings Plus, an intensive home visiting program for families with infants who are involved in the statutory child protection system.

Disability

The key role of supporters of children and young people and parents with disability is building capability and advocating, along with ensuring the need for accessible, evidence informed education around safety, positive relationship building and finding ways to promote the agency of families (Robinson & Graham, 2019). It is important to adapt communication styles, clarify understanding, not discriminate, empower, advocate, ensure involvement in decision making and understand human rights while working with people who either identify as having a disability, or require adjustments in order to enhance families understanding (Robinson & Graham, 2019). It is important to remember that extra support or creative solutions may be required along the way, but it needs to start with everyone's individual strengths and build from there (NSW Government Communities and Justice, Shining a Light on Good Practice, 2019).

Family engagement and decision making

Evidence shows that greater family involvement in the determination of a child's future achieves better outcomes and promotes family buy-in into the process (Higgins, 2018). However, this can be difficult, as families may be involuntary participants or reluctant to be involved. Meaningful participation includes informing, hearing and involving. This empowers and enables families to play a role in the assessment of risks and the needs of their children and their families.

Family involvement encompasses how:

- families are made aware of their rights, services and supports available to them
- trust is established between assessors and families
- families can contribute their views on what the best outcome is for the child and the family
- views are listened to and considered when determining what the best outcome for the child is
- families, children and professionals can share their understanding of the most effective response.

Formal models for family led decision making, such as Family Group Conferencing and alternative dispute resolution, are explored in this section.

Intensive Family Engagement Service

As part of its Strong Families, Safe Kids redesign of child protection services in 2016, the Tasmanian Government committed to the development of an intensive family support service for families on the brink of entering the child protection system. A trial of an Intensive Family Engagement Service (IFES) was run in 2017–18, with 50 high risk families receiving dedicated support for up to 20 hours per week for a period of three to five months. This involved the provision of evidence based models in improving parenting behaviour, practical supports and role modelling. An independent external evaluation of the trial, completed by the University of Tasmania, found the program was delivering positive outcomes for families and made a number of recommendations on how the service could be improved. The Tasmanian Government invested \$7.5 million over three years to extend the provision of IFES through to 2020–21. The program currently aims to work intensively with families for four to six months (Tas Government, 2021).

SafeCare

SafeCare is a structured parenting program to help parents of young children at risk of neglect and abuse. SafeCare is a product of the National SafeCare Training and Research Centre at Georgia State University in the United States (safecare.publichealth.gsu.edu). SafeCare involves teaching specific skills to address parenting challenges and supports parents to enhance positive interactions with children, keeping their homes safe and improving their children's health. The SafeCare model is currently being trialled in Queensland, NSW and Victoria.

Functional Family Therapy—Child Welfare

Functional Family Therapy—Child Welfare (FFT–CW) is an evidence based intensive program to address underlying trauma experienced by children, young people and families (SVA, 2019). This is currently occurring in the ACT, NSW and VIC. A study conducted by Turner, Robbins, Rowlands and Weaver (2017) found that families receiving FFT–CW were significantly more likely to meet all of the planned service goals, fewer FFT–CW families were transferred to another program at closing, and they had fewer reoccurring allegations. FFT–CW had fewer out of home care placements in families with higher levels of risk factors (Turner et al., 2017).

Multi-Systemic Therapy

Multi-Systemic Therapy (MST) is an intensive family and community based treatment that addresses the multiple causes of serious antisocial behaviour in juvenile offenders (SVA, 2019). This practice is occurring in Victoria and NSW. Associated outcomes include reduced behaviour issues, improved family functioning, and decreased recidivism (SVA, 2019). A randomised control for juvenile offenders found that those receiving MST had a 7 per cent likelihood of being placed in care following treatment, while those in the control group had a 17 per cent probability of being placed in care (Letourneau et al., 2009).

Family Group Conferencing

As briefly discussed under the family involvement heading above, Family Group Conferencing (FGC) involves a meeting of family members, statutory workers and others who are concerned about the family to plan for the safety and protection of children and young people at risk of abuse or neglect. A significant part of FGC is for the family to come together to discuss the risk and issues and develop family led solutions. Values of FGC include:

- the importance of family in children’s lives
- respect for family’s cultural context in decision making
- sharing power with families
- involving children and young people in care and protection planning.

Some basic principles of FGC note it is beneficial for the facilitator to be impartial and not be involved in the content of what the group is discussing during an FGC (Saunders, 2016). This facilitator may be an expert on the group’s community, but not what they communicate about (Saunders, 2016). In order for FGCs to be effective, facilitators must have an understanding of the content but not be too involved in it all (Long, Austin, Gound, Kelly, Dunn, Harris & Miller, 2004). As long as facilitators are able to establish trust and have clear communication with all involved, they are able to help the family resolve any hostility that surfaces (Olson, 2009). Barnsdale and Walker (2007) found that agencies and social workers also saw the benefit in using independent facilitators. They ultimately recommend independent facilitators for FGCs due to the positive outcomes seen in conferences.

A number of states have mandated FGC including NSW, Tasmania, SA and Queensland. As of 2019, SA has invited service providers to submit their proposals to develop and deliver a state wide FGC service delivery methodology (childprotection.sa.gov.au).

Restoration/reunification models

Academics emphasise that determining ‘right fit’ for restoration is specific and highly individualised. A body of international and Australian research has identified important predictors indicating reunification to be most probable in the early months after entry to care (Fernandez, 2014). As context, situations and behaviours vary from person to person, decisions must be tailored to individuals and families, which may even vary for different children within the same family. This is due to child and family characteristics including age, minority status, family disadvantage and placement type influencing reunification outcomes (Fernandez, 2014).

There is limited existing research on restoration around who is suitable for restoration and who is not. However, the existing evidence base acknowledges that successful preservation and restoration are most commonly associated with:

- the family’s strong engagement with the worker and a positive engagement with the process
- ongoing support to birth parents as the “most critical predictor of early reunification”
- parents actively working toward changing circumstances
- families receiving services that match their level of need
- service/support that encourages birth families to maintain contact
- the restoration is not too fast, and not too slow; meaning there is enough time for parents to make changes but not so much time that children returning home would be disruptive to children’s development and stability
- proactive social work, effective case planning and a high level of social work involvement (Prasad & Connolly, 2013).

Decision making around restoration viability often falls on an individual worker’s judgement (with varying amounts of support from their team). Risk aversion from case manager standpoint and overwhelming caseloads can work against restoration processes.

Restoration based decisions are often made in a context of crisis, where a case manager must weigh time and urgency, sometimes bad options and worse options. As they prioritise options for children and assess their caseloads, they have to balance the choice of restoring a child who may be relatively safe in out of home care or potentially placing that child at a 70 per cent risk of repeat maltreatment because they do not have the time or resources to bring a family to full parenting potential (The Australian Centre for Social Innovation, 2016).

An extensive review of Family Preservation and Reunification practices and programs has recently been completed by the University of Adelaide which will be publicly available mid-2020 (CAFS meeting, 27 February 2020).

New Parent and Infant Network (Newpin)

NEWPIN is a program supporting family reunification, working with parents to help their children transition out of care and into a positive, parental environment (SVA, 2019). This is occurring in NSW and Queensland.

Structured Decision Making Restoration Assessment Tool

NSW and Queensland use a Structured Decision Making Restoration Assessment Tool to support decision making regarding restoration of children and young people who are in out of home care. The tool is used to structure and consider the critical factors in a decision when to restore a child/ young person to his/her family. However, in Queensland, the decision to return a child home must be based upon the sufficient achievement of case plan action steps, and the capacity to develop a robust immediate safety plan with the family and safety and support network if an immediate harm indicator is identified (CAFS meeting, 27 February 2020).

Jurisdictions

Disability, Child, Youth and Family Services in Tasmania (2010) follow reunification principles including:

- The best interests of the child or young person is paramount.
- The impact of risk and cumulative harm on children must be addressed in any assessment and intervention.
- The option of reunification is considered in early assessment and planning processes.
- Wherever possible, the family is the best place for a child to be raised.
- Most families can care for their children, if properly assisted.
- Meaningful participation of the child to consider their wishes and views throughout each stage of the reunification process.
- Inclusive involvement of all members of a child's family including parents, siblings, relatives and other significant people in a child's life, such as carers is required throughout the reunification process.
- The importance of a child's attachments and relationships (including attachments with current carers) and level of contact with family and significant others should be recognised.
- Positive working relationships and communication between Child Protection Services and the Pathway Home Providers (contracted non-government agency) are critical in supporting positive outcomes for children and their families who are involved in family reunification.
- Evidence based research informs the Department's processes and practices for reunifying a child with their family (communities.tas.gov.au).

In NT, there is no specific models of reunification however there is a position of when a child has been removed, all possibilities to reunify the child with their parents should be explored and this process ends when all of the following milestones have been achieved:

- a child safely returns to their parent/s
- parental responsibility and daily care and control has been returned to the parent/s
- the Protection Order expires or is revoked
- Territory Families no longer has any involvement and the case is closed
- Reunification is determined to be no longer viable and the care plan goal changes to permanency planning for long-term care (CAFS meeting, 27 February 2020).

Queensland also do not purchase any models solely dedicated to reunification. Reunification activities take place as part of Child Protection and Social Services models and are supported through the use of SDM tools and development of a case plan.

Family violence

Children and young people's exposure to family violence has become a noticeable policy issue across Australia and there is a growing need to understand service system responses, specifically within the child protection system (Cahill, Stewart & Higgins, 2020). The Australian Government Department of Social Services commissioned the Australian Catholic University Institute of Child Protection Studies to undertake a project to develop and pilot a methodology to investigate service system responses for families where child protection concerns exist within the context of family violence. The aim of this was to understand the nature of child centred services, the case management approach and service system pathways for children and young people exposed to family violence and had substantiated child protection concerns (Cahill, Stewart & Higgins, 2020).

This study identified some key principles of child centred practice including:

- open, regular communication with children and young people to build rapport
- co-identification of needs and wishes with children and young people themselves
- consistent involvement (or provision of opportunities for involvement) for children and young people in the case management process
- information sharing, communication and collaboration across agencies (Cahill, Stewart & Higgins, 2020).

Discussions with some Community Sector Organisations (CSOs) revealed they were not always clear on what decisions were made, and how or why a historical decision was made for their client. Potentially this lack of understanding points to opportunities to improve the application of decision making tools, the child protection agency's internal information sharing processes, or both (Cahill, Stewart & Higgins, 2020).

Other findings included the need to increase the availability of child centred, trauma informed services and strengthening the interagency working relationships to ensure these services are built into the work of CSOs (Cahill, Stewart & Higgins, 2020). In particular, services focused on building and supporting attachment between non-offending/protective parents and children/young people exposed to family violence (Cahill, Stewart & Higgins, 2020).

Overall, this study demonstrated the value in investing time and resources in asking about and looking for evidence of child centred therapeutic responses to the needs of children affected by family violence who come to the attention of child protection. This then allows for the identification of opportunities for system reform and improvements to pathways to better address their needs (Cahill, Stewart & Higgins, 2020).

In VIC, Indigenous Family Violence Regional Action Groups (IFVRAG) were developed to engage communities at the local level, to encourage them to take ownership of family violence and to continue the community conversations to address the problem and its associated issues. The

IFVRAGs provide an opportunity for individuals, families and groups in communities to receive the support they need to come together, discuss and develop solutions for family violence issues in their families and their communities. There are 11 IFVRAGs established across the state, to raise awareness of issues of Aboriginal family violence within local communities and to develop local solutions to prevent and respond to local issues of family violence.

VACCA identified that in Victoria there is a lack of men's time out services for men to access when safety notices have been issued. These are needed to ensure family safety and to ensure the onus is not placed on victims to move to achieve safety. Having culturally respectful time out services for Aboriginal and Torres Strait Islander men and by resourcing family violence workers within these settings can help with accountability and healing. This option also removes the burden for family housing violent men, where messages provided to men may not encourage accountability and may assert influence on women to allow their partner to return home, placing women and children at risk. Time out services should be available as both a prevention option and at time of crisis. These residential options need to be well resourced to ensure perpetrators can access required services.

VACCA have also recommended a focus on men as fathers and need to target boys and young men who have been exposed to family violence and do not have appropriate male role models in their lives (vacca.org).

Safe & Together Model

The Safe & Together Model is a suite of tools and interventions designed to help child welfare professionals become informed about family violence. The model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children. David Mandel & Associates have been delivering this model in the United Kingdom, Australia, the Republic of Ireland, Scotland and Singapore (safeandtogetherinstitute.com).

Building an evidence base for practices and programs

The evidence base for effectiveness of different models and programs in the Australian context is developing. The Centre for Excellence in Child and Family Welfare is developing and Outcomes Practice Evidence Network (OPEN) as a vehicle for strengthening the evidence case for Victoria's child and family services (outcomes.org.au). Many state and territory agencies and community partners are conducting focused evaluation of specific programs. It will be important to continuously monitor and examine new and emerging evidence, as programs and services move from trials to long-term funding and evolve for specific communities and contexts.

In order to prevent intergenerational cycles, having a high level of advice and support while transitioning out of out of home care is beneficial in terms of young people's outcomes.

Many children cycle through the child protection system throughout their lifetimes, and as a result we see generations of families with increased reliance on social services, not living their best lives. Through the Rethinking Restoration Project funded by the Sidney Myer Fund, The Australian Centre for Social Inclusion (TASCI) set out to better understand the barriers and drivers to successful preservation and restoration for families and children.

The ambition for TASCI was that families improve (or maintain) their wellbeing across generations. This research highlighted that family reliance on services is caused by complex interrelated, chronic risk factors that span social, health and education sectors. It is understood that

limitations in supporting thriving families and breaking intergenerational cycles is caused by processes, practice and attitudes across multiple levels of the child protection system. That is, it is not one service that is flawed, rather an interplay between strategic decisions, commissioning contracts, service delivery models, and individual attitudes and actions.

The recommendations from the TASCI report (2016) included reshaping strategic policies to intentionally foster thriving families, ensuring that commissioning and service delivery activities lead to:

- genuine, long-term, wellbeing improvements for children and parents
- looking for opportunities to address root challenges that drive engagement with the child protection system and reverse detrimental intergenerational transfer
- better understand culturally appropriate opportunities to reduce detrimental intergenerational transmission in Aboriginal and Torres Strait Islander families
- envision an alternative child protection model to be best support these communities (tascli.org.au).

Partnering

Inclusion of the child

The term ‘inclusion of the child’ refers to policies, practices and processes that place children at the centre of the system to give them a role and a voice in decisions made about their lives, including through the assessment process. As with family involvement, meaningful participation is essential. Evidence shows that children and young people want and benefit from greater engagement in their own service planning and delivery and their involvement can improve outcomes as they are the experts of their own lives (Bouma, Lopez, Knorth & Grietens, 2018).

Therapeutic care supports children to communicate their opinions, thoughts and own ambitions for themselves into decision making forums (Mitchell, Tucci & Tronick, 2020). Therapeutic care also communicates to children and young people that their views, beliefs and ideas hold an intrinsic value (Mitchell, Tucci & Tronick, 2020). In some therapeutic care models, children are provided with ways to rehearse sharing in problem solving and decision making processes in supported contexts so when the time comes for them to be more independent, they feel more comfortable and are prepared to participate (Mitchell, Tucci & Tronick, 2020).

WA use a Viewpoint Interaction Program and in Queensland the Office of the Public Guardian community visitors support children and young people to ensure their views and wishes are heard and their needs are met.

There are limited evaluations of tools to obtain children and young people’s views. There is a Looking After Children (LAC) model in practice which considers how each child’s needs will be met and is an outcomes focused approach for collaboratively providing good care for children placed in out of home care. LAC is used for managing out of home care in accordance with the Best Interests Case Practice Model cycle of information gathering, assessment, planning,

implementation and review. In Victoria, the service provider managing the placement or kinship placement support is responsible for coordinating the LAC processes and completing the LAC records with the other care team members and the child (cpmanual.vic.gov.au).

Adopting a child centred approach to engagement in a child wellbeing and child protection context is designed to:

- place the best interests of the child or young person at the centre of any decisions
- ensure a positive, trusting relationship is developed between the child or young person and the worker
- promote participation of the child or young person in decision making and issues that concern them when appropriate
- emphasise that the aim of services is to improve the safety, welfare and wellbeing of the child or young person
- ensure that the needs of the child or young person are not overlooked when addressing the concerns or issues of the parents and/or family (NSW Government Communities and Justice, 2019).

Queensland’s Children and Young People’s Participation Strategy’s core principles focus around the benefits for participation for individual children and young people, which include:

- feeling empowered and having increased belief in their ability to change and control aspects of their life and see themselves as an active agent in their life rather than as a victim
- heightened self esteem and confidence in their interactions with others gained through the experience of being included and valued
- skills and experience in decision making gained through choosing between options, taking responsibility for their decisions and negotiating those decisions with others, which prepares them for autonomous decision making in adulthood
- increased awareness of their rights and options as a citizen leading to positive life choices (csyw.qld.gov.au).

Additionally, self advocacy and advocacy on behalf of their peers has been shown to promote resilience in children and young people who have experienced adversity (Grover, 2005).

Child centred and family focused approaches are not mutually exclusive. While the former refers to placing the needs of the child or young person at the heart of any decision, being family focused recognises the issues and needs of parents and/or carers will impact on the child (NSW Government Communities and Justice, 2019).

Collaboration

Interagency collaboration leads to improved outcomes for children, young people and their families. Interagency collaboration has the potential to more effectively address multiple and complex adversities within a family. Most published research has focused on system level barriers to intersectoral collaboration (Atkinson, Jones & Lamont, 2007). The main system level barriers to collaboration include:

- inadequate resources
- different conceptual frameworks, aims and practices
- different confidentiality policies and practices (Robertson et al, 2020).

Evidence into community hubs in many jurisdictions indicates a single entry point that is centrally coordinated and embedded locally within communities and staffed by multi-disciplinary local expertise brings benefits such as better collaboration and wellbeing outcomes, and less pressure on statutory services. There have been instances of MDTs which have been found to:

- better coordinate investigation, prosecution and case management
- reduce the number of times a child and family must repeat information
- achieve timely and efficient information sharing
- allow quality referrals and coordination of cross agency responses
- achieve greater joint accountability of outcomes.

Within these community hubs, it would be ideal to have MDTs and also have an agreed lead professional who will follow the family and ensure there is no duplication and that their needs are being met.

Victoria's Aboriginal Children's Forum

In VIC, there is an Aboriginal Children's Forum which has been operating since 2016 and is held quarterly (The Secretariat of National and Aboriginal and Torres Strait Islander Child Care [SNAICC], 2019). This forum is convened by the Minister for Child Protection and is co-chaired with a nominated Chief Executive Officer from an ACCO. This forum brings together ACCOs, CSOs and Department of Health and Human Services (DHHS) staff to respond to the overrepresentation of Aboriginal and Torres Strait Islander children and young people in care by delivering on priorities identified in the submission *Koorie Kids: Growing Strong in their Culture*. From June 2018, the Australian Childhood Foundation (ACF) has adopted the priorities and actions outlined in the *Wunguriwil Gapgapduir: Aboriginal Children and Families Agreement* which sets out a vision for the future where all Aboriginal children and young people in Victoria are safe, resilient and thriving and living in culturally rich and strong Aboriginal families and communities (SNAICC, 2019).

Birth families

Research suggests that the experience of parents and birth families in the child protection system is often counter to the policy intent (Ross, Cocks, Johnston & Stoker, 2017). Birth families describe they and their children experience practices which damage their relationships. Negative experiences by birth families in the system have also been reported elsewhere (Harries, 2008; Hinton, 2013; Suomi et al., 2021). Some parents in these studies did not describe being offered family meetings or other models that relied on their participation, and many felt restoration was not even assessed.

Relational practice with birth families is vital and based on the evidence on supporting maintenance of children's links with their birth families and this is an important area of practice to be developed and enhanced (Fernandez, 2014). Efforts to engage parents may work best when senior leaders and service systems more broadly provide an authorising environment for engagement, when a multi-strategy approach is used, and when

engagement efforts are early and ongoing. (Sartore, Macvean, Devine & Michaux, 2017).

Cocks (2016) explored a range of programs that aim to build a family inclusive approach to child protection and out of home care and made recommendations surrounding:

- integration of peer work into child welfare agencies, courts, and through parent organisations
- carer and parent relationships
- parent leadership.

A review conducted by Sartore, Macvean, Devine & Michaux (2017) identified strategies to enhance engagement with birth families in a child protection context such as:

- ensuring service culture supports engagement
- using strengths based behaviours
- being flexible
- resourcing agencies appropriately
- creating a good first impression
- demonstrating respect.

Organisational cultural shifts

Achieving culture change in human services takes time making the claim that effecting organisational culture change can take five to seven years (Glisson, Dukes, & Green, 2006). Achieving a shift in professional cultures requires effective induction programs for new staff, shared values and culture behind evidence informed practice (Stradling, MacNeil & Berry, 2009).

A shared understanding of priorities, risks and therapeutic trauma informed practice is essential to work together in partnership and with a shared purpose. A good system requires a robust level of governance in which roles and responsibilities need to be clearly articulated.

It is impossible to separate the child and family system, and both require an overlapping response. Siloed responses do not allow for recognising common cases, multi-dimensional nature of risks and complexity of needs. Evidence shows that siloed responses to complex social issues are less effective than collaborative, multiagency responses.

Examples of systems reorienting to focus on wellbeing and protection, as opposed to just protection include Scotland's Getting it Right for Every Child framework and the New Zealand Ministry for Children. There is also a Practice First Framework in NSW which focuses on changing the practice culture across assessment, intervention and collaboration with partner agencies. A 2016 evaluation found that this framework improved relationships between case managers and families, built families' understanding and led to more meaningful client engagement (Wade et al., 2016).

Building a **continuum of support**

Out of home care **models**

NSW Department of Communities and Justice (DCJ) is reforming its out of home care system to include:

- A funding model that utilises ‘packages’ which are in the main a set flat fee that changes based on the type of casework the agency is doing. They provide a greater amount of money in the ‘packages’ for preservation and reunification to incentivise these placements. Following this, there are child needs or specialist packages, which appear to be similar to therapeutic payments and vary depending on the needs of the child or placement.
- A trauma informed model of care.
- Time bound work; as in, all cases need to have a ‘permanency’ (see below for definition) outcome within two years. Cases are reviewed either three-monthly or six-monthly depending on the service type.
- Cessation of ‘residential care’, which has been replaced with specialist services to include an Intensive Therapeutic Care (ITC) 13 week program for children and young people with complex needs to reside in a home and are offered one-to-one support before moving to a family based placement or a program where children and young people are offered support from a therapeutic care team (very specialised workers who would put in place a treatment plan).
- Recruitment of 52 coordinators (18 of which are Aboriginal and Torres Strait Islander peoples) whose role is to promote collaboration and relationship based practice to work with case managers (agency and DCJ) to ‘assist case managers access the right supports and services so that children and young people can stay with their birth parents or kin’.
- ‘Permanency’ as a term relates to permanently keeping children at home, permanently returning children home, permanently having children with family or being placed on a Guardianship Order or Adoption Order.
- Agencies undertaking their own assessments for Guardianship and Adoption Orders and take these through the NSW Children’s Court. There are four agencies who are adoption accredited who take the case to the Supreme Court.
- Contracted services to implement their out of home care policy (it is a shared policy).
- Specific Aboriginal Case Management Policy, developed by AbSec.
- Centralised carer training and approval. Agencies are still expected to undertake recruitment.
- Rollout of a new IT system.
- A legal basis where the Minister has many parental responsibility functions, as opposed to the Director-General.
- Performance and outcomes based contracts, including incentives and abatements.
- A commissioned external agency to undertake an evaluation.
- Safe & Together Model (which is a framework to guide working in circumstances where there is family violence) aligned with the Dignity Model.
- Partnering for Safety Approach which is a family and safety centred, strength based solution focused approach which integrates with structured decision making to help workers slow down at key decision points in their work to bring the best of critical thinking (partneringforsafety.com).

Multidisciplinary Teams

Multidisciplinary Teams (MDT) is a model of practice referring to a collection of professionals from a range of disciplines working collaboratively to engage and assess children and families. MDT in Australian and international jurisdictions set out to:

- better coordinate investigation, prosecution and case management
- reduce the number of times a child and family must repeat information
- achieve timely and efficient information sharing
- allow quality referrals and coordination of cross agency responses
- achieve greater joint accountability of outcomes.

Successful MDT models include the involvement of child protection and police services, cross agency case planning, protocols and specialist infrastructure. Benefits include better coordination of services and joint accountability for better child outcomes. The Joint Investigative Response Team (JIRT) is a successful MDT program in NSW which is made up of DCJ, NSW Police and NSW Health professionals (NSW Ombudsman, 2017).

Other MDT models include the Multidisciplinary Centre pilot in VIC, Suspected Child Abuse and Neglect teams in Queensland, the Multiagency Investigation and Response team pilot in Western Australia and the Child Abuse Taskforce in Northern Territory (Herbert & Bromfield, 2017).

Treatment Foster Care Oregon

Several Australian jurisdictions and OzChild Australia are exploring, trialling or using the Treatment Foster Care Oregon (TFCO) model (tfcoregon.com). This model employs a highly structured program in specialised foster care for children and young people experiencing placement instability, behavioural challenges and at risk of entering residential care.

Associated outcomes include:

- placement stability, reduced violent or antisocial behaviours
- improved attachment behaviours
- reduced carer stress (SVA, 2019).

A study conducted by KPMG (2016) found that approximately 70 per cent of young people treated by TFCO either returned to their families or moved to a long-term home based care placement and did not enter residential care in the following two years (berrystreet.org.au).

Professional foster care/individualised care

Evidence based and trauma informed models of care such as professional foster care could:

- offer intense and targeted specialised care to children and young people with challenging behaviour due to experiencing trauma
- enable more children to live in home based settings
- improve placement stability and reduce pressure on the entire social service system.

The professional foster care model requires carers to meet a consistent set of skills, competencies and accreditation standards and are then paid accordingly for this expertise (Qld Family & Child Commission, 2017).

Queensland and NSW are trialling professional foster care or professional individualised care. However, a full rollout of the model of professional foster care is not widely being explored across states and territories within Australia at this time. Issues related to tax and work health and safety in relation to professionalised foster care continue to arise and there have also been concerns that the professional foster care model would potentially complicate the relationship between a foster carer and a child (Qld Family & Child Commission, 2017). The models that are being explored are targeting a relatively small number of clients. However, it is too early to build an evidence base noting that evaluations are not yet available, underway or are still being planned. The cost and availability of carers is also a complexity (Community of Practice presentation, Assistant Director, Care Services DHHS, Vic, 22 August 2019).

Treatment and Care for Kids (TrACK) program

The TrACK program is a therapeutic home based care program providing intensive intervention for children and young people with complex needs (McPherson, Gatwikri & Cameron, 2018). TrACK is implemented as a partnership between ACF and Anglicare Victoria and funded by DHHS (McPherson, Gatwikri & Cameron, 2018).

TrACK was designed to provide long-term care for children and young people whom reunification with family was not possible and for whom other placement models were unsuccessful (Mitchell, Tucci & Tronick, 2020). This program is informed by the neuroscience of child development, attachment and trauma (Mitchell, Tucci & Tronick, 2020). The program is premised on the notion that if relationships have been the site of hurt and harm for children, then relationships are the necessary site of healing (Mitchell, Tucci & Tronick, 2020).

An independent evaluation of this program was undertaken by McPherson, Gatwikri & Cameron in 2018 to examine the long-term effectiveness of this program. Some of the key findings included:

- There is compelling evidence to suggest that the TrACK is a program worth investing in.
- The findings of the evaluation demonstrated that TrACK produces tangible and lasting results for children. Children who had experienced many placements and years of threat and deprivation before they entered TRaCK were almost always able to achieve stability as a result of TrACK.
- A total of 48 children have now experienced the program over the past 15 years. In that time there have only been six children whose placements ended in an unplanned manner.
- TrACK prevented young people from entering residential care, and was an alternative pathway supporting young people to leave residential care, and to be looked after in family based care (McPherson, Gatwikri & Cameron, 2018).

This evaluation concluded that the program showed key positive outcomes in the following areas:

- placement stability
- education stability
- emotional regulation and recovery
- caregiver relationship stability (Community of Practice presentation, Assistant Director, Care Services DHHS, Vic, 22 August 2019).

Since its establishment, the key elements of the TrACK model have been used to replicate similar therapeutic foster care and kinship care models across a number of states and territories in Australia, catering for children in statutory care requiring short-, medium- and long-term care (Mitchell, Tucci & Tronick, 2020).

Keeping Connected Sibling Support

As of August 2019, Victoria were trialing the Keeping Connected Sibling Support and placement model in which carers are provided a range of additional supports to keep siblings together. These include:

- a higher care allowance (level 3), \$10,000 annual retainer fee and payment of rent and utilities
- a dedicated support worker, after hours on-call support and therapeutic support by Alfred Health clinics and weekly care team meetings.

Positive outcomes have been identified from this bespoke model, including high rates of sibling groups returning to home environments and remaining together in their next long-term placement. (Community of Practice presentation, Assistant Director, Care Services DHHS, Vic, 22 August 2019).

Out of home care placements

Kinship care

Kinship care is an out of home care placement with an authorised adult who is a family member or a significant person in a child or young person's life.

With such large numbers of children in statutory kinship care, there is an urgent need for national organisation and detailed information sharing about data, policy and practice (Kiraly & Humphreys, 2017). Some Australian states do not yet collect data about the relationships between children and their kinship carers (Kiraly & Humphreys, 2017). Many children in kinship care lack allocated workers and support. Work to improve the Victoria statutory kinship care program is underway, and the community sector has been asked to contribute. NSW is also moving to provide greater support to kinship carers that will be based in the community sector (Kiraly & Humphreys, 2017).

A new model of kinship care was introduced in Victoria in March 2018 which includes:

- enhanced placement quality, stability and support
- earlier identification of potential kinship carers
- strengthened community connections for Aboriginal and Torres Strait Islander children in care
- delivery of better and more flexible support.

There is a First Supports program which is delivered by CSOs and ACCOs to support new kinship placements and includes the completion of a comprehensive assessment where the placement is likely to last three months or longer, the provision of up to 110 hours of family services support, and flexible brokerage to purchase items or services to maintain and promote the stability of the placement. Kinship engagement teams have also been established across divisional areas, consisting of Kinship Engagement Coordinators and Kinship Engagement Workers. Following a referral from child protection, the kinship engagement team can undertake 'kinship finding' which involves early identification of kinship networks by searching and connecting with a child or young person's networks to

identify potential kinship carers, respite carers or mentoring options. The kinship model also includes an Aboriginal kinship finding program for Aboriginal children and young people aged between zero to 18 years who are in or are at risk of entering out of home care. The Aboriginal kinship finding program is run by VACCA (cpmanual.vic.gov.au).

Children in care are four times more likely to develop mental health problems than their mainstream peers and child behaviour problems can heighten family stress and predict placement breakdowns. Kinship carers can often feel ill-equipped and unsupported to manage their child's complex difficulties and promote their wellbeing (Moretti, Pasalich & O'Donnell, 2018). An ongoing study called the Connecting Kin Research Project is being conducted by the Australian National University (ANU), ACT Children, Youth and Families and ACT Together. This research is being funded by the Australian Research Council, has been approved by the ANU Human Research Ethics Committee and is a randomised controlled trial of a tailored kinship care program in Australia. This has involved 19 practitioners participating in a three day Connect training seminar in Canberra and to date seven practitioners from Child and Youth Protection Services and ACT Together have completed supervised practice and received certification as Connect group facilitators. Four Connect groups were delivered in the ACT, serving 31 families.

Connect for Kinship Parents is a nine week program and is an adaptation of Connect (which is a program co-developed over the last 12 years by mental health professionals and researchers in Canada). Connect for Kinship Parents focuses on the core components of secure attachment to promote children's social, emotional and behavioural adjustment and the program also helps caregivers understand the impact of trauma on children's behaviour in different relationships. Parents watch role plays, do exercises and discuss ways of responding to challenging situations. Handouts are provided after each session to help kinship carers apply the principles in relationships with their children (psychology.anu.edu.au).

Preliminary results in the ACT have found that all kinship parents reported they found the principles in the Connect for Kinship Parents program helpful and that they felt safe, welcomed and respected in the group. Carer engagement has been high with an average attendance of 85 per cent of nine weekly sessions. Compared to families randomised to the control (delayed intervention) group, at follow-up assessments, those in the Connect group demonstrated significantly greater improvements on child wellbeing and significantly reduced caregiver strain and carer verbal aggression toward their child. Several children in the control group experienced placement breakdowns/ changed by the six month follow-up assessment versus none in the Connect group. The project is envisaged to develop capacity for the ongoing delivery of Connect in Australia and provide preliminary data on the effectiveness of the Connect program for kinship families.

Foster care

Foster care is an out of home care placement with an authorised foster carer in their home with their family. Foster carers are required to fulfil a unique and challenging role in caring for vulnerable children who have been removed from their biological families (Fernandez, 2014).

Victoria, NSW and Queensland are trailing the TFCO model which was explained above.

Residential care

Residential care is provided in a house where several children or young people with complex needs may live and are supervised by employed staff, 24 hours a day. Therapeutic Residential Care (TRC) is intensive and time limited care for a child or young person in statutory care that responds to the complex impacts of abuse, neglect and separation from family. This is achieved through the creation of positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs (McLean, Price-Robertson and Robinson, 2011).

There is emerging consensus about the effective elements of TRC including:

- shared understanding of young people's needs
- placement based on shared needs
- therapeutic input tailored to needs
- best possible connection to family and culture
- prioritising relationship based work (AIFS, 2018).

Despite its limitations there is research showing that residential care can work and there is the potential to contribute improvements in psychosocial outcomes for children (AIFS, 2018; Knorth et al., 2008). When it is built on a platform of therapeutic principles (see, for example, the Principles of the International Work Group on TRC, CREATE or the Sanctuary Model), when it makes use of assessment of children and young people needs, and brings in evidence based therapeutic interventions as required, residential care can provide a stable setting for children and young people, facilitate healing and produce good developmental outcomes that persist into adulthood. However, there has been a substantial decline in residential care (Fernandez, 2014). There are similar therapeutic frameworks being implemented in all of the jurisdictions within Australia which overarch therapeutic trauma informed care within practice (unitingcare.org.au).

Since the publication of TRC in Australia, there has been a number of key developments in the area of TRC. These include:

- an industry peak body for TRC services
- an agreed definition of TRC in Australia
- a better understanding of young people's needs
- an understanding of the effective elements of TRC
- the development of guiding policies
- the development of workforce initiatives (McLean, Price-Robertson and Robinson, 2011).

As mentioned above, in 2016 Queensland released the Hope and Healing Framework for residential care. This framework articulates five key domains for therapeutic care that include:

- 1 the young person (their rights, their voice and their development)
- 2 the young person's connections (service is offered in context of community and culture)
- 3 the residential care environment (interactions with other young people and staff, connected and safe relationships, routines and rituals, purposeful programming and physical space)
- 4 the residential service provider (organisational procedures, staffing, rostering and collaboration with other services)
- 5 working with the wider service system (health, education, disability and child protection).

In September 2019, UnitingCare Australia was commissioned to undertake a review of best practice in residential out of home care services. Their report found 12 best practice principles for therapeutic residential out of home care including:

- Uphold the rights of the child as set out in the UN convention.
- Do no harm and keep children safe.
- Be responsive to the voice of the child.
- Forge and maintain strong links with families, significant others, communities and culture.
- Assess and monitor the developmental health and wellbeing of residents.
- Develop, deliver and modify as necessary individually tailored, developmentally focused therapeutic treatment plans.
- Identify and utilise adaptable, evidence based models or strategies for practice.
- Recruit and retain staff with the necessary professionals and personal skills to provide TRC.
- Ensure that the residential facility is free of hazards and conducive to TRC.
- Draw on evidence, reflection and feedback to enable continuous improvement.
- Adopt systems thinking.
- Only provide residential services that are developed, resourced and implemented in conformity with the above principles (unitingcare.org.au).

Residential care Victoria

A time limited Residential Care Strategy Working Group has been established to advise the Roadmap Implementation Ministerial Advisory Group on immediate and medium-term actions to improve the safety, effectiveness and connectedness of residential care services in Victoria.

Hurstbridge Farm Victoria

Hurstbridge Farm is a TRC setting run by the Victoria DHHS and offers support to children aged 10–13 years old who have suffered developmental trauma. The farm is located on 13 hectares in rural Victoria and includes two residential houses, a school, administrative offices, farm equipment sheds and two bungalows to assist young people preparing for independent living. A land and animal care worker is employed to manage the agricultural activities and to support young people's involvement in those activities. The farm can accommodate eight children and young people in total.

At Hurstbridge Farm it is not uncommon that when a young person leaves the property without permission (absconds) that a residential worker will accompany the young person on the long walk to the railway station. It is normal that before the station is reached that the issue that led to the young person absconding is diffused and that the worker and the young person return (childabuseroyalcommission.gov.au; cpmanual.vic.gov.au).

Secure welfare service unit Victoria

Placement at a secure welfare service is one response option within the statutory care and protection system for children who need a highly structured setting during a significant crisis. This service is considered an option of last resort, where containment is deemed necessary, and when the broader protection and care network cannot manage or reduce the risks to the child. As a secure welfare service is a secure facility, placement at a secure welfare service is the most extreme form of protective intervention and all other options must first be explored and relevant human rights considered. The aim of the secure welfare service

is to keep the child or young person safe while a suitable case plan is established to reduce the risk of harm and return the child or young person to the community as soon as possible in a safe and planned way (cpmanual.vic.gov.au).

Residential care New South Wales

Intensive Therapeutic Care (ITC) is a service system that helps children and young people who are recovering from the most severe forms of trauma, neglect, abuse or adversity. ITC is for children and young people over 12 years of age with complex needs who are either unable to be supported in foster care or require specialised and intensive supports to maintain stability in their care arrangements. ITC is in line with the NSW TCF and is replacing residential care across NSW over a two year period. Children and young people are referred to ITC through a centralised referral pathway (a 'Central Access Unit'). Under the ITC system, short-term Intensive Therapeutic Transitional Care (ITTC) is provided for up to 13 weeks to help young people eventually move into less intensive types of care. The ITC system will decrease the time children and young people spend in intensive out of home care services and help provide clear pathways to permanency (dcj.nsw.gov.au).

Each ITC home must be staffed during the day with a minimum of two staff when children and young people are present in the house. This could include rostered staff, case managers and the house manager. Staff are required to provide transport, supervision and support for children and young people within business hours and after hours. Each home must have an overnight roster with one staff member on a sleepover shift, and another staff member available on call during the night. It is expected that higher risk

houses be staffed by two staff members at all times, including an active night shift. The service provider is required to maintain therapeutic specialist resources for at least one worker to 12 children across ITC services to support the monitoring and formulation of all case plans and supports including movement through the service continuum and transition to exit. A case manager should be allocated for each child to ensure that their individual needs are integrated into the day-to-day running of the house with a caseload of 1:6. One full time house manager should be employed per ITC home who will spend the majority of their time onsite. All staff must participate in regular house meetings.

Keep Embracing your Successes (KEYS) Model

The purpose of the KEYS Model is to provide intensive support to prepare young people to transition to home based care or move directly to independent living. The target group is 12–16 year old's with complex needs who are in or at risk of entering residential care. This model provides up to 18 months of support. Outcomes as of July 2019 included young people achieving better outcomes than they have in previous residential care placements including reductions in absconding, sexual exploitation, criminal activity, secure welfare admissions and drug use; and increased engagement with employment, education and family. As of July 2019, two young people were attending school, five young people had employment (full or part time) and one young person was completing education from placement, as a result of the model. The KEYS model is currently operational in Victoria.

A brain based approach to healing care in the residential care setting

Models of brain based healing care are grounded in the knowledge frameworks describing the negative neurobiological impact of extreme adverse environmental experiences on the developing brains of infants and children (Holmes, Faircloth & Streatfeild, 2019). The first objective of brain based healing care is to establish a sense of internalised safety for the child. Without this, a child suffering from complex Post Traumatic Stress Disorder will be unable to become sufficiently calm for their persistently heightened state to become lowered. Brain based healing care sets about changing the child's neurobiology through persistent, multiple, corrective relational experiences in a sequential way that works patiently upwards through various levels of brain function from the lower parts implicated in the child functional difficulty through to the higher brain functions. This work is firmly grounded in well evidenced neurobiological frameworks.

A brain based approach has been used already to good effect in the 13 Victoria pilot TRC programs. This was independently evaluated by Verso Evaluations in 2011 and in a number of other programs, using the same Essential Elements of TRC evaluated across the ensuing years up to 2019. It shows the same positive outcomes with some improvements of practice and accompanying enhanced results in outcomes measured.

Essential is that the therapeutic specialists have training at a tertiary level, clinical experience and expertise, excellent knowledge of trauma and attachment related knowledge frameworks and well developed capacity to articulate these for others who are implementing them. It was also seen as being of critical importance that the therapeutic specialist is employed by a separate independent clinical consultancy rather than the same DHHS funded service.

Lead Tenant Model

The Lead Tenant Model involves young people living semi-independently with the support of a live-in volunteer case manager (lead tenant). The lead tenant helps young people develop the skills necessary for independent living. The MacKillop Cluster Housing Model builds on the Lead Tenant Model by 'providing a more incremental and staged pathway to independent living' and builds on better integrating out of home care and transitional housing services (Craig, Halfpenny & Stockley, 2012). The model consists of a small number of homes on a single site with various levels of on- and off-site support depending on each young person's needs. It also allows young people with higher needs to live with a lead tenant on a cluster site. Each young person has a care team of support staff, which can include a drug and alcohol worker, youth justice worker and other support staff as needed. Victoria and ACT have a Lead Tenant Model.

Foyer Model

In Australia, the standard service offering for young people experiencing homelessness provides an immediate response to a housing crisis but struggles to deliver a sustainable pathway to independent living (AIHW 2018). Youth foyers (which originated from the International Foyer movement, a multimillion dollar project) address this gap by providing an integrated approach to tackling youth homelessness, combining affordable accommodation with education, training and employment opportunities and other support services (Coddou, Borlagdan & Mallett, 2019). Foyers around the world have demonstrated positive outcomes in terms of improved educational attainment, increased employment opportunities and better housing outcomes for young people experiencing homelessness (foyer.org.au).

There are Foyer locations in WA, Victoria, NSW, SA and Queensland.

At the Foyer Oxford in WA, there is a purpose built accommodation and training facility in which there are 98 apartments for disadvantaged young people who do not have a place to stay, including 24 apartments for young parents and their kids. Young people need to be aged 16–23 years and be motivated to connect with employment and training. Young people can stay here for up to two years and have contact with three organisations during their stay (Anglicare WA—support, Foundation Housing Ltd—landlords, and North Metropolitan TAFE—courses, training and qualifications). It is also expected that young people meet with their case manager throughout their stay at Foyer Oxford. There is support to work on independent living skills (cooking healthy food and cleaning) as well as practical skills like job hunting and resume writing. There is a childcare service available for young parents. However, it is understood if young parents would prefer to focus on parenting skills to begin with and all of this can be discussed with their case managers to come up with an individualised plan.

Even though Foyer Oxford is in the early stages of its development, and long-term results are not yet available, the early results are promising.

Since opening in February 2014, Foyer Oxford has housed more than 200 young people. In 2015, of the 67 young people who left Foyer Oxford, 90 per cent went into long-term positive accommodation and 71 per cent were connected to employment and training on exit. KPMG's evaluation of the first 18 months of service provision found that in the month before Foyer Oxford, 60 per cent of young people were in short-term or emergency accommodation, 15 per cent were sleeping rough or in non-conventional accommodation and 26 per cent were in informal, unstable housing arrangements that have a young person at imminent risk of homelessness. After leaving Foyer Oxford, 36 per cent of young people gained a private rental, 31 per cent returned to their family, 11 per cent moved to unstable accommodation, 7 per cent entered public housing, 3 per cent entered other transitional housing and 11 per cent entered long-term accommodation (unknown type) (foyeroxford.org.au).

Key findings from a longitudinal study conducted by Coddou, Borlagdan and Mallett in 2019 about the Foyer model found that:

- The percentage of young people who had completed at least Year 12 or a Certificate III increased from 42 per cent at entry to 67 per cent at exit and to 75 per cent a year after exit. By exit, about 30 per cent of participants had completed an education qualification higher than at entry, and a year later about 46 per cent had done so.
- In the year after exit, about 85 per cent of participants worked or studied. The percentage of participants employed, including in part time or casual work, increased from 19 per cent at entry to 31 per cent at exit and 36 per cent a year later.
- The percentage living in their own place (renting or owning) increased from 7 per cent at entry to 43 per cent at exit, and to 51 per cent a year later. Meanwhile, the percentage sleeping rough or living in crisis accommodation, treatment centres or detention declined from 32 per cent at entry to 3 per cent at exit, and to 2 per cent a year later.

There has also been an economic evaluation on Education First Youth Foyers conducted by KPMG in 2019 (library.bsl.org.au).

Qualifications for residential care

Victoria invested \$8 million in the immediate upskilling of residential care workers and there is a minimum qualification strategy for residential care workers which stipulates that from 2018 all residential care workers must hold or be undertaking a Certificate IV in Youth and Family Intervention including a mandatory unit on trauma; or hold a recognised equivalent qualification in combination with a short top-up skills course (AIFS, 2018). Queensland and NSW are considering these similar mandatory qualifications (AIFS, 2018).

Bespoke/individualised placement (residential) models (independent living)

BackTrack is a community based not-for-profit organisation helping young people who are having a hard time to get back on track. The majority of kids they work with are aged 12–19 years old. BackTrack have an 87 per cent success rate when it comes to education, training and employment. There are a variety of programs available, including the Warrah Residential Program, which is cultivated from the recognition that if you don't have shelter and safety, nothing else matters. Within this program, they offer a safe environment where young people can relax, learn general life skills such as cooking, cleaning and interacting as a family. However, this residential program is only available for males and generally the program is at full capacity (backtrack.org.au).

Contact

Family visits are an essential area of practice for any worker involved with working with children and young people in out of home care as the purpose is to maintain and support relationships between children and their family. Supervised contact is often viewed negatively so the need for supervision, along with other aspects of contact (for example, location, frequency) should be reviewed regularly, particularly taking into account the changing needs and developmental stages of the child (Bullen et al, 2015). When all parents, carers and children are included in the decision making about arrangements and information is shared with all parties, they are better supported to manage contact and any complex relationships involved (Bullen et al, 2015). Overall, it is important to ensure an individualised approach to decision making that considers the unique needs and circumstances for each and every child and reviewing these decisions on a regular basis.

In NSW, the Children's Court can make Contact Orders for the life of a Guardianship Order (unless restoration is planned) if it is in a child's best interest; whereas previously the Children's Court was only permitted to make Contact Orders for 12 months. However, if a child's needs or circumstances change, parties may agree to vary or rescind the Contact Orders by a contact variation agreement. These changes do not mean the DCJ intends to supervise contact where a Guardianship Order has been made by the Children's Court (facs.nsw.gov.au; judcom.nsw.gov.au).

Permanency

There is a trend across Australia towards seeking permanency for children and young people in care (Mackieson, Shlonsky & Connolly, 2017). Given the number of Aboriginal children entering child protection, VACCA has reported concerns that this legislative mechanism will lead to further permanent separation of Aboriginal and Torres Strait Islander children away from community and country (VACCA, 2018). As such, the Children's Court in Victoria cannot approve a Permanent Care Order (PCO) without VACCA approval (VACCA, 2018). The VACCA panel take pride in making sure only those carers who demonstrate a commitment and understanding of stability and where a PCO is viewed the most appropriate Order, will the assessment be approved (VACCA, 2018). Permanency decisions for Aboriginal and Torres Strait Islander children in out of home care must be made in accordance with the Aboriginal and Torres Strait Islander Child Placement Principle (VACCA, 2018).

In NSW, 'permanency' is referred to as keeping children at home, returning children home, having children with family or being placed on a Guardianship Order (similar to an Enduring Parental Responsibility Order in the ACT). In 2016, the ACT *Children and Young People Act 2008* was amended to embed provisions that reduced the likelihood of short-term parental responsibility provisions being extended for a period beyond one year for a child who is younger than two years old or for two years for a child or young person aged two years and over. This was to operationalise a commitment to make timely permanency decisions for children and young people in care.

It is important to shift the focus from legal permanence to relational permanence, consistent with the evidence that relational permanence is the most important dimension of permanence to children and young people (Mackieson, 2019).

New South Wales

As of February 2019, where the Children's Court has approved a 'permanency plan' involving restoration, guardianship or adoption, the maximum period of an Order giving parental responsibility to the Minister is 24 months (except in special circumstances). Therefore, all cases need to have a 'permanency' outcome within two years in which cases are reviewed either three-monthly or six-monthly depending on the service type. (Please note, the NSW definition for permanency includes permanently keeping children at home, permanently returning children home, permanently having children with family or being placed on a Guardianship Order).

NSW also has a Permanency Support Program with the goals of:

- fewer entries into care
- shorter time in care
- a better care experience.

There are four parts of this program including:

- permanency and early intervention principles built into casework
- working intensively with birth parents and families to support change
- recruitment, development and support of carers, guardians and adoptive parents
- intensive therapeutic care system reform (CAFS meeting, 27 February 2020).

NSW's hierarchy of permanent placement principles includes restoration being the first for children in statutory out of home care. Timeframes for making decisions about restoration is six months for children under two years and 12 months for children over two years of age (CAFS meeting, 27 February 2020).

Victoria

In Victoria following the changes in legislation to the *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* which came into effect on 1 March 2016, adoption was in the permanency hierarchy following family preservation and reunification, but ahead of Permanent Care Orders (PCO) (which secure long-term care for children unable to return home after two years in out of home care). Victoria have set timeframes for parents to address protective concerns and have an initial 12 months to resolve issues so they can safely resume care of their child and an additional 12 months will be provided by the Children's Court if reunification is likely to be achieved in that time, or a permanent alternative will be sought (CAFS meeting, 27 February 2020).

Following this shift in legislation, there has been an increase in PCOs and a decrease in reunification back to families (Commission for Children and Young People, 2017). This may suggest that there were unintended consequences and amendments were introduced without the resources needed for effective implementation processes for reunification practices.

Queensland

Queensland is currently developing a permanency strategy and consultations are occurring across the state to provide an overarching framework to embed the legislative amendments of permanency (relational, physical and legal) for children and young people. Legislative amendments which occurred in 2018, strengthen permanency by including the three elements of the introduction of a PCO, a requirement for concurrent planning and the limits on the length of Short-Term Orders.

Carers

Carer needs and supports

Australian research has identified the need for child protection and out of home care systems to better inform and prepare carers for their role and to provide more access to general and specialised supports while children are in their care (Qu, Lahausse & Carson, 2018; EY Sweeney 2021).

States and territories offer a range of supports for carers, ranging from handbooks and training programs to intensive case management supports. Typically, jurisdictions engage with carers through a second party such as a contracted care agency.

The Victorian Government has a reform strategy, aiming to improve support for carers, called *Strong carers, stronger children: Supporting kinship, foster and permanent carers to achieve the best outcomes for children and young people in care* (2019). Victoria provides Carer KaFÉ, a program providing learning and development opportunities for statutory kinship and accredited foster carers via the Foster Carers Association of Victoria.

WA hold Foster Carer Development workshops which are held in the metro area and are also provided to country areas via video conferencing. The aim of these workshops is to support carers and staff to build on their strengths, their areas of interest and to develop knowledge and skills to provide better support for children in care. Workshop topics are chosen in consultation with the Foster Care Association (FCA), carers, and staff, and based on feedback of the current needs. The workshops are presented by professionals in the field, are interactive, and encourage carers and staff to actively engage in learning and skill development. Carers can enrol in these workshops using a form which is distributed

annually and upon completion of the course, each participant receives a certificate of participation. As people learn in different ways, there are also a range of different modes to complete this course (dcp.wa.gov.au).

The FCA of WA is an important partner in recruiting, training and supporting foster carers in WA. The FCA developed a *Foster Carer Handbook for Foster Families*. WA Department for Child Protection also has a *Leaving Care to Independence* guide for carers supporting young people leaving care and transitioning to independence (dcp.wa.gov.au).

In NSW, My Forever Family supports children and young people by recruiting and training their carer's with the goal of improving experiences and outcomes for families. They are funded by the NSW Government and are operated by Adopt Change, in collaboration with Professor Paul Chandler, Early Start (University of Wollongong) and Continuum Consulting. My Forever Family is the first point of contact for potential carers and guardians, providing them information about fostering, permanent care and adoption. Partnering with DCJ, and with accredited foster care and adoption agencies throughout NSW, My Forever Family work to ensure that there is a pool of quality carers available across the state. DCJ send a bi-monthly newsletter for out of home care which shares news, ideas, achievements and challenges to engage with carers.

Transitions from out of home care

Research shows that young people leaving out of home care can face difficulties in securing educational, vocational, housing, employment and other opportunities (Fernandez, 2014). Australian research has found that a significant proportion of young people who have left out of home care report that they were unprepared for the realities of living independently and did not receive sufficient support with necessities such as housing (Mendes, Johnson, & Moslehuddin, 2011).

There have been a range of views articulated about when transition planning should commence and what post-care support should consist of (Mendes, Pinkerton & Munro, 2014; Mitchell, Jones & Renema, 2015; Marion, Paulsen & Goyette, 2017).

In Australia, a young person is technically considered to have 'left out of home care' when they reach 18 years old, as they are no longer under Care and Protection Orders. These young people may continue living in their out of home care placement, move into supported transitional accommodation or may be living independently.

The national Home Stretch campaign is seeking for all Australian state and territory governments to provide an option for provision of extended care for any young person 18–21 years who:

- want to stay on in their foster care or kinship care placement and has the agreement from their carer
- are not ready to go and wish to remain in a supported care environment but either cannot remain in the care placement past 18 years of age; such as those exiting residential care, or who do not wish to remain in foster care (thehomestretch.org.au).

Beyond 18: The Longitudinal Study on Leaving Care

Beyond 18: The Longitudinal Study on Leaving Care (Muir, Purtell, Hand, & Carroll, 2019) was commissioned by the Victorian Government to increase understanding of young peoples' experiences of leaving out of home care. The study used a three wave online survey of young people who had an out of home care experience in Victoria to explore in-care experiences, sources of income,



education, health and wellbeing, social and family relationships and access to services. This was supplemented by qualitative interviews with care leavers, surveys of out of home care sector workers, surveys of kinship and foster carers and analysis of data from the DHHS Client Relationship Information System.

Key findings of *Beyond 18* included:

- A significant proportion of participants were struggling with post-care life. There were also indications that many would continue to struggle in the future. This was consistent with other Australian and international research.
- Participants in the Wave three survey had lower than average levels of school attainment, low levels of employment, low incomes and high levels of financial stress. There was a high prevalence of responses indicating mental health issues and reported rates of self harm and suicidality were two to three times higher than those reported in other studies of Australian young people. Care leavers in the qualitative interviews commonly reported difficulties building or maintaining positive and supportive social relationships.
- Around half of all participants in the Wave three survey were not engaged in education or employment. This group of participants had slightly higher levels of psychological distress, a lower sense of life mastery and lower levels of life satisfaction than other participants.
- Despite participants' generally poor outcomes, some showed signs of 'moving on' from life in out of home care. Over half of all school leavers had undertaken some further study after leaving school and the number of participants working full time hours had more than doubled since the Wave two survey (12 months previously). Care leavers who were either working or studying were slightly more likely than other participants to feel that they had some control over their life and had lower reported levels of psychological distress consistent with mental illness.
- Participants who were working or studying were most likely to live with former carers, partners (and partners' families) or friends. Very few lived in transitional or public housing. In contrast, young people who were not in education, employment or training were more likely to live in transitional or public housing.
- This study did not find strong statistical associations between post-care outcomes and specific demographic characteristics or out of home care variables such as the number of care placements. This may be partly attributable to the small study sample. The qualitative interviews and other research also indicate that care leavers' life trajectories are the result of a complex interaction between pre- and post-care life experiences, the quality of care received and the quality of their personal and professional relationships.
- Participating care leavers indicated that the barriers to improving their education, employment or housing outcomes included a history of trauma, relationship breakdowns and frequent placement changes. These barriers could be combined or associated with current life challenges such as low incomes, mental health issues and limited social networks. The qualitative interviews also indicated that life challenges (past and present) could be cumulative or mutually reinforcing.
- Strong social relationships and ongoing and consistent post-care support—from key workers, partners, friends and former carers—could be a crucial enabler of life stability and help care leavers navigate life challenges.
- Participants described their relationships with out of home care and leaving care workers as an important influence on their life experiences. Consistency and continuity were highly valued and were described as helping care leavers build relationships of trust and gain access to support services. Inconsistent support or frequent changes of workers were barriers to service access and social development.
- Participants used a range of health and social support services. However, it was unclear if these were always the most appropriate services or if they met care leavers' needs. Care leavers reported a need for additional support with education, emotional support and mental health. Many indicated an ongoing need for mental health support and assistance with their social and emotional development. Participants reported that the support they did receive was usually helpful, and targeted programs, such as Springboard, appeared to have a positive effect.

Australian and state and territory government initiatives

All Australian state and territory governments have introduced some measures to assist young people who are leaving out of home care and transitioning to adulthood. State and territory supports vary, but commonly include some form of transition planning commencing from 15 years of age and an extension of financial or case management supports to either 21 or 25 years, with a focus on supports for education, employment, housing and health. Examples from Victoria, NSW, Queensland, WA and SA are described below. The NT is also amending legislation to produce extended care support to young people aged up to 21 years.

The Australian Government provides the Transition to Independent Living Allowance (TILA). TILA is a one off payment of \$1,500 to eligible young people transitioning to independence from out of home care. TILA is available from the point of leaving care for young people aged 15–25 years old, to pay for a range of goods and services related to their formal Independence Plan.

As most Australian programs and services supporting transitions from out of home care are relatively new, it will be some time before substantial data is available in relation to effectiveness and long-term outcomes. Some small scale trials have been formally evaluated. The Australian Government funded the 2017 to 2020 Towards Independent Adulthood (TIA) trial in WA, under the Third Action Plan of the National Framework for Protecting Children 2009–2020. The three year trial provided one-on-one mentoring and targeted supports to young people from 16 years old. Youth workers supported participants to gain skills for independent living and to access housing, education, training, employment and specialist support and services. An evaluation found evidence that the additional supports had improved outcomes for many participants but noted that young people, especially those with complex needs, may require much longer-term, sustained intensive supports to fully transition to adulthood (Acil Allen Consulting, 2020).

Victoria

Victoria has committed to providing a universal model of extended care to 21 years old and Better Futures, a new model to support young people transitioning from out of home care, has been piloted in Victoria since 2017 and rolled out state wide in November 2019 (AIHW, 2021). All eligible young people are referred to their local Better Futures provider at 15 years, nine months of age. The level of support provided is dependent upon the circumstances of the young person and may include transition planning, individualised support across a range of life areas including housing and living skills, health and wellbeing, education, employment, and community and cultural connections, up to the age of 21 years. The service delivering the program manages brokerage funding and provides links to mental health and alcohol and drug services.

Victoria is also implementing Home Stretch, a program that supports young people to make a more gradual and supported transition to independent living. Through Home Stretch young people and their kinship or foster carers have the option of the young person remaining with their carer up to the age of 21 years, supported by an allowance. Young people who are leaving their place of care are eligible for an allowance to support them with their housing costs up to 21 years old. In addition to the accommodation allowance, the program provides casework support and flexible funding to facilitate the young person's access to education, employment, health and wellbeing, community connections and housing and living support.

The Victorian Government is also supporting the COMPASS social impact bond in partnership with Anglicare Victoria and Vincent Care, supporting more than 200 care leavers over five years in Melbourne's west, inner north and Bendigo. COMPASS provides access to housing and other supports tailored to young people's needs.

New South Wales

NSW has not yet made a formal commitment to a universal model of extended care. Young people who have left out of home care in NSW can access Aftercare Support to 25 years old. For young people with high or complex needs, NSW offers Futures Planning and Support, a mentoring based support program for young people aged 17–24 years old and a range of specialised support services. Under the Care for my Future reform strategy, NSW is implementing several changes including a reconfiguration of the specialist aftercare services program to provide better access to care leavers from high risk cohorts. NSW also provides ID. Know Yourself, an Aboriginal led mentoring program for Aboriginal young people aged 15–18 years old who are due to leave the out of home care system.

Queensland

Queensland provides Next Step Plus (previously called Next Step After Care) for young people aged 15–25 years who have had out of home care experience/s since their twelfth birthday. Next Step Plus provides support for managing money and entitlements, finding accommodation, training, jobs and preparing a resume, keeping safe, strong and healthy, relationships, including family and friends, legal advice.

Western Australia

Western Australia is implementing universal extended care to 21 years and is running a three year pilot of a home stretch based program. The service model is similar to that offered in Victoria with one-to-one transition support, a safety net fund to facilitate access to housing, supported living arrangements, health, education and life skills development; and a support circle of people chosen by the young person who they can trust to support them over the longer-term as they progress into independence.

South Australia

From 1 January 2019, the Government of South Australia extended the payments available for foster and kinship carers until the young person in their care reaches 21 years. This financial commitment will provide stability by assisting young people to stay in home based care beyond 18 years of age. It is supported by a range of initiatives to better support young people's educational, employment and health needs as they transition to adulthood.

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National Agreement on Closing the Gap

www.closingthegap.gov.au/national-agreement

Safe & Supported: the National Framework for Protecting Australia's children 2021–2031

www.dss.gov.au/the-national-framework-for-protecting-australias-children-2021-2031

Australian state and territory child protection agencies

South Australian Department for Child Protection

www.childprotection.sa.gov.au

New South Wales Family and Community Services

www.facs.nsw.gov.au

Victorian Health and Human Services

www.dhhs.vic.gov.au/child-protection

Queensland Department of Children, Youth Justice and Multicultural Affairs

www.cyjma.qld.gov.au/protecting-children

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