Discussion Paper Series:

A Future Program for Family Based Care
Out of Home Care Foundations Project

Elements of a Family Based Care Program

Part 3 - References, Glossary and Appendices
References


Department of Child Protection. (nd) Respite Care in the Out-of-Home Care System: Consultation Paper. Western Australia: Government of Western Australia.


Karyn Purvis Institute of Child Development. Trust-Based Relational Intervention. Retrieved from: child.tcu.edu/#sthash.hs8mOEld.dpbs
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Glossary

**Care and protection order:** A legal order that gives child safety services some responsibility for a child or young person’s care and protection.

**Care Team:** A care team brings together those people involved in providing care and protection to a child or young person in out of home care for the purpose of sharing information and making decisions about the delivery of a child or young person’s care.

At a minimum, members should include the carer, out of home care worker, case manager, therapist/clinician (if engaged), parent and/or significant family members and child or young person (as appropriate). It may also bring in other members such as school social worker; general practitioner; paediatrician or other medical specialist, Aboriginal liaison worker, drug and alcohol worker; mental health worker; youth justice worker and other specialist services including secondary consultant services.

**Case Manager:** Case managers provide case management and case work services to children and young people for the purpose of ensuring that their safety; stability; and developmental needs are met.

**Children and Youth Services, Department of Communities Tasmania (the Department):** Children and Youth Services (CYS) provides a range of services and support that contribute to ensuring children, young people and their families are safe, nurtured and well. CYS provide statewide services comprised of:

- Child Safety Service
- Adoptions and Permanency Services
- Services to Young People; including Community Youth Justice and Ashley Youth Detention Centre
- Family Violence Counselling and Support Service
- Program Support, Learning and Development; providing internal policy development, support and training.

Where responsibility for a service or program sits within CYS and the Secretary of the Department of Communities Tasmania more broadly, the Department is referenced.

**Child Safety Officer:** An employee working in Child Safety.

**Child Safety Services (Tasmania):** The role of the Child Safety Service is to protect children and young people who are at risk of abuse or neglect. In Tasmania, the safety of children and young people is covered by the Children, Young Persons and their Families Act 1997.

**CALD:** Culturally and Linguistically Diverse.

**Family Based Care or Home Based Care:** Placement is in the home of a carer who is reimbursed for expenses for the care of the child. There are four categories of home-based care: relative or kinship care, foster care, third-party parental care arrangements and other home-based, out-of-home care.

**Family group home:** A home for children provided by a department or community-sector agency that has live-in, non-salaried carers who are reimbursed and/or subsidised for providing care.

**Foster Care:** A form of out-of-home care where the caregiver is authorised and reimbursed (or was offered but declined reimbursement) by the state/territory for the care of the child. (This category excludes relatives/kin who are reimbursed).

**Kinship Care:** A form of out-of-home care where the caregiver is:

- a relative (other than parents)
- considered to be family or a close friend
- a member of the child or young person’s community (in accordance with their culture) and
- who is reimbursed by the state/territory for the care of the child (or who has been offered but declined reimbursement).

For Aboriginal and Torres Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group.
Other home-based out of home care: A care type where the child was in home-based out of home care, other than with relatives/kin who are reimbursed or in foster care.

Out of Home Care: Overnight care for children aged 0 – 17 years, where the state makes a financial payment or where a financial payment has been offered but has been declined by the carer. Out of Home Care is a specific program delivered within Child Safety Services.

Out of Home Care Worker: An out of home care worker may recruit, assess, train and support a carer. In this document it includes workers employed by the Department and service providers.

Permanency planning: The processes undertaken by state and territory departments responsible for child safety to achieve a stable long-term care arrangement (which can be broadly grouped as reunification, third-party parental responsibility orders, long-term finalised guardianship/custody/care, and adoption).

Residential Care: Where the placement is in a residential building whose purpose is to provide placements for children and where there are paid staff.

Reunification services: Services that seek to reunify families where separation of children from their primary caregivers has already occurred for child safety reasons.

Respite Care: A form of out of home care used to provide short term accommodation for children and young people, where the intention is for the child to return to their prior home. In family based out of home care, this may be organised in a planned and regular fashion to give the children's usual carers, parents or guardians a break.

Service Providers: Service providers are contracted to provide identified services for carers and/or children and young people in out of home care.

Special Care Packages (Tasmania): Specialised care and/or services are for children with extreme needs who require a specific support package. Each Special Care Package is developed to meet an individual child’s needs, including therapeutic, medical, disability or similar supports and may or may not include an accommodation component.

Therapeutic home based/foster care: The terminology used about this type of care lacks clarity. In Australia the following terms may be used to indicate this type of care: enhanced, intensive, specialised and therapeutic models of foster care. Particular programs apply explicitly theoretically based approaches (trauma, attachment, resilience) to meeting children’s individual and complex needs and ensuring that carers are seen as key therapeutic agents. In some programs, the therapeutic program is time limited.

Transfer of Guardianship to a Third Party: A person other than the Secretary may be granted guardianship for a child or young person under a care and protection order. Under such an order the guardian has the same rights, power, duties, obligations and liabilities as a natural parent of the child or young person would have.

Acknowledgements for glossary: AIHW (2017); Thomson, McArthur & Watt, 2016; Department of Health and Human Services website; CYS Practice Manual.
Appendix One

Consolidated List of Questions

Conceptual Framework
1. Does the conceptual framework presented in this paper support a contemporary and effective family based care program in Tasmania?
2. What are additional factors or considerations that need to be taken into account?

Care during an Assessment Phase
3. The Care during an Assessment Phase section discusses the concept of an assessment phase prior to the placement of the child or young person in long term care arrangements with the aim of ensuring an appropriate placement which provides improved stability and support for the child or young person. How can this be best achieved?
4. Are there other options or issues related to care during an assessment phase not detailed in this paper? Provide details.

Continuity of Care
5. A Continuity of Care Approach to Family Based Care section discusses the importance of continuity of care approach to family based care and the need for clearly articulated roles and responsibilities for carers. Do you believe that this would improve outcomes for children and young people in out of home care? Provide reasons for your response.
6. Are there other continuity of care options or issues not considered in this paper? Provide details.

Family Based Care and Intensive Family Based Care
7. The Family Based Care and Intensive Family based Care section details a number of different approaches that can be used to broaden the scope of family based care. Which of the listed approaches would provide better outcomes for children and young people? Provide reasons for your response.
8. Are there other options or issues related to providing better support to children and young people with highly complex needs and behaviours that have not been discussed in this paper? Provide details.

Recruitment
9. The Recruitment and Registration of Carers section discusses a number of changes to current carer recruitment practices with the aim of building on and strengthening our current approach to recruitment. Which of these ideas do you believe will be more effective? Provide reasons for your response.
10. Are there other carer recruitment improvement options or issues that have not been discussed in this paper? Provide details.

Pre-service Training
11. The Pre-Service Training section identifies a number of potential methods for building on and strengthening the current approach to training carers. Which of these methods do you believe would be effective? Provide reasons for your response.
12. Are there other options or issues related to strengthening carer training that have not been explored in this paper? Provide details.

Carer Assessment
13. The Carer Assessment section identifies a number of potential methods for building on and strengthening our current approach to carer assessment. Which of these methods do you believe would be effective? Provide reasons for your response.
14. Are there other options or issues related to strengthening carer assessment processes that have not been discussed in this paper? Provide details.

Approval of Carers
15. The Approval of Carers section presents methods to build on and improve the current approval processes. Which of these methods do you believe would be effective? Provide reasons for your response.
16. Are there other options or issues related to improving carer approval processes that have not been explored in this paper? Provide details.
Registration of Carers

17. The Registration of Carers section discusses how a central carer register (accessible by the department and service providers) could provide a more consistent approach to carer registration and provide additional safeguards for children and young people. What issues should be considered as part of the implementation of a central carer register?

18. Are there other options or issues related to improving information sharing for carer approval and registration that have not been explored in this paper? Provide details.

Placement

19. The Placement section discusses the importance of placement matching processes to improve placement stability and details a number of factors that could form part of a coordinated placement matching process. What factors do you think should be taken into account as part of the implementation of a placement matching process? Provide reasons for your response.

20. Are there other placement matching options or issues that have not been explored in this paper? Provide details.

Ongoing Training

21. The Ongoing Training section proposes methods to build on and strengthen the delivery of ongoing training to carers. What parts of this framework do you believe would be effective? Provide reasons for your response.

22. Are there other carer training options or issues that have not been considered in this paper? Provide details.

Ongoing Support and Retention

23. The Ongoing Support and Retention section proposes a number of actions that aim to build on and enhance support for carers. Which of these do you believe would be effective in providing enhanced support to carers? Provide reasons for your response.

24. Are there any other options or issues related to enhancing support for carers that have not been discussed in this paper? Provide details.

Respite Care

25. The Respite Care section details a number of methods that could maximise the benefit of respite care to both carers and children or young people. Which of these methods do you believe would be most effective? Provide reasons for your response.

26. Are there any other respite care options or issues that have not been considered in this paper? Provide details.

Oversight and Monitoring

27. The Oversight and Monitoring section details a number of methods that could improve the oversight and monitoring of carers. Which of these methods do you believe would be effective? Provide reasons for your response.

28. Are there any other options or issues related to improving carer oversight and monitoring that have not been explored in this paper? Provide details.

Are there other comments you’d like to make against any of the points raised in this paper or that you feel have not been covered in respect to family based care?
## Appendix Two

### Outcomes Framework and Impact of Family Based Care by Success Factors

<table>
<thead>
<tr>
<th>Domain</th>
<th>Loved and Safe</th>
<th>Material Basics</th>
<th>Being Healthy</th>
<th>Learning</th>
<th>Participating</th>
<th>Having a positive sense of culture and identity</th>
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</thead>
<tbody>
<tr>
<td>Outcome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Children and young people live in caring, loving and stable homes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.1</td>
<td>Children and young people’s standard of living supports them to reach their potential</td>
<td></td>
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<tr>
<td>3.1</td>
<td>Children and young people receive the help they need to be physically healthy and mentally well</td>
<td></td>
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<tr>
<td>4.1</td>
<td>Children and young people receive the help they need to participate and do well at school and in training</td>
<td></td>
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<tr>
<td>5.1</td>
<td>Children and young people contribute to decisions about their life, care and future</td>
<td></td>
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<tr>
<td>6.1</td>
<td>Children and young people have positive relationships with people that matter to them.</td>
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### Success Factors impacted by Family Based Care

- Children and young people feel they are cared for and valued.
- Children and young people feel settled where they live.
- Children and young people are treated fairly, with respect and dignity in accordance with their rights.
- Children and young people live with carers able to support their needs, including their recovery from trauma.
- Children and young people have their material needs met.
- Personal belongings, including childhood achievements and mementos, stay with the child and young person when they move or leave care.
- Children and young people are assisted to overcome experiences and impacts of trauma.
- Children and young people make healthy lifestyle choices.
- Children are engaged early in learning and achieve educational milestones.
- Children and young people successfully transition through key points in education, including entry to primary school, secondary school and college, as well as vocational and higher education.
- Children and young people are supported to recover from trauma, learn social skills and build emotional and social resilience.
- Children and young people develop age-appropriate language, literacy and numeracy.
- Children and young people are encouraged and assisted to contribute to decisions about their care consistent with their age and ability.
- Children and young people in care know and understand their rights in out of home care.
- Children and young people feel able to tell someone when things are going well and not going well and their concerns are acted upon.
- Children and young people maintain significant relationships.
- Children and young people spend time with siblings and extended family where they choose to do so and it is safe.
- Time with family and others is meaningful and enables positive interactions.
- Children and young people live with their siblings where possible and it is safe to do so.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>1.2 Children and young people feel safe where they live.</th>
<th>4.2 Children and young people receive the help they need to live successfully on their own when they become independent.</th>
<th>5.2 Children and young people have the confidence to pursue their goals and manage challenges.</th>
<th>6.2 Children and young people are able to form their own identity in relation to culture and community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant Success Factors</td>
<td>Children and young people feel safe with their carer and their carer’s family. Children and young people have a trusted person to talk to about things that worry them. Children and young people know what to do if they feel unsafe.</td>
<td>Children and young people learn skills for life and living independently. Young people are supported in their transition to adulthood and have a plan for the future. Young people know how to access support and services in the lead up to and after leaving care. Young people make positive life choices and decisions about their future goals</td>
<td>Children and young people have social networks and participate in recreational activities. Children and young people are supported to develop and maintain friendships. Children and young people feel confident about their future and have goals. Children and young people are resilient and able to overcome challenges.</td>
<td>Children and young people have a sense of their identity, their history and where they come from. Aboriginal and Torres Strait Islander children and young people develop and maintain a connection with Aboriginal and Torres Strait Islander family, community and culture.</td>
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<tr>
<th>Outcome</th>
<th>1.3 Children and young people have timely decisions about their long-term home</th>
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<tbody>
<tr>
<td>Relevant Success Factors</td>
<td>Children and young people have a sense of stability in their lives. Children and young people are matched with carers able to support them and meet their needs. Children and young people meet foster families beforehand to ensure a good fit.</td>
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Appendix Three

Key Messages: Research Literature, Reviews and Reports

Retention of Carers in Out of Home Care

The challenge of ensuring a sufficient supply of carers has increased the focus upon retention of carers already within the system. The Centre for Excellence in Child and Family Welfare (2007, cited in KPMG, 2017) notes that the most effective retention strategy is the care and support of current foster carers. Similarly, Richmond and McArthur (2017) note that the quality of the relationship between the care team and the carer, level of carer involvement in the care team and match between the child or young person's needs and a carer's capacities are consistently raised as critical factors for retaining carers.

Octoman and McLean (2014, cited in CFP, 2015) found that carer access to information about the needs of children and young people, prior to and during their care for the child was the most important support for carers. This is followed by information that assists carers to manage behaviours. Other factors cited in relation to carer retention include: the provision of adequate financial support; honest and open communication, where carers are treated as respected members of the care team; and access to training and support which is timely, tailored and appropriate in times of crisis (Richmond & McArthur; 2017; KPMG, 2017).

Overall, the literature suggests that successful retention of carers is broader than providing individual supports to maintain a placement. Rather it reflects the principles of partnership, respect and working with carers in a way which ensures they have the information and tools to meet the needs of the children and young people in their care.

The Importance of Placement Stability

Research shows that providing children and young people with stability, security and connectedness is crucial for healthy emotional development and is a strong predictor for outcomes (FaHCSIA, 2009). This research draws upon scientific knowledge into the impact of childhood trauma on physical, cognitive and behavioural development as well as “...the important role the attachment relationship has in long-term social, health and mental health outcomes…” (Conn, Szilagyi, Franke, Albertin, Blumkin & Szilagyi, 2013 p. 717).

Whether or not a child or young person experiences “…a sense of being loved or belonging…” will critically influence the success of an out of home care placement (Boetto, 2010, p. 61). Cashmore and Paxman’s (1996, p. 2, cited in Bath, 2015, p. 312) study found that continuity and stability in care were likely to be “…the most important factor influencing outcomes…”, and Beauchamp (2014, cited in CFCA, 2017) observed children and young people living in stable homes are more likely to be able to maintain relationships and stay connected with their community and education. Bath (2015, p. 313) notes that continuity of care is frequently raised by young people as being necessary to develop “…longer-term, stable relationships with people, programs and places”.

Other studies note an association between placement instability and “…poor educational, employment, social and psychological outcomes (Johnson et al, 2011) as well as behavioural and emotional problems (Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, & NSW Department of Family and Community Services, 2015)” (Smart & Walton, 2007, p. 6).

Concurrent planning is a concept which seeks to maintain stability or the continuity of care for a child or young person while they remain in out of home care. Using this approach children and young people are placed into a home where they may stay permanently if they are unable to return home to their biological family (Child Welfare Information Gateway, 2012). This approach recognises the importance of a stable home as a foundation for developing caring, trusting and stable relationships, and maintaining connections with education, culture and community. The Child Protection Systems Royal Commission in South Australia report handed down in 2016 recommends that concurrent planning receive greater focus within case planning, particularly while children are in their active attachment period.

Placement Matching

A literature review compiled Child and Family Practice (CFP) (2015) for the Queensland State Government into the support needs and placement matching for children and young people in out of home care found that while there was limited research into placement matching and placement decision making processes, common research findings included:
• limited placement matching contributes to greater placement instability and range of poor outcomes for children and young people, including poor psychological outcomes and educational problems. It also increased the likelihood of behavioural needs being overlooked and potentially compromised highly vulnerable children and young people with an adverse sexual history (Osborn & Delfabbro, 2006; Farmer et al, 2004; Triseliotis et al, 2000; Farmer & Pollock, 1999 cited in CFP, 2015)

• placements are at a higher risk of break down when they are made quickly, in the absence of adequate consultation with children or young people and the carer and “…when carers’ preferences about the characteristics of children to be placed are ignored…” (Schofield & Simmonds, 2009 cited in CFP, 2015, p. 18)

• children and young people who experience behaviour-related placement breakdowns are less likely to achieve placement stability into the future, with “…children who have two or more behaviour-related placement disruptions having only a 5 per cent chance of achieving placement stability 2 years later…” (Kelly & Salmon, 2014 cited in CFP, 2015, p. 3) and

• providing full and accurate information to carers on behaviours of the child or young person prior to fostering is linked to “…enhanced placement stability and improved outcomes for children and young people…” (Octoman & McLean, 2014 cited in CFP, 2015, p. 17).

The Royal Commission into Institutional Responses to Child Sexual Abuse’s (2017) report into out of home care draws upon research and individual testimony of past survivors into institutional child sexual abuse in its recommendations. It highlights the significance of placement stability and placement matching in ensuring safety and wellbeing of children and recommends all institutions develop strategies to increase the safety and stability of placements, including:

• improved matching processes for children and young people with carers and other children and young people in a placement, including for residential care

• ensuring carers receive the information necessary to support a child or young person both prior and during provision of care to that child or young person and

• ensuring carers receive support and training to “…deal with the different developmental needs of children as well as managing difficult situations and challenging behaviour…” (Royal Commission, 2017; p. 28).

It also notes that placement matching processes should be “…rigorously assessing potential threats to the safety of other children, including the child’s siblings, in the placement…” (Royal Commission, 2017, p.27).

Placement matching needs to be holistic in nature and consider a range of factors related to the child or young person in order to determine:

• the type and level of care best suited to the child or young person

• the required skills and abilities of the carer as well as their potential training and support needs and

• the potential impact upon children already in the home (Department of Communities, Child Safety and Disability Services, website; CFP, 2015).

These factors include the type and likely duration of the placement, the gender and presence of siblings, culture, care needs, case plan goals, location and continuity of relationships, school, and safety issues (Department of Communities, Child Safety and Disability Services, 2013).

Understanding the Needs of a Child or Young Person

While the global needs of children and young people are broadly understood, identifying the individual needs of a child or young person upon entry into care may inform the placement matching process and in particular, identify the type of care and supports needed for the child or young person.

Unfortunately for many children and young people in out of home care, a mutually reinforcing relationship exists between mental health problems and placement instability where “…placement instability may cause as well as exacerbate mental health problems and mental health problems significantly contribute to placement instability…” (CPF, 2015, p. 2). An American study found that unmet child behavioural need in the foster care placement formed the most significant reason for placement breakdown as reported by foster carers and case workers (Harnett, Falconnier, Leathers & Testa, 1999). It recommended “…the creation of a structured system of individualised needs-assessment, service
planning, and routine evaluation for all children with behavioural needs, regardless of placement type...” (Harnett, et al, 1999, p. 3). Such a system would provide (among other things) clinical assessment of child or young person’s needs, collection and analysis of data, individualised service planning and enhanced standards for the provision of care.

Individualised assessment of a child or young person’s needs is already established as the basis for therapeutic planning and intervention within therapeutic residential care and intensive foster care (Bath, 2015). In recognition of the particular vulnerabilities of children and young people with a history of sexual harm, the Royal Commission (2017) recommended the use of professional assessments for children and young people to identify needs, supports and interventions.

Increasing Complexity of Needs for Children and Young People Entering Out of Home Care

Research consistently demonstrates high rates of mental health disorders, significant emotional and behavioural problems and externalising behaviours for children and young people in care. Delfabbro and Osborn’s study (2005) of 364 children and young people aged 4-17 years across four states, found that at least two-thirds were found to have significant conduct disorder problems, over one third experienced significant depression or anxiety, and 30 per cent had an intellectual disability. In another study, Octoman et al (2014) found around 60 per cent of children and young people in care have clinical levels of behavioural and mental health disturbance.

The Professionalisation of Care

The professionalisation of care, which reflects the rising expectations on carers to provide higher standards and quality of care, is another strong theme within the literature. This shift towards professionalisation reflects a number of factors, including:

- the growing body of knowledge around the neurobiological impacts of trauma upon child development (Conn, et al, 2013)
- the shift away from institutionalisation of children and young people through the 1980s and 1990s (Delfabbro & Osborn, 2005)
- the increasing complexity of behaviours of children and young people coming into out of home care (Thomson et al, 2016) and
- a desire to ‘normalise’ the care of children and use the ‘least restrictive’ care environment (Bath, 2015).

While these factors may have contributed to the emergence of therapeutically informed models of practice in residential care and intensive or specialist family based care, these factors also underlie an extension of trauma-informed approaches to foster and kinship care more generally (Thomson et al, 2016).

Some jurisdictions are using specialist forms of care to deliver therapeutic care for a child or young person, particularly when these children and young people are assessed as having complex behaviours and needs. Intensive family based care models, most of which tend to focus upon foster care, tend to feature specialised recruitment, training and support for carers and higher rates of carer payment (FACS, 2016).

Some Australian jurisdictions also separate carers according to the phase of care for a child or young person. Western Australia for example requires its carers to nominate to be a temporary carer, permanent carer, or both. Temporary carers provide care for children for whom there has been no final decision for the child’s legal care and is limited to a period of up to two years. Permanent carers provide care where a decision has been made for a child to live permanently out of their parent’s care and include orders up to the age of 18, special guardianship orders and adoption.

The concepts of specialisation and stability of care are not by necessity a dichotomy and specialised care may be essential to support therapeutic care and placement stability for a child or young person. There may remain however an inherent tension whether a child or young person’s needs are best served by maintaining stable care relationships or by specialisation, where children may be moved between care types, according to the carer best suited to their needs.
Appendix Four

Therapeutic Practice Frameworks and Intensive Family Based Care Programs

Additional Information on Therapeutic Frameworks for Working with Family Based Carers:
A research paper describing Developmental Dyadic Practice and its developing evidence base may be found at: ddpnetwork.org/library/dyadic-developmental-practice-ddp-framework-therapeutic-intervention-parenting/

General information on Trust-Based Relational Intervention may be found at: child.tcu.edu . A research paper by Purvis, Razuri, Howard, Call, DeLuna, Hall & Cross (2015), called Decrease in Behavioural Problems and Trauma Symptoms Among At-Risk Adopted Children Following Trauma-Informed Parent Training Intervention is available on the website.

Please refer to Appendix Five for HEALing Matters.

Additional Information on Intensive Family Based Care Programs
General information on the Circle program, as delivered by Berry Street under Take Two may be found at: www.berrystreet.org.au/our-work/healing-childhood-trauma/take-two.


Information on Treatment Foster Care – Oregon may be found at: www.tfcoregon.com/about.html

Please refer to Appendix Six for the TrACK program.
Appendix Five

HEALing Matters
Program Overview

(Skouteris, provided as part of personal communication, October 12, 2017)

Background
Children in out-of-home care (OOHC) experience a wide array of adverse physical and mental health outcomes, most likely as a consequence of maltreatment and potentially compounded by adverse experiences and placement disruption in care. One health risk that appears to have been overlooked is the prevalence of overweight and obesity of young people placed in OOHC. This evidence gap (particularly in Australia) is surprising given obesity is a major public health concern and the importance of early intervention is well established. Internationally, there are few studies that have trialled intervention programs designed to address overweight/obesity and unhealthy weight gain among young people living in OOHC.

Excessive weight and unhealthy lifestyles for adolescents in residential care - What do we know?

Our formative research, supported by an Australian Research Council grant, established that young people living in out-of-home care (OOHC) are at substantially increased risk of excessive weight gain and associated morbidity.

What is the Healthy Eating, Active Living (HEAL) program?

The HEAL program was designed to address the need for provision of a healthy food and physical activity environment in residential care units. HEAL was implemented only in residential care because the psychosocial and health outcomes for young people in this setting are poorer compared with those young people living in other OOHC arrangements and in the general population. HEAL is a 12-month program, inclusive of 6-months maintenance which aims to provide the young people in residential OOHC with information and practical opportunities to improve their eating and physical activity habits. HEAL also targets their direct-care staff, providing professional development, resources and support to facilitate these behaviour changes among the young people.

In our formative research, HEAL was delivered by trained coordinators who were experienced with residential care and was evaluated using a randomised trial design, across three community service organisations in metropolitan and regional Victoria: Berry Street; The Salvation Army Westcare; and Wesley Mission Victoria. The (former) Department of Human Services, Hurstbridge Farm also joined in the program. Qualitative findings, based on interviews, indicated consistently that the HEAL program was very well received by the young people and their carers and resulted in:

- Increased participation in community sports groups, and meal preparation
- Increased availability of sports equipment
- Conscious effort by staff to provide healthy snacks/meals and
- Improvements in perceived adolescent self-esteem and independent living skills.

There is a clear theoretical rationale for addressing the healthy eating and physical activity habits of YP in OOHC

Both ‘Food For Thought’, developed by a team of sociologists and social workers from Stirling University, and the Children and Residential Experiences: Creating Conditions for Change (CARE) practice model, outline how food and physical activity are a powerful way of demonstrating trust, care, predictability, flexibility and attuned parenting, and can be used to facilitate communication, build relationships, autonomy and a sense of control. Hence, training, resourcing and supporting carers to positively influence a young person’s eating and/or physical activity habits provides an opportunity to:

- improve their skills and motivation to respond appropriately, and therapeutically to young people’s pain-based behaviour and
- prepare young people for a healthy future by using food and activity to normalise their experiences and promote socially acceptable behaviours.
It’s time to focus on prevention

Consensus on the urgency and priority is clear: The Victorian ‘Roadmap for Reform: Strong Families, Safe Children project, ‘Looking After Children Framework’, and ‘The Home-based Care Handbook’ and Federal Government’s ‘National Standards for Out-of-home Care’, unanimously call for lifestyle interventions to improve the health of YP living in OOHC. However, current initiatives to improve health and wellbeing outcomes for young people in OOHC have focused on “problem-oriented” and “illness-focused” approaches. While these are an integral part of a holistic health care plan, evidence tells us that effective prevention reduces the likelihood of the onset of chronic disease such as type 2 diabetes, cardiovascular disease, asthma, stigmatisation, psychopathology, and body dissatisfaction.

What is the proposed HEAL project?

The proposed project will inform intervention approaches to ensure children in OOHC live in a healthy home environment. Changing the home environment – to one that encompasses a healthy eating, active living philosophy/culture – will address the short- and long-term healthy consequences. HEAL provides a toolkit that is directly related to providing an adolescent friendly, skill building response to health within OOHC to promote improved practice, and ensure a young person’s health needs are being met.
Appendix Six

Treatment and Care for Kids (TrACK) Program Overview

(Australian Childhood Foundation, provided as part of personal communication, July 13, 2018)

Program Overview

The TrACK therapeutic service delivered by the Australian Childhood Foundation (ACF) is designed to enhance and support placement stability and recovery for children and young people who have experienced abuse-related trauma, and whom display a range of challenging behaviours requiring therapeutic home-based care. The goal of the program is to enhance the therapeutic parenting capacity of foster carers, and support therapeutic work with the children. All TrACK carers participate in training and ongoing support with the ACF Therapeutic Specialist.

Therapeutic models of care require a multi-systemic, consistent and holistic approach across the range of environments in which the child or young person lives. Interventions are most successful when carers, support networks and professionals enact collaborative and intersecting functions that can achieve protective, reparative and restorative objectives for children and young people. As such, the Australian Childhood Foundation delivers therapeutic programs in partnership with Out of Home Care agencies where staff from both organisations engage in collaborative relationships with carers and create Therapeutic Care Team (TCT) processes with a range of other stakeholders in the child’s life, such as schools and other agencies. TCT structures and processes support these relationships and the development of a shared approach to the child, regardless of what setting the child/young person is in.

A TCT is formed around every child and young person in the TrACK program. TCT’s are an important aspect of therapeutic care helping to provide a “therapeutic web” in the system around the child. The TCT is seen as a powerful antidote to the fragmentation of service delivery that is often the experience of many children and young people with complex needs.

The TrACK program provides a framework that recognises factors that derail normative development, and works with children, young people, carers, families, and systems to build or re-build healthy developmental pathways. The program is based on the following elements:

Target Group

Eligibility for the TrACK program requires the presence of the following:

• The child’s need for a medium to long-term placement
• An assessed need for an intensive support component to ensure the ongoing viability of the placement
• An identified need for specialised training and support for caregivers in order to provide a stable environment where the needs of the child/young person can be met and
• Challenging behaviour or complex needs of the child/young person requiring multi-service provision.

Criteria for Acceptance

The following criteria must be met in order to refer a child or young person to the TrACK Program:

• The child/young person is 16 years or younger. Being under the age of 16 allows the young person to experience at least two years of placement stability and care.
• The child/young person has challenging behaviours and/or complex needs, which require multi-service provision. For example: previous multiple placements, Attachment issues, sexualised behaviours, defiant behaviours, low self-esteem, dysregulated arousal (as demonstrated through tantrums/outbursts of anger), poor social skills, disturbed or antisocial behaviour patterns.
• If the child/young person is not attending school, that there is a strong and achievable plan to return to some form of day program.
• The child/young person, despite their challenging behaviours and complex needs, can be placed in a home-based environment and has some capacity to develop and maintain relationships within the intensity of a family situation.

Outcomes

The TrACK program was evaluated by Southern Cross University in 2017. To date, 48 children and young people had been through the program during the 15 years of operation. Of those, 29 children had experienced more than three placements in the lead up period to their referral into TrACK.

The striking feature of the data is the extreme instability that some of the children had experienced prior to TrACK, with 15 children having lived in more than six placements before TrACK. Seven of these children had experienced more than ten placements, with one child having experienced 18, and another child, 30 placements.

The single most compelling result emerging from this evaluation is that children who had experienced many placements and years of adversity were almost always able to achieve stability in TrACK. The term ‘stability’ here refers not only to placement, but includes stable and secure relationships within a family environment, and stability in experiencing long-term connection to an extended family that continued beyond the age of 18 when the young people officially left ‘care’. It also involves having hopes, dreams and aspirations for the future without concern or fears about basic survival.

Critical elements influencing the success of the TrACK program include:

• Therapeutically trained, experienced, capable carers who were prepared to commit to the long-term care and healing of children who had experienced significant adversity.
• A stable, long term Therapeutic Care Team that shared a commitment to the sustained focus on the child’s needs and the child–carer relationship. Carers consistently reported that they were not alone, that they had a long-standing relationship with other team members and that they knew that they had ‘round-the-clock’ support.
• The value of a clear theoretical and evidence-informed model of practice, which was conveyed, primarily by the Therapeutic Specialist, in a practical and accessible manner in response to the unique needs of each child. Practice models, which were based on the neurobiology of attachment (Baylin & Hughes, 2017), were familiar to professionals and carers, who were able to communicate the child’s needs using shared language and conceptual frameworks.
• The value of manageable caseloads for foster care professionals and Therapeutic Specialists which enabled time and space for reflective holistic practice.
• The importance of discretionary funding to enable carers to provide for children in ways that may enhance their development and healing.
Appendix Seven

Winangay Kinship Assessment Resources

(Winangay Resources, provided as part of personal communication with Paula Hayden, March, 2018)

Winangay Kinship Care Assessment Resources

Winangay Resources Inc have developed 2 kinship care assessment tools. Both tools are designed to assess kinship carer’s capacity strengths needs and concerns. The tools acknowledge the existing relationship kinship carers have with the kids and the knowledge they bring to the assessment about the kids and extended family.

Prospective carers for Aboriginal or Torres Strait island children should be assessed using the culturally appropriate Aboriginal tool. All other prospective carers use the second tool. (mainstream version)

Copies of the resources are provided to participants during training and are not available for independent purchase.

A collaborative way of working

The Winangay Kinship Care assessment tools create a climate in which power is shared more equally between workers and carers and is an enabling process in which perspective knowledge and insights are valued. Prospective kin carers are partners taking ownership of the process recording their responses, identifying strengths, needs and concerns and strategies to address unmet needs. Workers facilitate the assessment process maximising opportunities for prospective kin carers and child/children to be heard. Carers and workers learn from each other in a mutually enabling and empowering process.

The assessment tools incorporate the National Assessment Principles (validity, reliability, flexibility, fairness) and Rules of Evidence (validity, genuineness, currency, sufficiency). Consistency is generated by gathering 3 different types of evidence.

Assessment Evidence

Winangay assessment tools generates evidence from three sources:

1. Yarning (conversational) interviews
2. Strengths and Concerns assessment
3. Third party evidence.

This evidence is utilised to produce both a final report with recommendations and an action plan outlining next steps or further action.

1. Yarning (conversational) interviews

Both tools are comprised of 4 conversational ‘yarning’ interviews with plain English questions that respectfully explore all relevant factors particularly child safety. They are designed to build a trauma informed safe assessment environment and a positive relationship with prospective carers by using an informal and flexible yet rigorous process that generates comprehensive evidence.

The Winangay Assessment Tools are underpinned by 4 Key Competencies:

1. Environment and meeting basic needs
2. Staying Strong as a Carer
3. Growing KiDs strong
4. Safety and Working Well with Other.

2. Visual cards

Winangay assessments use a set of visual cards aligned to each competency which identify key factors for a successful placement. The visuals on the cards reflect key components of quality care; they enable all carers to fully participate in the assessment process in a respectful inclusive way. The cards allow a strengths and concern assessment to be conducted, identifying strengths and determining what is working, what’s OK, and what concerns they might have. A graduated colour coded continuum from a significant strength (dark green) to a significant concern (dark red).
3. Third party evidence
A template is provided to gather third-party evidence from key community members and professionals. This allows verification of the information provided by the prospective carers. Confirmation from Elders, community leaders, teachers, health professionals, spiritual leaders, and community workers adds rigour and increases confidence in the assessment outcomes.

Action Plan
Through the use of collaborative engagement, strengths-based frameworks, and solution-focused questions, workers work alongside prospective carers to identify strengths, unmet needs, and concerns which may negatively impact their capacity to meet the child’s needs. From this conversation emerges an Action Plan where workers and carers collaboratively record strengths, unmet needs, and any concerns as well as services and support which may be required.

A review mechanism is built in to evaluate the extent to which needs have been met and concerns addressed. As one carer said: ‘What’s important to us gets included in the Action Plan, we work with the worker to decide what we all have to work on’

Final Report
A template is included to support workers in summarising and analysing the data and information gathered. It includes space for conclusions and recommendations.