OUR WAY HOME

Activities, Learnings and Lessons

Innovation Unit

lotterywest supported

Ngala kaaditj Wadjuk Noongar moort keyen kaadak nidja boodja

We acknowledge the traditional custodians of the land on which we meet - the Wadjuk and Southern Yamatji people of the Noongar nation, their elders past, present and emerging.

Throughout the project, people with lived experience of the out of home care system have shared experiences, views and aspirations with us. Your thoughts and views are priceless and we thank you for trusting us with them.

About the partner agencies

This project is a joint endeavour between Parkerville Children and Youth Care (Parkerville) and Innovation Unit, funded by Lotterywest.

For more than a century, Parkerville Children and Youth Care has been supporting vulnerable children, young people, and families who have experienced abuse - and the resilience they display never ceases to amaze us.

Parkerville Children and Youth Care's world-leading Child Advocacy Centres; community and school-based support; therapeutic out of home care; education, employment and training supports; services for young people experiencing homelessness or at risk of being homeless; and trauma treatment services across Perth and regional Western Australia each play an integral role in achieving our mission to help make Western Australia the safest place in the world to bring up children.

We believe everyone deserves the opportunity to realise their full potential and live their best life with the very best help we can provide. The inspiring children, young people and families we serve are truly at the centre of our universe, and they guide and shape everything we do so that we can help them and their families to flourish and thrive.

At Innovation Unit, our mission is to grow and scale the boldest and best innovations that deliver long-term impact for people, address persistent inequalities, and transform the systems that surround them.

Our innovation and impact formula combines decades of practical experience with recent research, to help you design new solutions, implement them successfully and take them to scale for greater impact.

The work of Parkerville and Innovation Unit on the Our Way Home project has been generously funded by the Western Australian community through a Lotterywest grant.

What do better outcomes look like?

I HAVE SO MUCH ADMIRATION FOR THE PARKERVILLE FAMILY LINK WORKER (FLW), I DON'T KNOW WHAT I NEED, BUT SHE SEEMS TO – BEFORE I EVEN KNOW. SHE REALLY CARES ABOUT MY WHOLE LIFE, NOT JUST WHAT SHE'S DOING FOR ME AND MY CHILD AND REUNIFICATION. I'VE GOT SEVERAL DIFFERENT CASE WORKERS. SHE'S DIFFERENT. SHE LOOKS AT ME LIKE A WHOLE PERSON, NOT JUST A BOX TO BE TICKED.

I'M SUPPOSED TO GET A CERTAIN AMOUNT OF VISITS, BUT I'VE NEVER GOT WHAT WAS AGREED IN COURT – THE DEPARTMENT SAYS IT'S GOT FUNDING ISSUES, STAFFING ISSUES. THE FLW, SHE SAYS TO THEM, "ARE THERE OTHERS WE CAN GET? IS THERE ANOTHER WAY?" THIS MAKES THEM LOOK OUTSIDE THEIR BOX, AND FIND PEOPLE WHO CAN DO IT.

THERE'S A LOT OF BUREAUCRACY. HER ADVOCACY HAS BEEN PIVOTAL FOR ME, BECAUSE THERE'S SUCH A DELAY IN IMPLEMENTING THINGS THAT ARE PROMISED. WITHOUT HER PUSHING, I WOULDN'T BE GETTING WHAT WAS AGREED TO.

THE RELATIONSHIP WITH THE CARERS – THAT'S ONE OF THE THINGS SHE HAS REALLY HELPED ME WITH. SHE PLANNED A GRADUAL RELATIONSHIP – BETWEEN ME AND THE CARER – THINGS LIKE ADVOCATING FOR ME TO BE INCLUDED IN MEDICAL APPOINTMENTS. IT STARTED WITH VISITS WITH BOTH ME AND CARER, THESE GRADUAL STEPS, SO WE GET TO KNOW EACH OTHER. NOT TOO QUICK, JUST AT THE RIGHT TIME, SO THE CHILD IS COMFORTABLE WITH BOTH SETS OF PARENTS.

MY CHILDREN HAD SEVERAL MEDICAL ISSUES AND THINGS DONE, I FOUND OUT A WEEK, TWO WEEKS, A MONTH LATER. YOU DON'T GET TOLD ANYTHING ONCE THE DEPARTMENT HAS YOUR CHILDREN. I'M A MOTHER. IT DEEPLY PAINS ME TO HEAR MY CHILD HAS BEEN TO HOSPITAL AND I DIDN'T EVEN KNOW. NOW I'M 100% PLUGGED IN. I DON'T GET SECOND-HAND INFORMATION ON MY CHILDREN'S HEALTH ANYMORE. IT'S 100% DIFFERENT TO HOW IT USED TO BE.

YOU FEEL SO POWERLESS. BEFORE SHE CAME, I HAD SOME MENTAL HEALTH ISSUES, I JUST WAS CRYING, AT HOW POWERLESS I FEEL, AT HOW THINGS JUST DON'T PROGRESS. BUT SHE'S FOUND SOLUTIONS. IT'S EMPOWERING, TO HAVE HER CONSTANT ENCOURAGEMENT IN MY PROBLEM SOLVING.

THERE'S A GREAT NEED – I COULD EASILY GET LOST IN THE SYSTEM – SHE GETS IN THERE AND IF SHE CAN'T FACILITATE WHAT NEEDS TO BE DONE, SHE SUGGESTS BETTER WAYS. SHE DOESN'T TAKE NO FOR AN ANSWER. SHE DOESN'T JUST TRY, SHE FINDS A WAY.

SHE GOES ABOVE AND BEYOND. OR MAYBE SHE DOESN'T, AND IT'S JUST STANDARD PRACTICE? WELL, IF THAT WERE THE CASE, THAT WOULD BE A BLESSING FROM GOD. (PARENT)

> *If what she does is just standard practice - well, that would be a blessing from God.*

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The new model principles in action

The new model is based around four key principles that enable a more personalised care experience for children and young people that builds, maintains and deepens connections with families, communities and culture:

Radically Personalised

The experience for each child is driven by their personal needs and preferences with a view to the time they are no longer in care. We are flexible enough to change ourselves to deliver choice and control.

Connected by Default

We cannot support children if we do not also support families and communities – OHC is shared care, and Parkerville plays an active role in facilitating safe family restoration.

Embedded Culture

Respect for and connection to Aboriginal Culture is central to our work and is given equal weighting to clinical practice.

Heart first, then Head and Hands

Radically personalised shared care cannot be achieved without a strong, skilled workforce with aligned values, and responsive systems to support them.

Full details on all components of the model are contained at the Our Way Home Blueprint section of the report (page 57).

About “Our Way Home”

Our Way Home is about co-designing and delivering a new model of out of home care for children and youth with an emphasis on developing, retaining and strengthening connections for children and youth in care with their families, communities, and culture.

The project is the result of a partnership between Parkerville and Innovation Unit that began in late 2019, and was originally self-funded by Parkerville Children and Youth Care. In 2021 the project received funding from Lotterywest.

Since 2019, Parkerville has partnered with Innovation Unit to develop, pilot, and implement a new model of radically personalised shared care called ‘Our Way Home’. In a radically personalised shared care model, restoration is our end goal – by which we mean reunification with family where this is safely possible, or ongoing, stable shared care arrangements built on strong and trusting relationships between child, family, and carer. Each child’s journey is personalised to their unique circumstances, needs, cultural identity, and ambitions, and engineered towards restoration at whatever pace and process is right for each young person.

With support from a Lotterywest Covid-19 Innovative Service Models grant in 2021, the Our Way Home model has been designed and continually improved with the input of over 200 stakeholders including Parkerville team members (both professional and volunteer carers, and other staff), young people with a lived experience of out of home care, families, Aboriginal communities, and the Department of Communities. Radically personalised shared care is a significant departure from out of home care as it is currently delivered by most carers at Parkerville (and across the OOHC system), and a significant staff development and organisational change effort has been crucial for implementation.

While the Our Way Home model builds on strengths and positive practice identified in parts of Parkerville’s existing care delivery, a new set of capabilities (including mindsets, skills, and knowledge) will be required in our workforce, the families we work with, and other professional carers supporting the children we work with, to deliver radically personalised shared care successfully.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

What has this review of the Our Way Home Model found?

- Our Way Home is delivering the goals it set out to achieve:
  - More regular connections and contact for children in care and the people they care about that are natural, meaningful and fun; and
  - More individual care and attention to the desires, aspirations and goals of children in care.
- These things have always been occurring where carers and family members have pushed for it, and been able to navigate the system to make it happen - they represented pockets of best practice.
- Our Way Home shows that, when new resources, tools and mindsets are applied, more children can have these experiences more often.
- Family Link Workers (FLWs) and Aboriginal Practice Leads (APLs) are particularly critical to making this Model work, as they do things to support carers and families to make care better for children that no one else is doing or would do.
- **Benefits are being seen for children engaged in the model, in terms of being more settled at school, and feeling more listened to and empowered. Parents are also reporting benefits, and demonstrating their ability to make changes in their own lives.**
- In some instances, it is resulting in the reunification of children with their families, and their removal from the care system.
- Research suggests that moving children out of care is likely to lead to significantly improved outcomes for those children and their families in the future. Even at this very early stage, the Model is on track to deliver more than six times the value of the investment made in it, with many additional unquantified short and long-term benefits.
- The Model is already showing progress against some of the key root causes associated with intergenerational child protection involvement.

What do the next steps look like?

While not directly in scope for this review, many of the challenges emerging in achieving the aims of the Model relate to system issues, such as gaps in available supports for parents. The Model cannot be fully effective without attention to these issues. The following are highlighted:

- **There is a risk that FLW and APL roles will end up bogged down in day-to-day activities**. The roles are intended to support people, build their capacity, and then move on to work with new children. There is a risk that the lack of support and resources across the system means they will not be able to make these transitions. This will limit the program's impact and effectiveness.
- **Families need more help and support than they are getting.** Families whose children are already in care consistently report that they don't have information about their children, do not understand what they need to do to get their children back, and do not get help they need to improve their lives and reconnect with their children. Consideration should be given to where these supports and resources should come from.
- **No child should be in care only because their primary caregivers are poor.** There are instances where children are being taken into care, or staying in care, because there is no money to help people secure housing or to get transport. Once they are in care, children have access to financial resources they were not able to get to keep them out of care. This entrenches differences, and creates new barriers to children returning home. The system that can find money to pay the significant cost of having children in care should find it to keep children out of care.
- **All agencies charged with the care of children should be applying the kind of resources, creativity, flexibility and persistence that has shown effective at Parkerville.** Agency workloads, processes and risk settings are sometimes not allowing for the kind of resourcing and innovative and creative problem solving that has proven necessary to maintain the child-centred planning and connection. However, this review suggests that sometimes, when a new approach is used, children can often gain and deepen connections with family, and sometimes leave care and move home to family. No child should be prevented from this possibility only because it is no one's job.
- **Extending the Model across and outside of Parkerville will rely on resources and supports that are not currently available.**

The learnings to date highlight how much the Model relies for its success on the day-to-day activities of individual workers - who are busy, time poor and, in some cases, not committed. The next step should be to design the kind of supports - such as ongoing coaching, mentoring and learning opportunities - that will be needed for positive changes to be sustained, for the changes to be embedded across Parkerville, and rolled out more broadly.

What do better outcomes look like?

WHEN THE FLW ASKED A BOY IN CARE WHO IS IMPORTANT TO HIM, HE TOLD THEM HE WANTED TO SEE HIS BABY BROTHER, WHO IS IN A DIFFERENT CARE PLACEMENT. THE FLW CONTACTED THE DEPARTMENT, WHO TOLD THEM THAT CONTACT WAS ALREADY HAPPENING. HOWEVER, THE CHILD SAID THAT IT HAD ONLY HAPPENED ONCE, AND THAT IT WASN'T REGULAR.

THE DEPARTMENT GAVE PERMISSION FOR THE FLW TO GET IN CONTACT WITH THE CARER FOR THE BROTHER, AND IT WAS CONFIRMED THAT CONTACT WAS NOT HAPPENING. THE FLW PROVIDED TRANSPORT AND SUPERVISION FOR AN INITIAL VISIT. THE BOY AND HIS BROTHER NOW SEE EACH OTHER EVERY FORTNIGHT, AND HAVE HAD A NUMBER OF SLEEPOVERS.

What do better outcomes look like?

THERE WAS A GIRL, SHE WAS SUPPOSED TO GO OUT TO ANOTHER TOWN TO SEE HER FAMILY FOR THE HOLIDAYS, BUT THE DEPARTMENT SAID, 'OH, THE TRANSPORT HAS FALLEN THROUGH, SHE CAN'T GO'. BEFORE, THAT WOULD HAVE BEEN THE END. BUT NOW, I FELT LIKE, 'THIS IS SOMETHING WE CAN DO NOW,' SO WE TALKED TO THE DEPARTMENT, WE ORGANISED TRANSPORT, THE DEPARTMENT PAID FOR IT, AND THE GIRL WENT TO SPEND THE HOLIDAYS WITH HER FAMILY.

THE MUM WAS THERE – SHE'D MOVED AWAY FROM TOWN TO GET AWAY FROM A VIOLENT RELATIONSHIP. THE GIRL HAD NEVER HAD THE CHANCE TO MEET THE MUM OUTSIDE OF THAT RELATIONSHIP. SHE GOT TO SPEND THE TIME WITH MUM – BUT IN A CONTEXT WHERE MUM HAD THE SUPPORT OF HER OWN EXTENDED FAMILY AND COMMUNITY. IT WAS CONSTRUCTIVE, AND BEAUTIFUL.

THERE HAD REALLY BEEN SOME ESCALATING BEHAVIOURS FOR THIS GIRL BEFORE THE TRIP. AFTERWARDS, SHE WAS MUCH MORE SETTLED. SHE SAID SHE'D FELT LOVED AND SUPPORTED IN THAT COMMUNITY. SHE HADN'T SEEN HER FAMILY FOR SIX MONTHS BEFORE THAT, AND IF IT HADN'T BEEN FOR THIS NEW ATTITUDE (AS PART OF OUR WAY HOME) – SHE WOULDN'T HAVE SEEN THEM THEN.

WHY DO WE NEED TO TRY SOMETHING NEW?

Outcomes for children and young people who have been in care.

Children and young people who have experienced out of home care consistently experience significantly poorer long-term outcomes than those who have not, even when factors such as their background, household income growing up and education are similar.

Research shows consistently poor outcomes across domains [1]

- 35% of care leavers were homeless in the first year of leaving care;
- 46% of male care leavers were involved in the juvenile justice system;
- 29% of care leavers were unemployed;
- 41% of female care leavers were pregnant during their adolescence;
- 43-65% of care leavers have poor mental health outcomes (including depression, anxiety, PTSD, panic attacks and sleep disorders).

Aboriginal experience

Out of home care disproportionately affects Aboriginal families, communities and children. Around 57% of children in care in Western Australia are Aboriginal.[2]

System works against what we know is good for kids

Everything we know about children's development shows that lasting and consistent attachments to positive, caring adults are critical for a child to develop into a healthy and well adult. The system we have today is one in which children's attachments to those who are important to them are often broken on entry into care, followed by multiple short-term placements with multiple families, overseen by multiple agencies, workers and carers.

Resources are stretched

Urgent and critical shortages of foster carers are reported across Australia, especially for those with the skills and willingness to work with children with additional or complex needs - who represent a rising number and proportion of children in care. At the same time, the child protection workforce struggle to retain a motivated professional workforce, with turnover and burnout commonly reported as major challenges.[3]

Those left behind

In the struggle to meet the day-to-day needs of children against these challenges, the voices and needs of those parents and families who have children being cared for in out of home care are often absent from discussion or debate.

Intergenerational experience

The current system sets up a cycle that perpetuates itself, and for many families, involvement with the out of home care system is intergenerational. In NSW, almost one-third of children and young people involved in the child protection system had at least one parent who was in care, or who had been reported to child protection, when they were a child.[4]

Children and young people in care. Some numbers.

Of the children in foster care in WA, few return to family. The likelihood is even smaller among Aboriginal children - who make up more than half of all children in care.

3,264

Children in (non-family) foster care in WA [5,6]

> 50%

Aboriginal children as a % of children in foster care in WA [5,6]

Reunification is more likely to take place earlier in a placement, with decreasing rates over time. The highest likelihood of reunification occurred 15-18 months after removal. Aboriginal children are significantly less likely to reunify. [2]

14%
613 children

Growth in children in out of home care, WA, 2017-2020 [7]

50%

% of children in OOHC who had a parent involved in the system as a child (NSW) [4]

25%

% of children of parents who have spent time in care who are taken into care themselves (WA) [9]

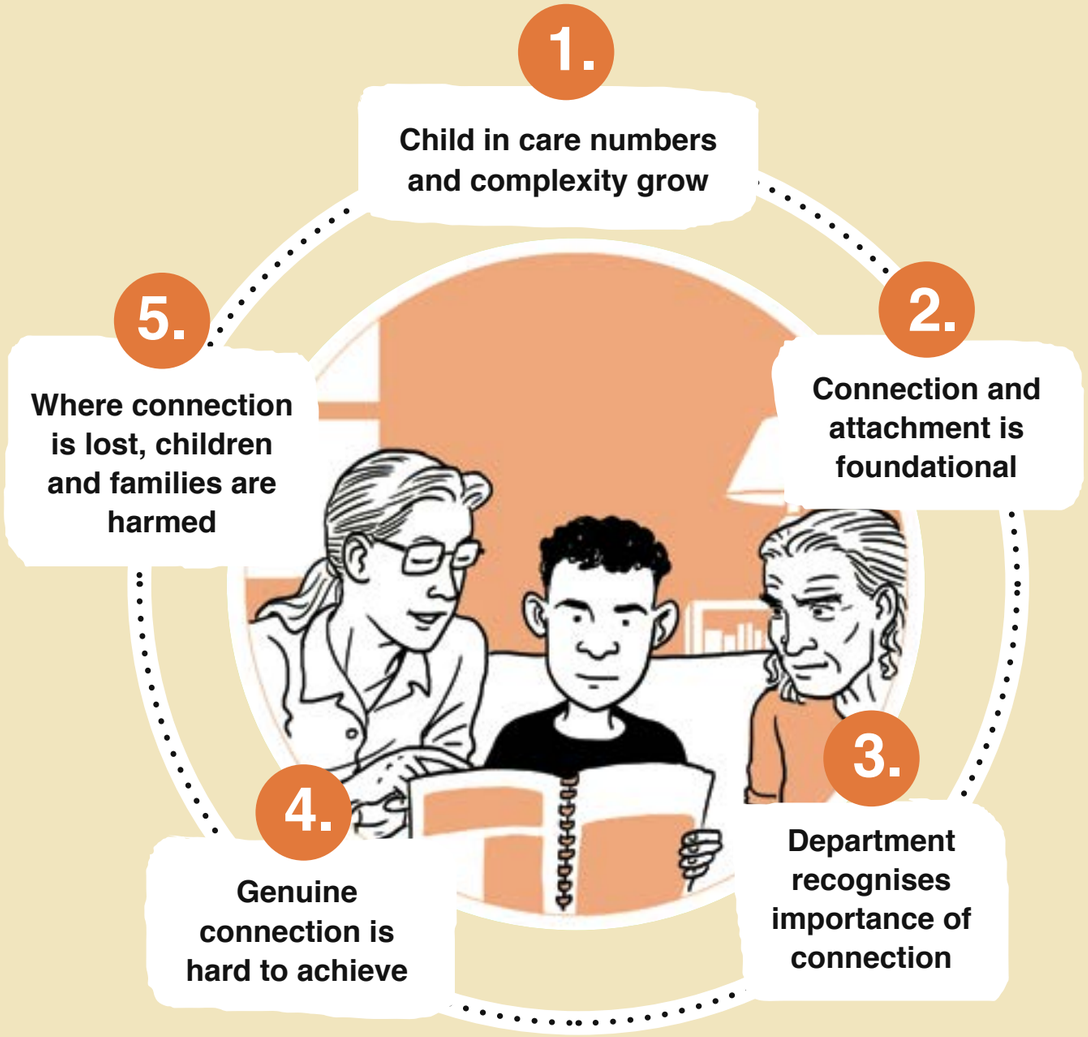
Children who retained a role in their family, or had established a role in their community, were among those more likely to reunify. Reunification rates are lower when there is lower levels of formal and informal family support.[10]

10 X

Likelihood of children who have been in care having their own children removed into care, compared to other parents.[8]

1.4%
463 children

% / number of WA children in the care system leaving care due to reunification with parents in 2020 [5,6]



The importance of connection for children

The following summarises research and stakeholder insights on the relevance and importance of connection with family for children in care, and the short-term and long-term impact where this is broken.

1. Child in care numbers and complexity grow

The number of children and young people in care grows each year, and the complexity of those children's care needs increases.

2. Connection and attachment is foundational

Secure attachment to people and to culture are two cornerstones of safe, healthy children and well adults.

> *Secure attachment to a reliable caregiver is the foundation for social, emotional and cognitive development in childhood and forms the basis of self-esteem and well-being throughout a person's life.*[11]
>
> *Cultural identity is an important contributor to wellbeing. Identifying with a culture gives people feelings of belonging and security.* [12]

3. Department recognises importance of connection

The Department of Communities ('the Department')) is committed to maintaining connections between families and children while in care.

> *"I have the right to have contact with my family and friends whenever possible."*
>
> *"I have the right to be encouraged and supported in my religion and culture."*

Sourced from the Charter of Rights for Children in the CEO's Care.

4. Genuine connection is hard to achieve

In practice, preservation and reunification is resource intensive and hard to prioritise among the demands within the system.

> *"Helping kids return home after they've been harmed is a complex, highly individualised process which is hard to do well… preservation services are currently positioned to provide too little, too late."*[13]
>
> *1.4% of children in care returned to their parents' care in WA in 2020.* [5,6]

5. Where connection is lost, children and families are harmed

Children often do not develop secure connections they need to be well adults; families feel helpless and disempowered.

> *Around half of children in OOHC in NSW had a parent who was involved in the child protection system as a child.* [4]
>
> *"We see generations of families with increased reliance on social services, not living the best lives they could be."* [13]

> The most difficult this is engaging the family. It's left too long to regain a relationship. I don't see a way of the kids being reunified with mum because when she lost them, she had nothing left. The whole system deflated her, it hurts her to see her kids living somewhere else, and she ends up using drugs and alcohol to cope. How do they get out of that? (Carer)

Barriers to maintaining connections in care

The following draws from research and stakeholder insights to summarise the key barriers to delivering personalised and connected care environments for children in care. These represent some of the root causes of entrenched child protection involvement, including inter-generational involvement.

1. Parents don't always get the support they need

There is not always effective and appropriate support available for parents who need help to care for their children.

> *Families don't have the skills to deal with their own trauma but we sit and watch them and judge them for not knowing how to be a parent. (Parent stakeholder)*
>
> *Interactions and contact, they are used as a weapon, as a punishment. If you're good, you get contact. If you're bad, it's taken away. (Parent stakeholder)*
>
> *Preservation services are currently positioned to provide too little, too late.*[13]

2. Connection is not prioritised or resourced

Department case workers have many demands on their time, and connection is not prioritised - especially where there is not an immediate prospect of restoration.

> *Once the kids are taken, reunification is never spoken about. It's never a conversation. (Worker stakeholder)*
>
> *It was put on the 13 year old boy to make their own contact with their siblings. They were told, 'you're old enough to do that now'. (Carer stakeholder)*
>
> *Fewer programs aim at reunifying families than … at preserving intact families or maintaining children in care.*[10]

3. The right relationships aren't always in place

There is often a lack of knowledge of and connection with family members, while contact between family and carers can be actively discouraged - due to perceived risks.

> *The children I care for come from the Goldfields. I want to take them for visits, the response was, 'do you really want to do that?' As a white person, I do feel it's outside my culture … I feel frustrated because I wouldn't feel comfortable doing that, and I don't know who would – it's not my place, but whose place is it? (Carer stakeholder)*

4. Casework practice elevates short-term over long-term risk

Practices and workloads result in short-term potential risks of contact, and the work involved in managing these, outweighing the long-term risk of not maintaining contact.

> *We need to start thinking of an opportunity-first, rather than a risk-first approach. (Carer stakeholder)*
>
> *Risk aversion from caseworker standpoint and overwhelming caseloads work against restoration … decisions are often made in a context of crisis, where a caseworker must weigh time and urgency, bad options and worse options.*[13]

5. Impact of removal on extended family is not always considered

The value of connection with community and culture, and the impact of its loss on them, is not always factored in.

> *The children were removed from their parents. But they were removed from everyone. Granddad, grandma, cousins. The whole family is punished. (Parent stakeholder)*
>
> *We've got family coming up at funerals – 'do you know where the kids are? I'm trying to call the Department but they say they're always busy.' (Worker stakeholder)*

Unless noted otherwise, insights come from discussions with parents and family with lived experience of the care system.

Possible outcomes from better connections

The following insights have been provided to the project, showing the opportunities we forego - for children, for parents, for families and for communities - if we don't overcome the barriers to better connection, and point to what would be better if we got it right.

Currently, the decision making frameworks prioritise removal from immediate harm over long term well-being. One could imagine how choices for children and ways of engaging with families might be different if the ultimate goal was instead to have functional and ultimately, thriving generations over the long term.[13]

It's the fear of the unknown. Who are the people who are looking after my child? What are their values? What religion are they? What clothes do they wear? Are they vegetarian?

I felt sick - not knowing all of these things. That not knowing, it's like a hole in your heart. It adds to the sense of loss and powerlessness. And when I knew - I felt empowered.

Photos, texts. Swapping those things are meaningful.

We all want the best outcome for children. We should all want the best outcome for families.

Having 1000 [paid] people in your life won't make up for having one person who loves you.

Perth is small. You run into your kids at Adventure World. The kids run into mum at the shops and everyone is upset, the carer is pulling them away. It's a horrible situation. If we knew them, we could talk about what happens if we run into each other? It doesn't have to be panic stations.

Impacts of a better system[10]*:*

- Flourishing families and thriving communities
- Break generational reliance on child protection services
- Families transfer positive behaviours to their children and other families
- Reduce structural violence; increase upwards mobility

Building memories. Making healthy memories with children. Healthy patterns, healthy relationships, healthy people.

I invited her [the carer] to my 60th birthday, with the child. Because she is part of our life. It's like we are all part of the family.

FDV is about power and control. Abusers are masters of control, they can control the narrative – and they are believed [e.g. by caseworkers], because that is what they are good at, and because caseworkers are too busy to question them … so children are taken away from us, and given to them. We are punished for being abused.

Two hours in the park can be a long time - how many times can you push that swing? And then you've got someone taking notes on how you're going? I'd like to be at the sport game, the dentist appointment. Swimming lessons, the zoo. Anything like that would be a ray of sunshine.

Children have abandonment issues, no sense of control. It's all so arbitrary.We should make children feel in control of their live – not in the control of others. Parents who grew up feeling powerless replicate that in their future relationships and their parenting.

Unless noted otherwise, insights come from discussions with parents and family with lived experience of the care system.

The theory of change for this project

The 'Theory of change' or rationale for why we believe that the changes we are making will result in the outcomes we want to see, based on research, discussions with stakeholders, and the design work for the project, is set out below:

1. If we...

Create a care environment within which children and families are built up and supported, with genuine, positive, long-lasting and nurturing relationships, that support more choices and control in what happens to them

2. By...

- Creating an environment that prioritises and builds children's aspirations, growth and development
- Integrating the child's family and significant connections into a healing journey
- Valuing and enabling families and communities to retain and grow connections with children in care
- Supporting greater longevity of caring relationships through more stable placements with fewer care changes

3. Then...

- Children in the care system will be better able to learn, to grow and to develop in physically and mentally healthy ways
- Families with children in care will be better placed to make any changes they need to in their lives
- Workers and carers who are committed to children's development will enjoy greater role satisfaction, with reduced turnover and burnout

4. And in the long term...

- Young people will leave care with a sense of who they are and their place in the world, and with confidence and self-efficacy, which will prepare them to live independently and grow into healthy adults
- There will be reduced numbers of children needing out of home care, and those in care will be in care for less time.

What do better outcomes look like?

BRYCE'S STORY:

BRYCE* IS A PRIMARY-SCHOOL AGED CHILD IN CARE. THEY HAVE GRANDPARENTS WILLING TO CARE FOR THEM AS FAMILY CARERS AND, ONCE THE GRANDPARENTS HAD BEEN ASSESSED AND APPROVED, THE FLW STARTED TO MAKE PLANS FOR A TRANSITION TO THE GRANDPARENTS' FULL-TIME CARE.

WHEN THINGS STARTED TO MOVE, THE GRANDMOTHER SAID SHE FELT IT WAS TOO QUICK AND ASKED FOR THINGS TO GO MORE SLOWLY, AS SHE NEEDED MORE TIME TO BE ABLE TO MAKE SUITABLE ARRANGEMENTS FOR THE CHILD TO COME AND LIVE WITH THEM.

THE FLW NEGOTIATED A SIX-MONTH TRANSITION PERIOD, ENCOMPASSING PLACEMENT FOR BRYCE IN A GROUP HOME CLOSER TO THE GRANDPARENTS' HOME, AND A PERIOD OF TIME WHERE THERE WILL BE SHARED CARE – WITH THE GRANDPARENTS CARING FOR BRYCE AT THEIR OWN HOME AS WELL AS AT THE GROUP HOME. THIS PLANNED, STAGED TRANSITION WILL ENSURE THAT THE FINAL TRANSITION TO THE GRANDPARENTS' HOME, WHEN IT HAPPENS, IS MORE LIKELY TO BE SUCCESSFUL.

WITHOUT THE MODEL, THIS ARRANGEMENT WOULD NOT HAVE BEEN POSSIBLE, AS THERE WOULD NOT HAVE BEEN THE OPPORTUNITY FOR THE FAMILY TO VISIT AND SPEND TIME WITH THE CHILD AT THE GROUP HOME.

The rollout process

The project commenced in November 2019, with a project plan produced in early 2020. In June 2020, a blueprint the captured a range of features that would be tested in the new model was finalised. Between June 2021 and June 2022, the model was progressively implemented.

Planning
Project planning begins

Design sprints
Better understand what a new model should look like

Live prototyping
Transforming key moments through real-world prototypes

Continuing engagement
Continuing to talk and listen to people

Review
Reviewing all elements of the model to date and assembling learnings

Time

Nov 2019 · Feb 2020 · Apr 2020 · Jun 2020 · Jul 2021 · Aug 2021 · Oct 2021 · Jan 2022 · May 2022 · July 2022 → Scaling

Model produced - ready to be tested

We are here

Pre-prototype stage

Research & interviews
Conversations with carers, families, and cross-sectoral stakeholders

Building a blueprint
Creating an in-depth service blueprint capturing the new future state l

Prototype stage

Maintaining fidelity
Fortnightly check-ins to assess progress against program intent

Pilot stage

Piloting
Piloting all elements of the model

Preparing for scale
(in and out of Parkerville)
Codification of practices and agreement on funding arrangements

Funding

These initial phases were completed by the Parkerville team in partnership with Innovation Unit to share skills and build design capability within the organisation. Fully funded by Parkerville, these phases incorporated undertaking empathy interviews and mapping lived experience. The result of this was the development of the initial Radically Personalised Shared Care Blueprint. To aid in the next phase of implementation, Parkerville received a LotteryWest grant while continuing to co-contribute to the model's development.

Parkerville has made ongoing in-kind contributions, including for on-boarding, training and supervision of new and existing roles. Parkerville also convened reference groups for care-experienced young people; families with children in care; and Aboriginal Elders, that have fed information and insights into this project, and a Steering Committee for the project including representatives of the sector and Government.

The FLW and Learning Lead roles were funded for a period of 12 months through a LotteryWest grant, while the Principle Practice Lead and APL are existing positions. From July 2022, Parkerville has also been funding the FLW role internally. Innovation Unit led the co-design that resulted in the Model, and have also been responsible for producing this report on the project. Funding for IU's work was included in the LotteryWest grant.

OUR WAY HOME - IN PRACTICE

1. What is being done differently?

1.1 New Model

Our Way Home Model and principles

An extensive co-design process elevated the voice of lived experience in designing a new model and principles.

Status: Fully implemented

1.2 New Roles

Family Link Workers and project staffing

Family Link Workers engaged to take responsibility for child-centred, connected placements, with elevated roles for Aboriginal practice leads.

A backbone of project staff manage the project.

Oversight and input from reference groups including young people, family of children in care, and Elders.

Status: Fully implemented

1.3 New Tools

Practice Guides and documentation

Practice Guides developed to document expectations of carers, including supporting connection with family, with practical guidance and examples.

Supporting tools including templates, activity cards to support creativity and innovation.

Status: Fully implemented

1.4 New Learning

Training and supervision

Training and supervision explains and reinforces the new expected behaviours.

Sector workshops held to gain additional insights from other agencies working in the field and spread information about the model to others.

Status: In train

2. What's starting to look different?

2.1 Shared and connected spaces

Children connect with family, carers, culture

New connections are instigated and supported allowing relationships and connections to grow, develop and deepen in natural, non-stigmatising settings.

2.2 Personalised planning

Understanding & acting on children's unique hopes and dreams

Increased emphasis on eliciting and responding to the child's personal resources, needs and experiences.

3. What's changing for children and families?

3.1 Outcomes for children & families

Children and families have new experiences

Children's experience is care is more individualised and more connected.

Families can have the chance to recover and thrive.

Workers experience more role satisfaction

3.2 System Impact

Systemic impact and benefits emerge

As the new principles, activities and practices that address child protection involvement become embedded as 'the way things are done around here', there are benefits for more children, families, workers and the whole community.

1. What are we doing differently?

Summary

The model consists of four component elements.
Each of these is described in detail on the following pages.

1.1 New Model

Our Way Home Model and principles

An extensive co-design process elevated the voice of lived experience in designing a new model and principles.

1.2 New Roles

Family Link Workers and project staffing

Family Link Workers engaged to take responsibility for child-centred, connected placements, with elevated roles for Aboriginal practice leads.

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Training and supervision explains and reinforces the new expected behaviours.

Sector workshops held to gain additional insights from other agencies working in the field and spread information about the model to others.

1.1

New Model

Our Way Home Model and principles

An extensive co-design process elevated the voice of lived experience in designing a new model and principles.

What is being done differently?

1.1 New Model

The Our Way Home Model, and the principles that underpin the Model, were developed from around November 2019 to June 2020, through extensive engagement and co-design between Parkerville Children's Services, people with lived experience in the care system (both as children and families), and those supporting them.

The co-design process that resulted in the Model involved people who have experience in care as children and as parents and family members, Elders, staff and workers, carers and others with relevant insights and views.

The final Model sets out an approach to address the root causes of the current deficiencies in the system - as identified by those who have the most experience with it - by delivering more a personalised and individualised care experience for children and young people, and one that sets out to grow and maintain connections for children with their families and communities.

The key principles of the Model are that care should be

- **Radically Personalised:** The experience for each child is driven by their personal needs and preferences with a view to the time they are no longer in care. We are flexible enough to change ourselves to deliver choice and control.
- **Connected by Default:** We cannot support children if we do not also support families and communities – OHC is shared care, and Parkerville plays an active role in facilitating safe family restoration.
- **Embedded Culture:** Respect for and connection to Aboriginal Culture is central to our work and is given equal weighting to clinical practice.
- **Heart first, then Head and Hands:** Radically personalised shared care cannot be achieved without a strong, skilled workforce with aligned values, and responsive systems to support them.

The full components of the model are contained at the Our Way Home Blueprint section of the report (page 57).

1.2

New Roles

Family Link Workers and project staffing

Family Link Workers engaged to take responsibility for child-centred, connected placements, with elevated roles for Aboriginal practice leads. A backbone of project staff manage the project.

Oversight and input from reference groups including young people, family of children in care, and Elders.

What is being done differently?
1.2 New Roles

Our Way Home has involved the creation and/or adaptation of a number of staff roles.

» Family Link Workers. These are new roles (0.8 FTE each, one each in Perth and Geraldton), dedicated to bringing together children, family members, carers and the Department around children's individual needs, and providing a range of supports (practical, emotional, material) as necessary to proactively identify and reduce barriers to delivering the kind of individualised, connected care that the Model envisages. The type of role they play is described in more detail in the Model Blueprint. While the FLW is unique in the child protection system for being dedicated to advocating for and responding to the needs of children in care.

» Aboriginal Practice Leads and the Aboriginal Cultural Lead. These existing positions play critical and elevated roles in the Model, particularly through helping to find Aboriginal family, building trust and connections with Aboriginal communities and families, and supporting Aboriginal children preparing to and in the process of reconnecting with culture and family.

» A Learning Lead (1 FTE) and Principal Practice Lead (0.8 FTE). The Learning Lead is an additional new role, while the Principal Practice Lead was co-opted from existing staffing to support the project.

Spotlight on
the Activity Box

Innovation Unit and Parkerville, under the Our Way Home Model, have been developing innovative tools to support new conversations with children about their ambitions, hopes and fears. The Activity Box contains ideas for how carers and families can talk in new and more meaningful ways.

Having someone come and ask a child - or another adult - what their hopes and fears are, can be an unnatural and uncomfortable interaction, and may not lead to honest or complete responses - especially if the child doesn't know or trust the worker, or doesn't know what is and is not possible.

The Activity Box offers a set of tools and prompts that can help surface important information in a less threatening and more natural way.

It includes things such as painting and drawing materials, lego, modelling clay and sports equipment that can give rise to activities that workers, families, parents and children can engage in, during which natural opportunities for people to talk about themselves, their families, their interests, their goals and their fears can arise.

The craft materials can be used to create things like story books or photo books that can be shared between children and parents, showing them what their lives are like and the things that are important to them. Kicking a football creates a background activity for a worker to talk to a child about things like who else they would like to be able to kick a football with, which can give rise to information about important connections for the child that can be documented in the My Plan and followed up.

1.3

New Tools

Practice Guides and documentation

Practice Guides developed to document expectations of carers, including supporting connection with family, with practical guidance and examples.

Supporting tools including templates, activity cards to support creativity and innovation.

What is being done differently?
1.3 New Tools

A range of tools have been developed to support workers to understand and carry out new expectations and tasks to deliver the model. These are:

A set of Practice Guides, which document the roles and responsibilities of the people who work with children in care at Parkerville under My Way Home. These set out the principles underpinning care, and provide practical examples of how the principles should look in practice. Practice Guides have been produced for:

- A Home Away from Home - supporting a sense of control and safety for children by allowing them to personalise their homes and maintain physical signs of connectedness between their carer and family homes.
- Creative Connection and Restoration - enabling innovative and creative ways to grow and deepen relations for children and young people in care with the people who are significant to them.
- Making ‘My Plan’ - creating the personalised plans for a child or young person’s life and aspirations.
- Building Bridge Spaces - creating informal and formal places and spaces where carers and family can meet and develop their relationship around the needs of children and young people in care.
- Enabling Participation - gathering and responding to feedback from children and young people.
- The Care Team - supporting child-centred decision making by the adults surrounding children and young people in care.

Templates and instructions for a child-centred planning process called My Plan. This supports workers and carers to understand and document individualised care planning and monitor changes.

Activity cards and tools to support more normal and natural interactions for children. One of the key innovations in the model is to achieve more normal and natural connections between carers, families and children. Supporting materials have been prepared that help parents and carers to think of new ways to engage in meaningful activities with children.

Current versions of all materials are available at https://parkerville.org.au/what-we-do/out-of-home-care/our-way-home.

Spotlight on
‘My plan’

As part of individualised care planning, Parkerville has been developing what’s being called ‘My Plan’, to support children to express their views on their goals and ambitions, and have this represented and acted on within the care planning process.

My Plan engages with children and young people to ensure their voice is present and heard in all planning and decisions made about their life, including those made in the care team. My Plan provides a tool to enable children to self-direct the plan around their identity, their plan and goals and their important connections as they see them.

My Plan is a living visual representation of the child’s view of their identity, journey and connections that they are supported to retain ownership of and change as their life and views change. This representation then creates a open communication with the care team about the child’s views and wishes.

My Plan does not replace the annual care planning process, which is a statutory responsibility carried out by the Department of Communities, however it does replace the Therapeutic Care Plans that were done previously - thus it is not new work, but a new way of working.

It is conceptually different to these tools, however, which tend to focus on the workflow and resource planning around children’s needs, had a focus on ‘fixing what was wrong’, and do not necessarily involve children in their development.

1.4

New Learning

Training and supervision

Training and supervision explains and reinforces the new expected behaviours.

Sector workshops held to gain additional insights from other agencies working in the field and spread information about the model to others.

What is being done differently?
1.4 New Learning

The process included dedicated Learning Loops, which were intended to get early feedback on the tools and methods being developed to implement the Model, and generate improvements that could be made.

Through the Prototyping Phase (July 2021-January 2022), as new parts of the Model started to be tested, the team held weekly 'Model Fidelity' check-ins, to listen to what was happening under the new Model, identify any issues or challenges, and problem solve.

Five dedicated 'Design Sprint' sessions were held, to delve into the detail of specific Model expectations and practices, seeking ways to improve them. Design Sprints involved Parkerville staff, young people who have been in care, parents and families members, Aboriginal community representatives, carers and workers. Design Sprints delved into questions such as:

- How might we manage carer turnover while maintaining strong relationships between carers and family?
- How might we include the learning that children and young people might need for independence, without turning care placements into 'education facilities'?
- How might we manage the privacy and consent of participating families?
- How might we ensure that Circles work with Case Conferences, which will continue to have a role in the system?
- How might we carefully negotiate risks as they emerge?
- How might we strengthen relationships with local Elders?

As the Model has shifted from Prototyping to Pilot phase (January 2022 onwards), carers (foster carers and those in Family Group Homes) have started to receive training and information on the Model's tools, practices and expectations. In addition, information, training and details about the new Model is being progressively covered through team meetings and supervision, which all Parkerville carers and staff regularly attend.

Spotlight on
'Connection cards'

As part of the process, a series of 'Connection Cards' has been developed, as prompts for ideas for activities families and children can engage in.

Connection cards are intended to help families to engage with their children in ways that build genuine connections.

Sample connection cards are shown to the left.

Connection card activities can also be useful in building and developing parents' capacity in terms of connecting with services and learning new skills.

What do better outcomes look like?

IT WAS HARD TO THINK OF ANYWHERE ELSE EXCEPT WITH ME AS HOME. IT WAS HARD FOR MY CHILDREN AS WELL TO FEEL AT HOME, BECAUSE THERE WERE ROUTINES - LIKE A HOT WATER BOTTLE - THAT ONLY I DO WITH THEM. AND CALLING SOMETHING ELSE HOME WAS REALLY DIFFICULT AND CONFRONTING FOR ME. IF I COULD TAKE A STEP BACK I WOULD LIKE TO SAY, IF MY CHILD CAN'T BE HOME, I WANT THEM TO ENJOY COMFORT AND FAMILIARITY, THEIR OWN POSSESSIONS AND ITEMS, TO BE COMFORTABLE FOR THEM. IT WOULD BE HARD FOR THEM TO CALL IT HOME, FOR ME, BUT IT'S GOOD FOR MY CHILD TO SAY, I'M GOING HOME NOW, RATHER THAN, I'M GOING TO MY CARER'S HOUSE. TO THEIR FRIENDS AT SCHOOL OR WHATEVER. IT'S HOME AWAY FROM HOME. NOT HOME, BUT HOME FOR NOW. (PARENT)

What do better outcomes look like?

ONE BOY IN CARE, HIS FATHER HAD PASSED. THERE WAS A FAMILY GATHERING FOR THE SORRY BUSINESS WITH EVERYONE - HIS PATERNAL AUNTS, COUSINS, GRANDPARENTS. IT'S SORRY BUSINESS, IT'S DONE IN THE TRADITIONAL WAY. WITHOUT THIS PROGRAM, HE WOULDN'T HAVE BEEN INVOLVED IN THAT SORRY BUSINESS. BUT BECAUSE OF IT, I COULD SUPPORT HIM, AND HELP HIM KNOW THAT THESE ARE HIS FAMILY. AND THEY WERE EXPLAINING TO HIM, 'THAT'S MY MOTHER'S SISTER, THEY ARE THE GRANDMAS'. AND HE CAN KNOW THE TRADITIONS. THE BOY HAS HEAPS OF FAMILY IN TOWN - BUT HE DIDN'T KNOW THEM. HE USED TO WALK PAST PEOPLE HE'S RELATED TO, AND HE DIDN'T EVEN KNOW IT.

2. What's starting to look different?

Summary

2.1 Shared and connected spaces

In summary: The principles of Our Way Home have established the expectation that children in care will know and have opportunities to be involved in their families, communities and culture, and that activities to support this will be required of workers and foster carers as part of their roles. The tools and resources provided under the Model are supporting this to become a reality.

What's working?

- The expectation that contact and connection with family will occur for children in care is now clear and documented, and is resulting in new conversations for children about how this will be achieved.
- Finding out from children who they want to see reveals a broad range of people who are significant to them.
- FLWs and APLs are critical to making connection happen: The initial process of making connections involves substantial work by these people that is not and would not be done by anyone else.
- Connection involves intensive ongoing work, including creative problem solving on the fly. This is being picked up by FLWs.
- Department of Communities staff have been very supportive of making connections happen and have offered practical supports.
- Because all of these things are happening, connections and contact between and among family members and children in care are happening in ways that are natural, meaningful and fun.

What's challenging?

- There are real barriers to achieving contact in some cases, that are not easy to resolve.
- It takes time and skills to build people's trust so that they can engage.
- Expecting carers to integrate meaningful contact and connection might take intensive resourcing and support.
- Parents sometimes do not have the basic things they need to meet their responsibilities

2.2 Personalised planning

In summary: Opportunities to discuss children's individual needs and preferences are being created at various points during the care experience, and workers and carers are reporting using new and creative ways to individualise their care planning.

What's working?

- The practice guides and other tools provide the information that people need to know what's expected under the model and to understand what this looks like in practice.
- The My Plan templates and tools are helping to facilitate important and meaningful conversations with children.
- The practices set out under Our Way Home could increase the professionalism and job satisfaction of carers.

What's challenging?

- The tools are only as good as the skills and attitudes of the people carrying them out.
- Carers and workers report challenges in capturing and integrating families' and children's voices into care plans.
- When the system is chronically short of carers, it is not clear what response is possible if people can't or don't follow the new Model.

2.1

Shared and connected spaces

Children connect with family, carers, culture

New connections are instigated and supported allowing relationships and connections to grow, develop and deepen in natural, non-stigmatising settings.

2. What's starting to look different?

Where we started from:

Connections between children and family, where they occur, are typically contrived, often occurring at a park or fast food restaurant. It is up to the carer whether contact happens; while many carers have worked hard to make this happen, there are often real challenges - such as lack of information about who family is, reluctance to engage with them, and competing day-to-day priorities.

> *For years contact has been in an office or at a centre, it's been like, "there's your hour, tick the box." That's where it's starting. (Worker)*

Under Our Way Home:

The principles of Our Way Home have established the expectation that children in care will know and have opportunities to be involved in their families, communities and culture, and that activities to support this will be required of workers and foster carers as part of their roles. The tools and resources provided under the Model are supporting this to become a reality.

There have been a range of new connections made and deepened between children and family members, and other people important to them. These have taken place in a range of normal, non-stigmatising settings - such as sports events, birthdays, cooking together, church services, and sleepovers with siblings. In addition, children and families sent things such as cards and photos to each other, and talked more often and more regularly through phone/video.

Contact has occurred between:

- The child and people important to them - their parents, grandparents, siblings, cousins and other friends.
- Carers and the family members.

In some instances, Our Way Home activities built on or added to contact that was occurring between children and family members. In others, the contacts that are now happening represents the first contact that had happened for children in years or even decades. This includes some cases where parents had been trying to gain or regain connection, but had not been able to navigate the system to manage this.

> *Nice to know that they're receiving gifts that you're sending. Seeing a photo of their room, seeing, "there's the teddy I got you". Even if they don't like it you can see at least they got it. (Parent)*

What is supporting shared and connected spaces to happen?

The expectation that contact and connection with family will occur for children in care is now clear and documented, and is resulting in new conversations for children about how this will be achieved. Carers (and families) are busy and have many other priorities to juggle, and there are sometimes real challenges to making connection happen. Setting the expectation that this will occur is the first step in ensuring this is made a priority.

> *This is something I've always fought for - for them to have a choice, and a say. Now I don't have to fight so hard - because as an organisation, it's been established. (Carer)*

Finding out from children who they want to see reveals a broad range of people who are significant to them. The tools and resources provided allow children to talk about who is important to them. Children often missed and wanted to reconnect with parents, however they also named siblings, cousins, childhood friends and extended family members as similarly or more significant to them.

FLWs and APLs are critical to making connection happen: The initial process of making connections involves substantial work by these people that is not and would not be done by anyone else. There is no other role currently that is doing what FLWs and APLs are doing, in terms of setting out to get the information from children, the Department, families and communities to identify connections for children in care, and then build the relationships that are necessary to turn that into connection.

> *(As FLW) I've got the time to do it. I have a family, they knew there was a sister somewhere else and parents, but when I did some digging I found older siblings they'd never met. If the FLW wasn't here, it wouldn't be anyone's job. (Worker)*

> *Having Aboriginal staff members - it's a million times more appropriate. She can really understand what's going on for the family. Mum can see she's not just a Department worker. She talks to Mum in the appropriate way. (Worker)*

Connection involves intensive ongoing work, including creative problem solving on the fly. This is being picked up by FLWs. FLWs, as well as APLs, have shown great resourcefulness and creativity in helping carers, families and Departmental workers solve barriers to connection - for example driving children to contact visits on weekends or supervising visits out-of-hours. FLWs talked about the complexities of organising and succeeding with contact, such as sick children, missed phone calls, wrong addresses, fights between siblings, or last minute changes of plans. FLWs find, in practice, that they needed to be on call to problem solve on the fly - this included on weekends and evenings, when contact was often scheduled.

> *There's an issue with every contact - I have to have the phone on all weekend because things go wrong and I have to solve it. (Worker)*

Department of Communities staff have been very supportive of making connections happen and offered practical supports. Where the Department was approached under Our Way Home, in almost every instance the case worker provided the requested information, connections, permissions and authorisations, as well as have material support such as locations for contact.

> *The Department has been very forthcoming with information, where mum was, where they are placed, who with, and absolutely supportive of young people connecting. They are looking for opportunities to bring family voices into conversations. (Worker)*

Because all of these things are happening, connections and contact between and among family members and children in care is happening in ways that are natural, meaningful and fun. FLWs recounted a wide range of new types of connections and interactions that occurred - children attending family birthdays, children and carers visiting family homes, children having sleepovers with siblings. In some cases, once parents are introduced to new activities, some have been able to get new ideas and run with them themselves. These things have always been occurring, however it has been ad hoc - where the carer and family have pushed for it and been able to navigate the system. Our Way Home shows that, when the expectations, resources and tools are combined, it can occur more often, for more families and more children.

> *Before contact was more of a tick box - no one really considered if it was meaningful for either party. They had been going to the same park for years with Dad, it's boring for the child and for the dad. (Worker)*

What is challenging or is needed now?

There are real barriers to achieving contact in some cases, that are not easy to resolve. In some cases, carers might not feel comfortable with the family members - including cases where there is or has been perceived or actual risk - or contact with parents is sometimes destablising for the child. Some carers simply don't think it's important or see it as a priority.

> *Some old carers are making it really hard to do contact, some are scared to meet the family, others feel like they are losing the children, others don't even care … One time, the carer was asked to drop off and pick up the child from a church service with their parents. The carer refused because they didn't agree with that religion. (Worker)*

> *The children go to a family home that is the antithesis of carer – dysfunctional, crowded, teenagers don't go to school, when the children come home, they're dysregulated. Confused. (Worker)*

It takes time and skills to build people's trust so that they can engage. FLWs and APLs are critical to achieving this. Family members often have deep-seated distrust because of past experiences, including with those who have claim to be acting on the interests of their children. Some carers are also against connection. The skills and time of Our Way Home staff, particularly the FLWs and APLs, cannot be understated in terms of the work done to gain the trust of people that is enabling connections to happen.

Expecting carers to integrate meaningful contact and connection might take intensive resourcing and support. Carers might have multiple (four, five, six) children, from different families, and contact is still seen as an additional task in what is an already crowded schedule. The experiences recounted by FLWs has shown that connections don't always go smoothly and can involve on-the-fly problem solving and resolution. Intensive resourcing and support will likely be needed for carers to meet the expectations on them.

> *While the FLWs are pushing it, carers aren't quite finding the energy. It's a lot of work for them. They don't want to have to find the solution, think of something to do. Especially those with kids from multiple homes plus their own family. (Worker)*

Parents sometimes do not have the basic things they need to meet their responsibilities. Even very basic activities involve cost - petrol, phone credit, a coffee. Parents and other family members sometimes do not have even very small amounts of money, especially as losing care of their children often results in parents losing family payments. It is not clear where the resources for families to make connection possible are supposed to come from.

> *I'm a proud person, but I don't have much. I have $20 a fortnight. I have to provide food for visits, get to visits, entertain on visits. You want kids to have a good time, to have fun, but you can't even buy a colouring book to keep them occupied. The FLW has given me practical support – provided games, and activities, and things to do on visits. It's meant the world. We have love, my family, but we're indoors when it's raining and they're tired and bored, you feel a bit beaten up by the world. Practical supports take so much pressure off. (Parent)*

2.2

Personalised care and planning

Understanding & acting on children's unique hopes and dreams

Increased emphasis on eliciting and responding to the child's personal resources, needs and experiences.

2. What's starting to look different?

Where we started from:

Planning for a child's needs in care tended to be done infrequently, and often without seeking children's views or perspectives. Families have not generally been included in the planning process.

Under Our Way Home:

Opportunities for discussing children's individual needs and preferences are being built into the care experience in multiple ways:

- The FLW provides a new person to discuss care planning with, and to draw out individual preferences and goals.
- Tools (such as the Activity Box) are being used to add creativity and innovation to conversations about children that can help draw out their perspectives in natural ways.
- The My Plan templates offer ways to document information and perspectives, and make sure everyone agrees on and remembers what was said.

As a result of these activities, workers and carers are reporting more, and more creative, individualisation of care planning. This includes having discussions with the child about what they want more frequently and deliberately, providing children with more choices about their personal spaces and activities (colours, furnishings, pictures, hobbies), and having discussions about who is important to children and how they want connections with those people to look.

What do better outcomes look like?

Mum has views on how her child should be looked after. Before Our Way Home, there was no way that her views or feedback could have been captured. Under the My Plan, there's a place to get and put those views. Mum can see that her views are important and respected, and the child can see the things his mum has asked for and about.

One example: The mum said, 'I don't want anyone cooking damper for the young fella except me. Because I cook it the best.' And then, when people ask her son, it becomes something that he talks about. 'My mum, she cooks the best damper.'

There wasn't a way to pull that kind of information into the Department's care plan. But it can go into My Plan.

What is supporting more individualised care?

The practice guides and other tools provide the information that people need to know what's expected, and to understand how to do that in practice. The concrete examples provided in the guides were consistently mentioned as being useful in terms of setting out what good practice is supposed to look like.

> *In terms of the practice guides - it's good to see means of relaying information to carers in a more cohesive, holistic way. Before, it was legalese - there is richness in the guides. (Carer)*

> *The examples are helpful - how this went wrong somewhere else, and how it got fixed, to help people do their own problem solving. It was intuitive practice, but the guides had a lot of clarification and standardising practice. I hadn't seen it on paper before, but it made sense. (Carer)*

> *It gives carers ideas for what to do. They can be as nervous and lost as the child. It's scary for them, too. It gives ideas about what to do to make everyone comfortable. (Young person)*

The tools are helping to facilitate important and meaningful conversations with children. While workers and carers generally said they were aware of and committed to engaging children in planning in general terms, the tools provided were said to be useful in reminding them of what they were supposed to be doing and provide them new ways of doing it.

> *(As an FLW) I use the templates and stuff – to try to build the relationships. It's probably things I'd do anyway, but helps to guide the conversations – we would just be playing sometimes, and I would maybe not think about what I'm supposed to be doing. The activities are useful to remind us. (Worker)*

> *At first, the child only wanted to talk about what they were doing (the arts and crafts). After a while, she was asking me, do I know when she's going home, do I know when she can see her dad. (Worker)*

The practices set out under Our Way Home could increase the professionalism and job satisfaction of carers. Some carers and workers thought documentation and guidelines such as those contained in the guides helped caring feel more professional, and that this could increase the perceived importance and value of the profession.

> *[Before], the role of the carer wasn't really discussed - it's just, look after the kids. The intent of being in care wasn't really discussed. (Carer)*

> *Maybe the implementation of a model that is conducive to stability, growth and holistic care might lead to better staffing - by changing the way that the OOHC carer role is viewed? (Worker)*

What is challenging or is needed now?

The tools are only as good as the skills and attitudes of the people carrying them out. Practices such as giving children voices and involving them in decision making can involve high levels of skill, particularly where children have experienced trauma. Probably more importantly, they require an understanding of and commitment to why it's necessary. This requires not only skill development but (in some cases) attitudinal change.

> *Using the tools requires new skills and attitudes. The skills and attitudes are what's important. Unless workers have time to spend on the tools, they can't be used to the extent they could be. They end up copying and pasting from the last one to meet compliance – it takes time to do things well. (Young person)*

> *My Plan is not a desktop activity – it is deeply skilled relational work. (Carer)*

Carers and workers report challenges in capturing and integrating families' and children's voices into care plans. Families and children are not used to having a voice. It will likely be a long-term process for marginalised, disadvantaged and often rightly distrustful people to have sufficient trust in this process to fully participate - even where the tools, resources and commitment to doing so are available.

> *People might not have had experience in making choices – so practices and principles framed in terms of expressing views and priorities might take skill building. (Worker)*

> *It still feels like the family's views aren't as important. Historically family hasn't been involved so it's quite a shift. (Worker)*

> *One time I took a young person, around 15, into a furniture store, to choose some furniture. It was the first time they'd ever been in a furniture store, the first time they'd ever had a choice. They can find it quite challenging. (Carer)*

When the system is chronically short of carers, it is not clear what response is possible if people can't or don't follow the new Model. The Model relies on all carers and workers in the system behaving in certain ways. In the longer-term, carers who understand and show commitment to the Model's principles can be recruited. However, in the short-term, if carers aren't willing to work in line with Our Way Home principles, it may be challenging to address this, as carers cannot readily be replaced.

> *The reality is that there are not enough carers, there will never be enough carers. (Worker)*

> *When I get new carers now, you tell them you have to have contact with the parents. And they just do it, they don't know any other way. (Worker)*

What do better outcomes look like?

MILLY'S STORY:

MILLY* IS A PRIMARY SCHOOL-AGED CHILD WHO HAS BEEN IN CARE SINCE HER BIRTH, WITH NO CONTACT WITH ANY FAMILY IN THAT TIME AND NO FAMILY MEMBERS KNOWN.

THE TEAM LEADER DISCUSSED THE CHILD'S SITUATION WITH THE DEPARTMENT, WHO FOUND AN EXTENSIVE GENOGRAM THAT HAD BEEN PREPARED FOR MILLY ON ENTRY, BUT NEVER SHARED WITH THE CARER. USING SOME OF THIS INFORMATION, THE APL WAS ABLE TO LOCATE FAMILY MEMBERS, WHO THEY APPROACHED AND STARTED TO BUILD RELATIONSHIPS WITH.

THROUGH THESE EFFORTS, AN EXTENSIVE FAMILY NETWORK WAS IDENTIFIED FOR MILLY – INCLUDING NANAS, COUSINS, AND A SIBLING. THEY INITIALLY SENT PHOTOS, FOLLOWED BY REGULAR PHONE CONTACT, AND THEN IN-PERSON MEETINGS. IN THE PROCESS, IT WAS DISCOVERED THAT MILLY'S MOTHER HAD BEEN TRYING TO MAKE A CONNECTION WITH MILLY.

THE CARER ACTIVELY SUPPORTED CONTACT, INCLUDING DRIVING CONSIDERABLE DISTANCES TO MAKE VISITS HAPPEN. THE CARER HAD ALWAYS BEEN AN ADVOCATE FOR CONTACT, BUT DID NOT HAVE THE INFORMATION BEFORE TO MAKE THE NECESSARY CONNECTIONS.

AFTER SOME MONTHS, MILLY'S PLACEMENT WITH HER CARER WAS DUE TO END AND ANOTHER PLACEMENT WOULD HAVE HAD TO BE FOUND FOR HER. INSTEAD, A FAMILY MEMBER ASKED TO BE ASSESSED FOR CARE.

MILLY NOW LIVES AT HOME WITH HER EXTENDED FAMILY. WITHOUT THE MODEL THIS WOULD NOT HAVE HAPPENED, AS THE FAMILY MEMBERS WOULD NOT HAVE BEEN FOUND AND THE CONNECTIONS WOULD NOT HAVE BEEN MADE. SHE WOULD HAVE BEEN MOVED TO ANOTHER FOSTER HOME.

> *When we started there was a little girl who had no family. Now she's got the biggest family in the world.*

3. What's changing for children and families?

Summary

3.1 Outcomes for children & families

In summary: Children in care are having more contact with the people who are important to them, in natural, diverse and positive environments. This includes cases where there had been little or no contact in the past, where contact was challenging and/or where contact was at risk of being lost.

While the goal of Our Way Home is connection and not necessarily reunification, after only a year of operation, one child is now living with their mother, and one more restoration to the care of a grandparent is underway.

In addition:

- Children are having the opportunity to create and grow relationships with many different family members.
- Families are reporting getting information and help, feeling empowered, and making positive changes in their lives due to involvement in the Model.
- Personalised care and contact with family are resulting in behaviours and actions from children that are associated with better long-term outcomes.

Snapshot: Changes in connection

1 x reunification complete	Moved from a Family Group Home to full-time care of mother.
1 x reunification underway	Transition from Family Group Home to family placement with grandparents in progress
Other connections	» 5 children now have visits to their home from parents and grandparents » 1 child met a baby sister for first time and now has regular sleep-overs with her » 1 child now visits their mum's house regularly » 1 child now visits a sibling in another placement weekly » 1 child now sees their dad three times a week

3.2 System impacts

In summary:

- Outcomes to date are likely to represent direct future savings of at least $6.46m from total expenditure of $1.44m to set up and deliver the Model.
- For the children involved in this Model, there is evidence that there is some progress against the root causes of prolonged and entrenched child protection involvement, including intergenerational.

Recommendations for refining the Our Way Home Model:

- **There is a risk that FLW and APL roles will end up bogged down in day-to-day activities.** The roles are intended to support people, build their capacity, and then move on to work with new children. There is a risk that the lack of support and resources across the system means they will not be able to make these transitions. This will limit the program's impact and effectiveness.

Broader recommendations to enhance the system impact of the Model's learnings:

- **Families need more help and support than they are getting.** Consideration should be given to where this should come from.
- **No child should be in care only because their primary caregivers are poor.** The system that can find money to pay the significant cost of having children in care should find it to keep children out of care.
- **All agencies charged with the care of children should be applying the kind of resources, creativity, flexibility and persistence that has shown effective at Parkerville.** This review suggests that sometimes, when a new approach is applied, children can leave care and move home to family. No child should be prevented from thispossibility only because it is no one's job.
- **Extending the Model across and outside of Parkerville will rely on resources and supports that are not currently available.** The next step should be to design the kind of supports - such as ongoing coaching, mentoring and learning opportunities - that will be needed for positive changes to be sustained, for the changes to be embedded across Parkerville, and rolled out more broadly.

3.1

Outcomes for children & families

Changes and benefits

Children's experience is care is more individualised and more connected.

Families can have the chance to recover and thrive.

Workers experience more role satisfaction

3. What's changing for children and families?

Children in care are spending more time with people who are important to them, in natural, diverse and positive environments. This includes cases where there had been little or no contact in the past, where contact had been challenging, and where contact was at risk of being lost. We know from research that the security of children's attachments to the people who are significant for them and their culture are foundational for social, emotional and cognitive development, and form the basis of self-esteem and well-being throughout a person's life. Without these foundations, we know that children can end up repeating the cycle, and having their own children taken into care.

The goal of Our Way Home is not necessarily reunification with family - in terms of children returning to their parents' permanent care. However, in its first full year of operation, this outcome was substantially achieved for 2 (of 16) children.

The figure below shows the number of children and family members FLWs have worked with - representing the Model's most intensive input.

People involved

23 children in care	Placements in Parkerville homes (14) and foster care (2)
33+ family members	13 parents of children in care 20+ extended family members (aUnties, siblings, cousins, grandparents.
Additional connections	Connections have been made with former school friends of some children in care.

Snapshot: Changes in connection

1 x reunification complete	Moved from a Family Group Home to full-time care of mother.
1 x reunification underway	Transition from Family Group Home to family placement with grandparents in progress
Other connections	» 5 children now have visits to their home from parents and grandparents » 1 child met a baby sister for first time and now has regular sleep-overs with her » 1 child now visits their mum's house regularly » 1 child now visits a sibling in another placement weekly » 1 child now sees their dad three times a week

What positive outcomes are being seen for children and families?

Children have the opportunity to create and grow relationships with many different family members. The impact of removal of children on the child's extended family - their grandparents, siblings, cousins, aunties and uncles - is often not considered. The Model allows for and encourages the continuation of relationships with these people, with benefits for all of those concerned.

> *The children were removed from their parents. But they were removed from everyone. Granddad, grandma, cousins. The whole family is punished. (Parent stakeholder)*

> *The family loves coming to visit their child in the cottages. (Worker)*

Families are reporting getting information and help, feeling empowered, and making positive changes in their lives due to involvement in the Model. Family members, particularly parents, often feel hopeless when their children are taken; it can push them into poverty and, for some, remove any incentive or ability to make positive changes in their lives. We know from research that parents' feelings of helplessness and disempowerment are a part of what contributes to an ongoing inability to thrive, and continued involvement with child protection for their children. By valuing and respecting parents as people in their own right, as well as as important people in their children's lives, this Model offers parents what they need to start making changes for themselves and their children.

> *I've had no voice until I had the FLW. Everything was just done to me, not with my input. (Parent)*

> *Mum has made changes in her life since contact was reestablished. She stopped smoking – start showing up at contact – you can feel it, everyone was happy. (Worker)*

> *The family have noticed that we are now listening to them. (Worker)*

> *Since working with the FLW, I've turned a corner. Before I didn't have anyone on my side. (Parent)*

> *It's 100% different (with the FLW) to how it used to be. My children had several medical issues and things done, I found out a week, two weeks, a month later. You don't get told anything once the Department has your children. I'm a mother. It deeply pains me to hear my child has been to hospital and I didn't even know. Now I'm 100% plugged in. I don't get second hand information on my children's health anymore. (Parent)*

Personalised care and contact with family are resulting in behaviours and actions from children that are associated with better long-term outcomes. Carers report positive behaviours in a number of domains, such as being settled at school and expressing feelings of having control over their lives.

> *The kids need to connect [with their families of origin], because they will go back and if they go back as strangers, that's another place they don't belong. (Carer)*

> *The children are settling into school now. A year ago, the school didn't want the kids back. (Carer)*

> *Every month I sit down with the kids and we do the planning - they love it. They write their names and my name, to show we've done it together. They feel like they've been heard, instead of me just saying it. (Carer)*

> *We have family meetings all the time. Now, they call them. "I think it's time for a family meeting to discuss this", they say to me. (Carer)*

What do better outcomes look like?

Billy's story:

A court order provided for contact for Billy* and his siblings with their parents in a contact centre. Centre staff said the parents would attend, but would often leave early or not really interact with the children. The parents were told they 'needed to do better', but not much skill or capacity building.

The FLW had the idea of moving contact to a park. The dad agreed, so the FLW talked to the case worker. There were concerns about security, so the FLW found a fenced park walking distance from the family's home. Mum and Dad now regularly come for visits, playing with Billy and his siblings, and bringing a picnic. Grandparents, aunties and cousins also come along.

The Department also asked the FLW to support the family to have more meaningful connection during contact, particularly finding activities the mum could do to help build her skills. After a couple of meetings, the FLW introduced the connection cards, and the family chose to make pizza together.

Contact between family and children is now occurring weekly, with phone contact in between. The family said they are finding the activities fun, and want to go swimming together - another connection card suggestion - soon.

Billy's parents still have issues that they are working through, but for now, he is seeing his mum and other relatives regularly, and looks forward to spending time together doing things they all enjoy. The contact centre can see that Billy's mum's parenting skills and capacity are improving. (WORKER)

> *They got feedback that they needed to do better [at parenting] – but not much skill or capacity building.*

What do better outcomes look like?

SOME GIRLS IN CARE WANTED TO GO TO THEIR CHURCH WITH THEIR DAD, BUT THE ORDER ONLY ALLOWED TWO HOURS OF CONTACT. THE CARER DIDN'T REALLY WANT TO DRIVE THE CHILDREN THERE, AND ANYWAY THE TIME LIMIT MEANT THERE WAS LITTLE TIME FOR COMMUNICATION WITH THE DAD OUTSIDE OF THE SERVICE.

THE PARKERVILLE FAMILY LIAISON WORKER LIAISED WITH THE CASEWORKER AND TEAM LEADER TO HAVE THE CONTACT EXTENDED TO FOUR HOURS AND PROVIDE TRANSPORT. THE GIRLS ARE NOW GOING TO THE CHURCH REGULARLY WITH THE FATHER, AND SPENDING TIME TOGETHER AFTERWARDS.

3.2

System Impact

As the new principles, activities and practices that address child protection involvement become embedded as 'the way things are done around here', there are benefits for more children, families, workers and the whole community.

Outcomes to date are likely to result in direct future savings of at least $6.46m from total expenditure of $1.44m to set up and deliver the Model

The above calculations are based on the costs, outcomes and assumptions detailed below.

Model design and set up costs	Model direct costs (pa)		Model in-kind costs (pa)		Total costs (over 2 years)
$350,000	**$490,000**		**$55,000**		**$1.44m**
Develop and test Model Design and produce templates, practice guides, and materials. Prototype, test and improve.	1.6 FTE x FLW staff	$170,000	APL (0.2 FTE)	$25,000	On-going direct operating costs (pa) $490,000
	1.6 FTE x project staff	$200,000	Project supervision (0.2 FTE)	$25,000	
	On-costs & allowances	$45,000	Steering Cte meetings (x 5)	$5,000	
	Evaluation & review	$30,000			
	Carer training (staff backfill)	$40,000			
	Reference group meetings(x 5)	$5,000			

Assumptions

Cost of care estimates [14] used are as below:

- Ave. cost per child, Family Group Home care: $345,200
- Ave. cost per child, Foster care: $70,000
- Ave. cost per child, Family care: $44,000

Calculations of net system benefit: Assumes 1 child moves from Family Group Home to Family care; and 1 child moves from Family Group Home x 10 years (time remaining for each child in placement) No further benefits for children or adults are included or quantified. In practice, considerable further benefits are likely to be realised.

- This estimate includes all direct and indirect costs of setting up and delivering this model. The costs of replicating the model would be less, as development of materials would not need to be duplicated.
- This estimate does not include any additional benefits for families or second-round benefits for children (associated with improved life outcomes), although there is an extensive body of literature that shows there is considerable financial and non-financial costs for children who experience care. It also does not include any benefits from potential reduced carer turnover.
- This estimate includes only the two care outcomes observed over the Model's implementation to date (past 12 months for the full Model). Additional outcomes would be expected.

Outcomes of the Model to date

1 x child moved from Family Group Home to mother's care

1 x child in transition from Family Group Home to family care placement (grandparents)

3.2

System Impact

Where are barriers being overcome?

This report set out pages 21-22 the barriers to delivering personalised and connected care environments for children.

These create the conditions for prolonged and entrenched child protection involvement, including intergenerationally.

Right, an assessment is provided of where and how Our Way Home activities are showing promise in overcoming these barriers. As described and summarised under Assessment of Impact, the Model is already showing progress against some of these key root causes.

The issue

1. Parents don't always get the support they need

2. Connection is not prioritised or resourced

3. The right relationships aren't always in place to make connections

4. Casework practice elevates short-term over long-term risk

5. Impact of removal on extended family is not always considered

Model response

Parents can access additional support

Many parents and family members are resourceful and resilient, and have managed to overcome barriers and become good parents. For those who are still struggling, APLs, FLWs and others are providing support on an *ad hoc* basis.

Connection is the priority and focus

The model sets the expectation for connection to be maintained, and delivers resources and tools that are making this happen.

FLWs and APLs have the skills, knowledge, time to make new connections

With the involvement of a dedicated resource such as the FLWs, connections have been consistently brokered.

Seeks to avoid risks stemming from broken connection

Department and FLWs have successfully worked together on risk mitigation. This has required work around by FLWs, including working out of hours.

Needs and rights of extended family honoured

Extended family are being identified through this process and a wide variety of connections are being fostered. In some cases, possible kin carers have been identified.

Assessment of impact

No mitigation. No consistent or coordinated response identified.

Some mitigation. Obstacles include: Lack of support for parents; support for reluctant or unskilled carers; resources to overcome real obstacles.

Near full mitigation - where Model applied

Substantial mitigation - where Model applied. Statutory policies and requirements set some limits & boundaries.

Near full mitigation - where Model applied

3.1

Outcomes for children & families

Recommendations

While not directly in scope for this review, many of the challenges emerging in achieving the aims of the Model relate to system issues, such as gaps in available supports for parents. The Model cannot be fully effective without attention to these issues. The following are highlighted:

There is a risk that FLW and APL roles will end up bogged down in day-to-day activities. The roles are intended to support people, build their capacity, and then move on to work with new children. There is a risk that the lack of support and resources across the system means they will not be able to make these transitions. This will limit the program's impact and effectiveness.

Families need more help and support than they are getting. Families whose children are already in care consistently report that they don't have information about their children, do not understand what they need to do to get their children back, and do not get help they need. FLWs are a source of new time, information and skills for families; in the absence of other supports, this is proving critical to the Model, as is things like transport and participation costs, which they also can't meet. However it is not clear that this was intended to be the role of FLWs; Consideration should be given to where the support and resources for this should come from.

> *There was contact after school Tuesdays and Saturdays – but for the school holidays, they suggested we all go to the Perth Show - so we spent all of that day together … for that day I got the Department to pay for Dad's ticket. Next time someone wanted to go to minigolf. But no one would pay for Dad. (Worker)*

> *In one case, the Department had told mum that carer would provide food. The Department had told the carer that mum would provide it. No one provided food or nappies, so contact was cut short because the child was hungry and there were no nappies. But the mother was criticised for not doing the whole contact. (Worker)*

> *Families come with issues – they struggle to get answers from anyone. The Department and carers are too busy, carers are too, or don't have the answers – If I don't get an answer I send another email. No one else has time to do that. (Worker)*

No child should be in care only because their primary caregivers are poor. There are instances where children are being taken into care, or staying in care, because there is no money to help people secure housing or to get transport. Once they are in care, children have access to financial resources they were not able to get to keep them out of care. This entrenches differences, and acts as a barrier to children returning home.

> *Those girls – they could go to Dad. But they are doing very well where they are in care – the oldest one doesn't want to go home – she says I have everything I have here – I won't be able to do my hobbies and sports if I go home to Dad. So I'll stay. (Worker)*

> *The family cannot offer the standard of care of foster care – every time they go home, when they come back, they will say, "our parents are poor". Children see it and live it but can't process it. (Worker)*

All agencies charged with the care of children should be applying the kind of resources, creativity, flexibility and persistence that has shown effective at Parkerville. The Department has statutory responsibilities to parents and families of children in care, including to promote lifelong relationships, to work together with them in the best interests of the child, and to listen to parents' and families' voices. (Charter of Rights for Parents and Families). Agency workloads, processes and risk settings are sometimes not allowing the kind of resourcing and innovative and creative problem solving that has proven necessary to maintain the child-centred planning and connection. This review suggests that sometimes, when a new approach is used, children can often gain and deepen connections with family, and sometimes leave care and move home to family. No child should be prevented from this possibility only because it is no one's job.

> *The Department would just sit back if something wasn't working, and say, 'oh, it didn't work'. So they didn't try anything else. It's never a question about what might have worked. … The Department sometimes says they've exhausted all options [to find family], but we can manage to find family members. (Worker)*

> *A child had to be removed from an activity because the care order says there has to be 12 hours of contact a week, and the Department finishes at 5, and so the child has to not do any of the things they want to because the 12 hours has to be achieved in business hours. (Worker)*

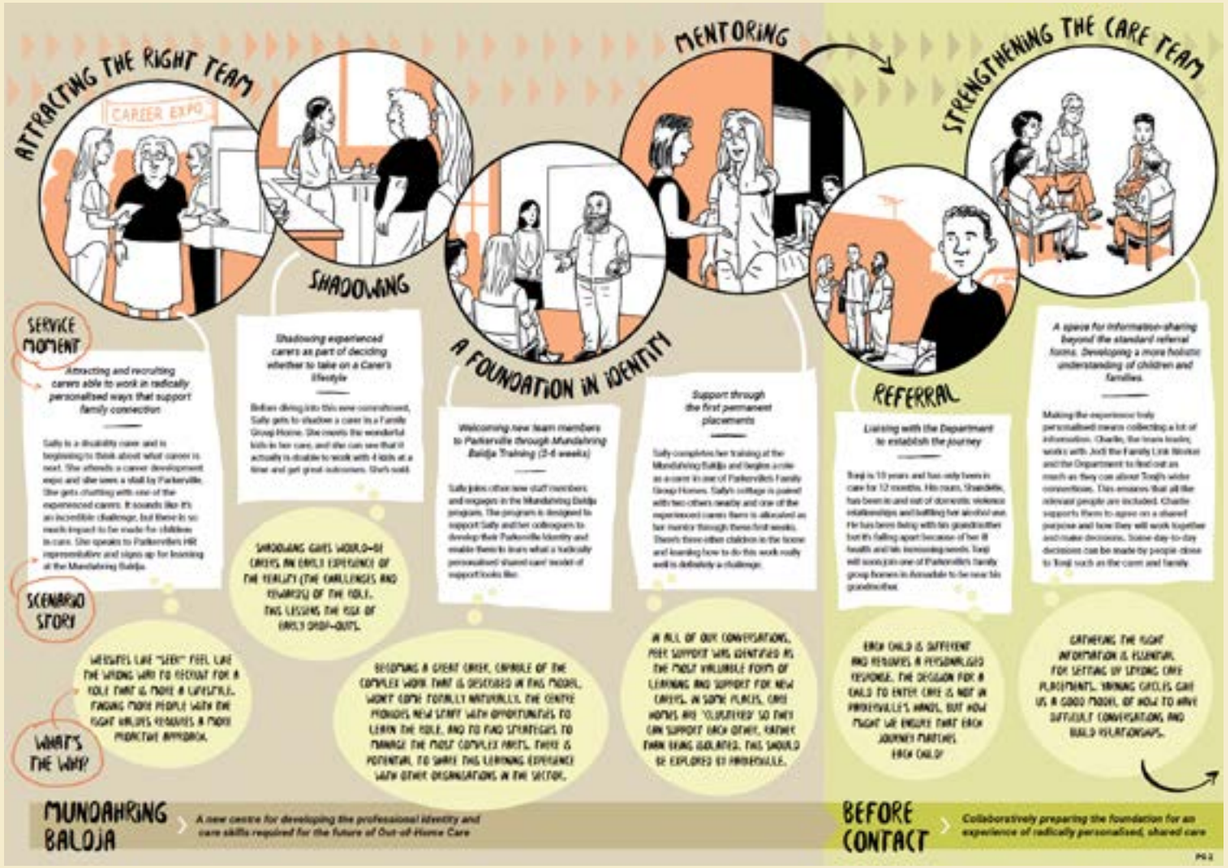
> *There are requirements put on families who don't have the ability to do what they're asking. The Department told Dad he had to write a letter to the kids. He hasn't been to school, he can't write. Why can't they call on the phone? In two years, the kids haven't seen their dad, because he can't write a letter. (Parent)*

Extending the Model across and outside of Parkerville will rely on making sustained changes to the way carers interact with children. Not all activities that are needed to achieve this are currently funded. This Model shows the value of a new approach, where it is applied consistently and faithfully. The learnings from Parkerville have also highlighted how much the Model relies for its outcomes on the day-to-day activities of individual workers who are busy, time poor and, in some cases, not committed. It was originally envisaged that the Model would include a component of intensive training, coaching and mentoring for care workers to ensure they have everything they need to put the Model into practice, and to sustain it into the future. This suggestion for an 'academy' to support cultural change and skills development in carers and staff was made in the original design sprints conducted in developing the Model, however it was not able to developed tested as funding was not able to be sourced. The next step should be to design the kind of supports - such as ongoing coaching, mentoring and learning opportunities - that will be needed for positive changes to be sustained, for the changes to be embedded across Parkerville, and rolled out more broadly.

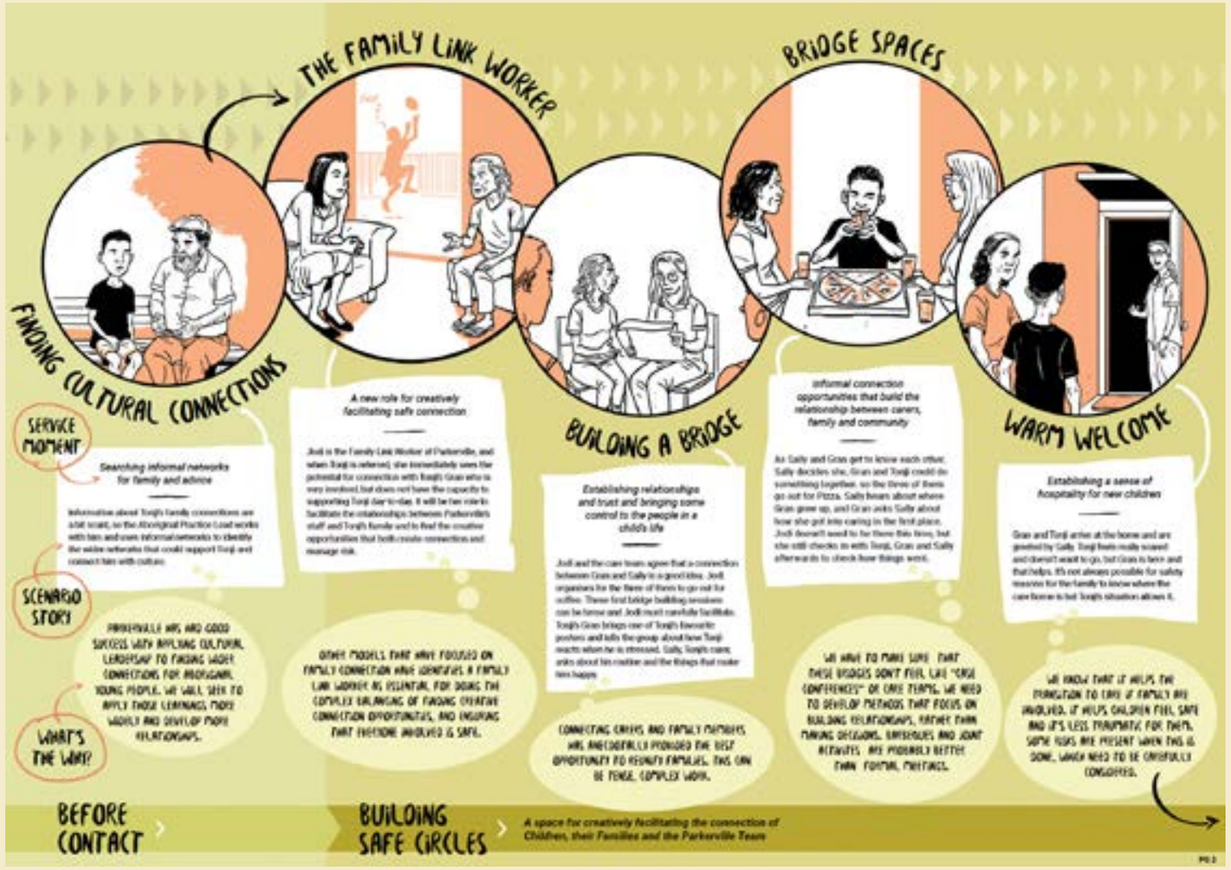
> *When the team leader leaves, the carer goes back to how they were doing it before. We need to build this into our system - to keep people accountable. (Worker)*

OUR WAY HOME BLUEPRINT

Our Way Home Blueprint (1/4)

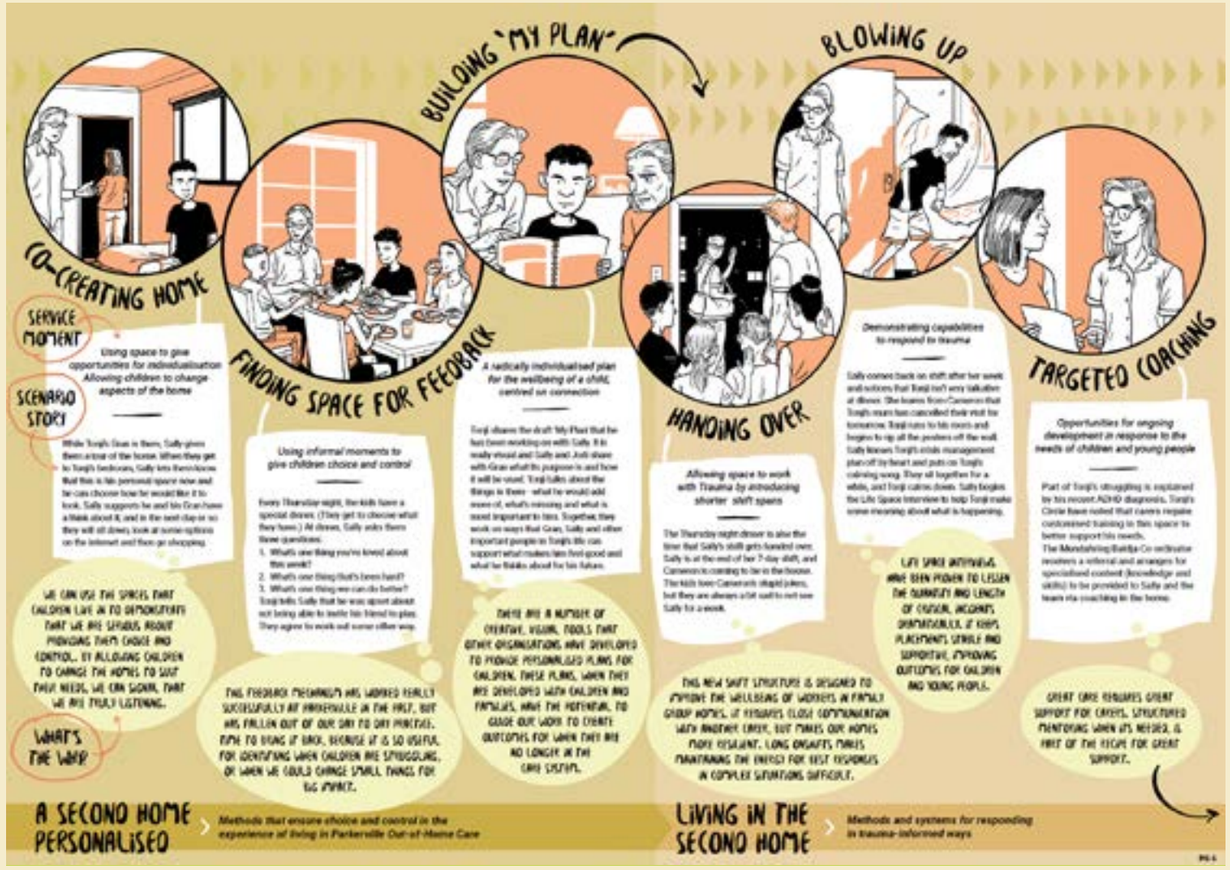


Our Way Home Blueprint (2/4)

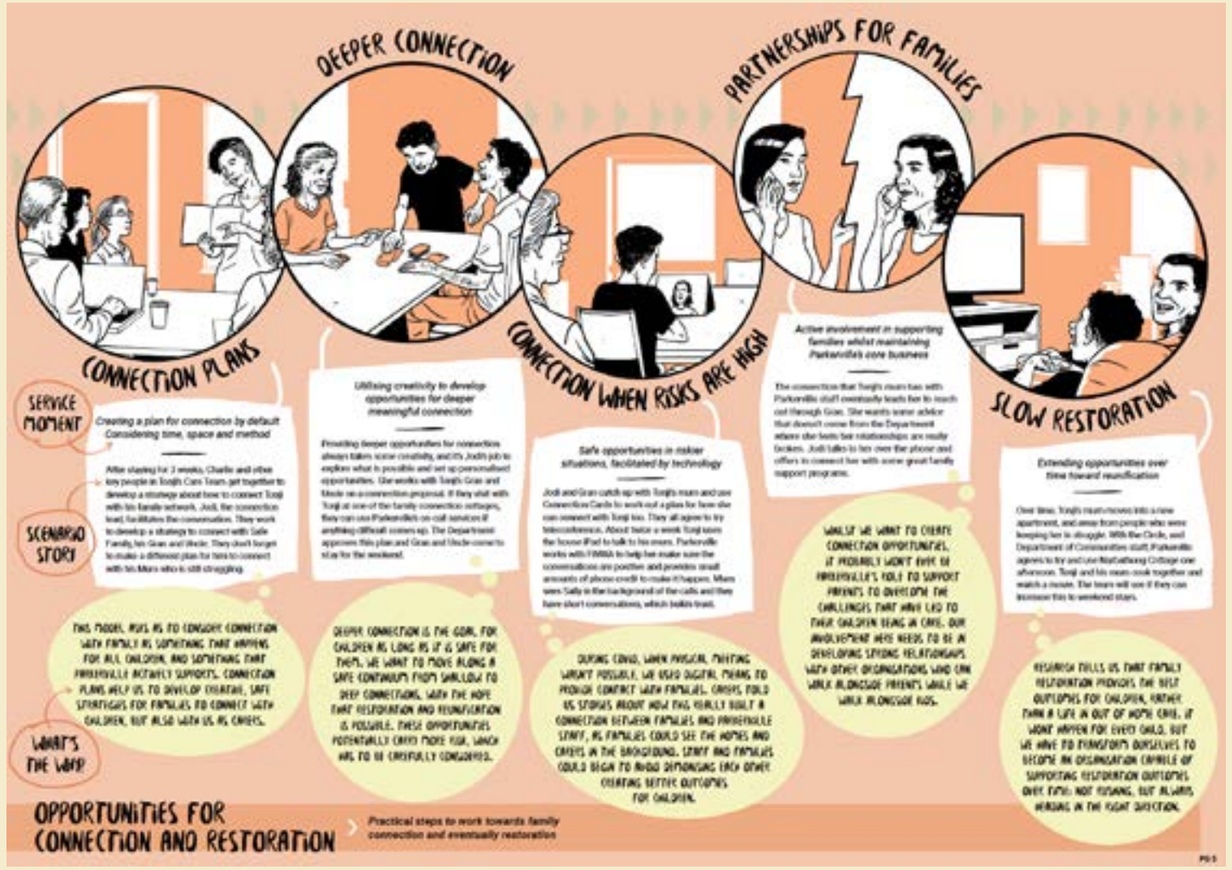


The Our Way Home Blueprint describes the new model for Parkerville's Out of Home Care services. It illustrates how the model might work by following the journey of Tonji and his carer, Sally. Sally and Tonji are fictional characters based on known experience of people involved in the out of home care system

Our Way Home Blueprint (3/4)



Our Way Home Blueprint (4/4)



APPENDIX: WHAT'S HAPPENING ELSEWHERE?

Excellence in restoring connection

"Pockets of excellence" in reunifying families who are in the out of home care system have been identified. The key characteristics attributed to success are summarised below: [10,13]

Attributes of effective staff:

- A highly skilled team who bring diverse expertise and extensive expertise in supporting families and individuals
- Passionate about helping families and believing in a family's ability to change.

Effective parent support:

- Parent-focused services that assist family coping and meet practical needs
- Helping parents with disciplinary and anger management skills
- Supporting families with practical services (day care, home necessities, housing support)
- Providing parents with support to make improvements in habitability of housing

Elements of an effective approach:

- Inclusivity and empowerment through involving wide family and community in decision making
- Tailoring a unique coordination of supports for each individual in the family unit
- Adopting a culture of experimentation, testing, trialling and iterating
- System and process supports:
- Maintaining small caseloads (~12 shared between two people)
- Supervision orders for two years after the restoration
- Parental motivation and willingness to change

"Despite competing priorities and a variety of external pressures that can be hindrances to best practice, exceptional case work and service delivery does exist … In certain cases, we've seen parents transition from being neglectful, physically abusive, trauma-affected themselves, to repairing not only their own trauma but also their relationships with their children."[13]

The barriers identified to reunification include:

- Agency lack of attention to reunification as a goal
- A family's past experience of being discouraged and ignored
- Lack of services for ameliorating the circumstances and behaviours that precipitated placement into care - including lack of services to help parents make and sustain change.

"Families unable to address deficits in the environmental domain (housing, finances, and nutrition) experienced delayed return. Responding to the structural dimensions of neglectful parenting and addressing the wider context of welfare arrangements of income support, housing, child care and health care are crucial to reducing the structural risk factors impacting on families and children."[10]

An example of success

Some programs have been successful in supporting higher rates of restoration, which has been associated with benefits for children, families, and the community.

Newpin Restoration model - Uniting Care, NSW [15, 16]

- **Purpose:** to restore children in out of home care to the care of their parents (cohort 1) and to prevent children from entering out of home care (cohort 2)
- **Activities:** Involves parents, children and practitioners working together towards restoration, by providing parents with the opportunity to address their own emotional issues, improve bonding with their children, and developing positive parenting skills.
- **Outcomes** recorded (2019, first six years of operation)*:

850 children from 500 families referred

Successful restoration rate: 59%

Est. restoration without program: 20%

(Additional) children diverted from OOHC: 65%

** For cohort 1 only, to 2019 (6 years of operation). The counter-factual calculates what would have been expected in the absence of the program. Children diverted relates to children who were at risk of being removed from their families but who remained with their parents and did not enter OOHC.*

Factors associated with the outcome:

- Department introduced a permanency support program in 2017, increasing the focus on restoration across the system and services supporting families seeking restoration
- Strong program fidelity, supported by operational guidelines, a documented Therapeutic Practice Framework, strategic recruitment and practice development.
- Emphasis on flexibility, peer support, and safety within the program.
- Parents reported the most effective aspects of the program as being program flexibility, support from other parents, focus on safety as a core value, and respect for staff.

Department of Communities activities

The Department has a number of programs aimed to supporting families so that children can be returned to their care. Initiatives identified are summarised here.

90%
avoid entering care

42%
reunified with parents

Outcomes for children in care referred to the reunification stream of the Aboriginal in-home support service (2019-20)[6]

The Department outlines its commitment to commitment to providing ongoing connection to families for children in care in policies such as the Stability and Connection Planning Policy, the goals of which include to 'ensure transparent and accountable plans for the reunification or long-term care of children in the CEO's care are made with families, parents and other relevant people'.[17]

Dedicated restoration teams: operate in some regions, with intensive family support teams operating in each district, to support children to stay out of care and to reunify with family.

The Aboriginal in-home support service: provides trauma-informed intensive support to Aboriginal families. The service has two streams: keeping children safe at home, and reunification. The service is provided through a consortium of agencies, with Wungening Moort Aboriginal Corporation the lead agency. It focuses on intensive supports and referrals for Aboriginal families that enable them to gain confidence, build skills, become strong in cultural identity and make the changes to meet the safety goals for children.[18]

Aboriginal Family-Led Decision Making: the Department commenced a pilot of Aboriginal Family-Led Decision making in October 2021, following an extensive consultation and co-design process.[19] The pilot will work with families in the care system, with the goal of preventing children from entering care and restoring those in care to the care of family. Family-Led Decision Making models aim to empower families to make decisions regarding their children's care, and often include elements similar to the Bridges and Family Link Worker elements of the Our Way Home model. Learnings from each may be applicable to the other.

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Sources of information

The information for this report came primarily from interviews and group discussions with people involved in it - carers, workers, parents and other family members of children in care, and others who have supported the development and implementation of the Model. Overall, this involved:

- group sessions and individual interviews involving parents and family members of children in care (including the Family Reference Group coordinated with the support of FINWA)
- interviews with carers of children
- interviews and group sessions with workers
- interviews with young people with experience in care
- Sector Reference Groups involving parents and family members, young people who have experienced care, and sector workers

Unless otherwise noted, the quotes included in this document come from these interviews and discussions. Quotes have been edited for clarity.

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