

YCSS

RESPECT EMPOWER ACHIEVE

YCSS Child, Youth and Family Intervention Service



Keeping Kids at **Home** (KKAT)

In-Home Intensive Support
Service Proposal

Contents	
ORGANISATIONAL PROFILE	1
OUR PHILOSOPHY	1
OUR VISION	2
OUR MISSION	2
PROGRAM OVERVIEW	4
PRINCIPLES UNDERPINNING THE KKAT PROGRAM	4
ASSESSMENT AND TOOLS	5
THE ROLE OF NON-GOVERNMENT SECTOR IN CHILD PROTECTION	5
Working With Indigenous Children and their Families	7
Children From Areas of Lower Socioeconomic Status	7
Working With Culturally and Linguistically Diverse Families in Child Protection	8
TENSIONS FOR CALD CHILDREN AND FAMILIES IN THE CHILD PROTECTION SYSTEM	9
EVIDENCE BASED PRACTICE	9
EVALUATION	11
DELIVERY TIMEFRAME	12
DELIVERY LOCATION	12
OTHER SPECIFIC REQUIREMENTS	12
SERVICE INCLUSIONS	12
YOUR FINANCIAL INVESTMENT	18
Initial Assessment	18
Authorisation to Proceed	20
APPENDIX	21
REFERENCES	22

ORGANISATIONAL PROFILE

YCSS Child, Youth and Family Intervention Service (here on referred to as YCSS) is a licensed human services organisation providing specialist prevention and early intervention and residential care services to children and young people and their families with high to complex support needs.

Based in South East Queensland YCSS provides a stable environment for children and young people to ensure their care needs are met through progressive care planning whilst living at home and/or in residential accommodation through to a young person transitioning from care or moving to family based placements.

Our commitment is to provide children and young people who are in the care of the Department of Communities, Child Safety & Disability Services with a home based positive environment within a residential homely setting, as well as supporting family preservation to stop children entering into the care system.

Each young person is provided with a team of dedicated and professional Care Facilitators who provide a range of support through YCSS's Professional Practice Framework. Within our family preservation services we provide holistic wrap around services to support all family members. As part of our Framework, a Care Management and Behaviour Support and Safety Plan are developed for each child and young person to ensure that their specific needs are met. A broad overview of other services are outlined below.

- Short-term respite
- Prevention and Early Intervention, In-home support – KKAT – Inclusion of Triple P Principles
- Exit from care support – wrap around services
- Support to independent living

OUR PHILOSOPHY

YCSS believes that every child and young person and their families can achieve and believe in themselves when given the right environment, opportunity, appropriate level of support, by a team of professionals to support their needs. We know it is vital that we provide each young person and their family with a safe and positive environment where they have a sense of identity, belonging and the opportunity to access support.

Our core goals are to:

- Assist children and young people and families to believe in themselves
- Look for opportunities to develop family strengths and self-belief
- Sustain and/or work toward family preservation and restoration
- Provide development and educational and vocational opportunities
- Celebrate children/young people's and family achievements
- Maintain a team of highly positive and professional Care Facilitators to achieve their goals
- Ensure young people contribute as active participants in their own lives and be the driving force behind their care decisions
- Promote safe and secure relationships for all children and young people using a trauma informed framework

OUR VISION

Our vision is to facilitate children and young people and their families' development through mutual respect, empowerment with new skills, experiences, and achieving their identified goals and full potential. Our vision is to build family's self-confidence so that children, young people and families believe in their self-worth and what they can achieve.

OUR MISSION

We use a Therapeutic Trauma Informed Model of Care that empowers young people to self-belief, belonging and identity. It is vitally important to be a role model and provide young people with the respect and appreciation they deserve.

We seek to empower each person, providing them with the necessary life skills and experiences with the outcome of greater independence. We also strive to ensure that each person has a Care Management Plan developed with the young person and their family (where possible) with the aim of achieving positive and achievable outcomes for themselves whilst they are in the care of YCSS. Young people will have a say in decisions that impact on their life journey.

Our Mission principles include:

- Ensuring we provide a positive, homely and nurturing environment for children and young people in residential care
- Work closely with families and partner with other organisations to ensure consistency in our Model of Care and Professional Practice Framework
- Participation in research and evidence based practice to deliver high quality services and implement changes in response to shifting priorities in the sector
- A focus on early intervention strategies working with Triple P Principles Parenting Program
- Value and be committed to our professional development, training and supervision of our team



YCSS Child, Youth and Family Intervention Service

Keeping Kids at **Home** (KKAT)

Proposal

PROGRAM OVERVIEW

The Keeping Kids at Home (KKAT) program has been developed to support young people and families who are on the edge of care, using Prevention and Early Intervention (PEI) framework to avoid family breakdown or crisis; as well working with young people transitioning from out of home care services and back into the family unit.

There seems to be general agreement in the scientific literature as to what constitutes effective parenting. Although there is no grand underlying theory of best practice in parenting, it is well accepted that warmth, sensitivity and meeting children's basic needs are core features of positive outcomes; just as harsh punishment and coercive parenting is regarded as detrimental to children's overall health and wellbeing (O'Connor, 2002; Chen & Kaplan, 2001).

The KKAT program aims to provide children and young people the best possible opportunities in life and to assist families/carers/significant others to provide the best possible support/parenting for their children and young people. The overall goal is keep/return kids home wherever possible to ensure permanency, feelings of belonging, sense of family, connectedness, cultural identity, safety, self-esteem and longevity of placement.

PRINCIPLES UNDERPINNING THE KKAT PROGRAM

YCSS draws from the National Framework for Protecting Australia's Children (2009-2020) as well the accompanying document implementing the first three year action plan (2009-2012) in relation to principles of service delivery. Children have a right to be safe, valued and cared for. As a signatory to the United Nations Convention on the Rights of the Child, Australia has a responsibility to protect children, provide the services necessary for them to develop and achieve positive outcomes, and enable them to participate in the wider community.

In line with Australia's obligations as a signatory to the United Nations Convention, the National Framework is underpinned by the following principles:

- All children have a right to grow up in an environment free from neglect and abuse. Their best interests are paramount in all decisions affecting them.
- Children and their families have a right to participate in decisions affecting them.
- Improving the safety and wellbeing of children is a national priority.
- The safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities and governments.
- Australian society values, supports and works in partnership with parents, families and others in fulfilling their caring responsibilities for children.
- Children's rights are upheld by systems and institutions.
- Policies and interventions are evidence based.
- Indigenous children are supported to be safe in their families and communities.
- Services and supports will be culturally appropriate for diverse communities.¹

The National Framework also recognises the importance of promoting the wellbeing of Aboriginal and Torres Strait Islander children, young people and families across all outcome areas.

These principles remind us that a 'child centred' approach means respecting and seeking to understand the individuality of every child or young person and their circumstances across a generic set of developmental tasks. These needs are not set in concrete and should be considered alongside the age, maturity and wishes of the child.

¹ Despite the National Framework for Protecting Australia's Children being silent on Culturally and Linguistically Diverse Communities, YCSS is aware of the importance of cultural recognition and adhering to culturally appropriate practice/principles to meet the diverse needs of the target group.

ASSESSMENT AND TOOLS

YCSS works from trauma informed practice and recognises that a “trauma is a psychologically distressing event that is outside the range of normal childhood experience and involves a sense of intense fear, terror and helplessness” (Perry, 2002, p. 23).

The neurobiology of trauma builds on knowledge of the impact of abuse and neglect on a child’s development. The brain develops in a sequential fashion from the ‘bottom up’, from the least (brainstem) to the most complex (limbic, cortical). Each of the four main regions of the brain (brainstem, diencephalon, limbic system and cortex) has a differing function and become fully functional at different times during childhood (Perry, 2009:242). Therefore, if an impairment occurs in utero (due to exposure to alcohol for example) or in early childhood (due to trauma) this can affect the sequential development of other parts of the brain and/or lead to a range of abnormalities or deficits in function.

YCSS recognises that prior to undertaking any other assessment and case work with children/young people it is imperative to assess the child’s developmental, cognitive, physical and emotional status to determine an age appropriate intervention. As Perry’s (2011) Neurosequential Model of Therapeutics suggests (cited in Prasad, 2011) a child’s developmental stage (by examining their history of maltreatment and their brain functioning) needs to occur prior to further assessment. It is only once a child is assessed properly and has engaged with clinical work, which matches their developmental stage with their actual age that they are able to benefit from more traditional therapies.

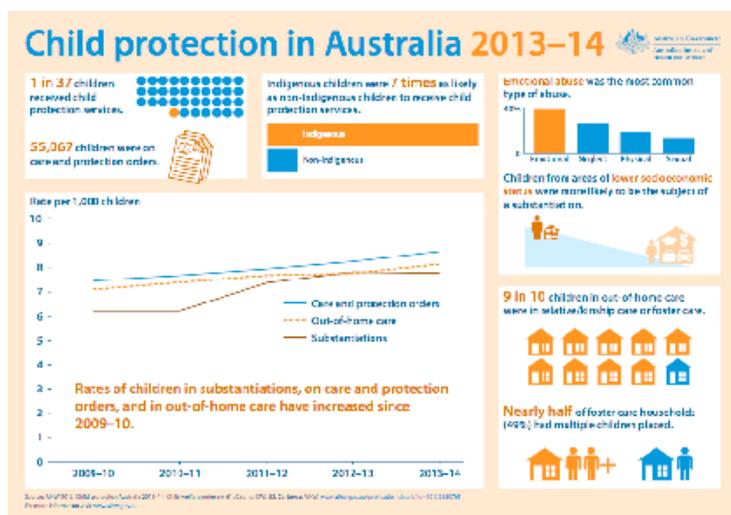
The KKAT program will draw from the Strengthening Families, Protecting Children - Collaborative Assessment and Planning (CAP) Framework² (Parker, 2012) as the main tool kit when working with children and young people. The tools under this framework (Circle of Safety, The Three Houses) are used in partnership with children, families and their extended networks to determine what has happened and what is happening within the family in relation to safety, belonging and wellbeing of children and plan to address any identified issues. The tools are used from first point of contact with the family until case closure, bringing consistency and clarity to casework and planning.

THE ROLE OF NON-GOVERNMENT SECTOR IN CHILD PROTECTION

Child protection services both in Australia and overseas have been faced with steadily increasing demands for child protection services at a time when more children are in care whilst carers numbers are falling (Bromfield, Arney & Higgins, 2014). Figure 1 provides a snap shot of child protection in Australia between 2013-2014.

Figure 1

Child Protection in Australia 2013-14



² KKAT Staff will liaise with culturally appropriate practitioners/Elders/Advisors to ensure the tools are appropriate for Aboriginal and Torres Strait Islander and CALD families. Modifications will be made where required.

In Australia, state and territory governments have a statutory responsibility for the welfare of around 59,000 children who are in care, including those on care and protection orders and/or in out-of-home care (AIHW 2015).

The number of children in out-of-home care has been increasing at a steady rate over the last 15 to 20 years, and has almost trebled from just over 14,000 in 1997 to 39,621 in 2011-12 (AIHW, 2013 cited in Australian Institute of Family Studies, 2014). Only a small proportion of children for whom there are substantiated concerns about child abuse or neglect are found to be “in need of care and protection” necessitating a court order; even fewer are removed from their homes or have parental responsibility (sometimes known as guardianship) transferred from their parents. This is the most serious form of intervention the state can take and is increasingly a measure of last resort.

For some children who enter care, their stay in care is short-lived and intended to be so. For example, about 43% of the children entering care across Australia during the year 2011-12 were under the age of five years, but only 23% of those in out-of-home care as at 30 June 2012 were under five. About a quarter of the children leaving out-of-home care during that year were under five years of age. This is in line with the principle that children should, so far as possible, remain within their families and return to their families as soon as circumstances have changed to allow them to return safely and be cared for adequately. This is also consistent with the UN Convention on the Rights of the Child.

Few children in out-of-home care in Australia now live in residential care, apart from children with serious disabilities, in marked contrast with the period up to the 1970s. In 1961, for example, the figure was close to 46% (Scott, 2006). By comparison, in 2012, only 6% of children and young people in out-of-home care across Australia and 3% in NSW were in group homes or residential care. This is somewhat lower than in other countries such as England (12% in 2012; Department for Education, 2012) and the United States (15% in 2011; US Children’s Bureau, 2012). The strong shift from residential care to family-based placements such as foster and relative care in the 1970s and 1980s occurred across the Western world. This was a result of the increasing cost, the recognition of children’s needs for family-type relationships, and the exposure of abuse and neglect in many institutions and children’s homes - as powerfully depicted in the Stolen Generations and the Forgotten Australians inquiries in Australia, and in England in the 1997 Utting report (see also Berridge, Biehal, & Henry, 2012).

Where it is decided that there is no prospect that children can return to live with their parents, and living with a relative within their extended family or kinship group is not a realistic option, the aim is to place children in a permanent “home” or placement; hopefully, though not often enough, with a family that can become a “family for life”. A significant number of children and young people remain in care until they are 18; they “age out of care” when they become adults.

The recent Carmody Inquiry (2013) identified that the role of the non-government service sector in delivering human services has grown rapidly in recent years with governments in all Australia jurisdictions relying more and more on non-government agencies to deliver specific programs to particular groups and communities in an effort to deal with social problems. The Commission views the non-government sector as playing a critical role in the reformed child protection system. The sector will need to expand further and for this to occur, a number of challenges facing the sector need to be addressed. These relate to its relationship with government; its ability to cope with increasing regulatory and administrative demands; and its capacity to deliver high-quality services to all parts of the state. The Commission has made a number of recommendations including the establishment of a Family and Child Council to work with the sector and government to enhance the delivery of high-quality community services to Queenslanders. The Commission views the development of strong collaborative partnerships between the government and the non-government sector as an essential component of the implementation of the Child Protection Reform Roadmap.

The Inquiry confirms that the child protection system exists to protect at-risk children from abuse and neglect. In most cases, it can do this best by helping parents give their children the right environment for growing to healthy, responsible adulthood. The Commission believes that a new child protection practice framework is needed for Queensland — one that is largely focused on engaging with families and keeping children safely at home, rather than mitigating risk at all costs. YCSS sees this as an opportune time to strengthen its ‘Keeping Kids at Home’ KKAT program in meeting the strategic intent of the child protection reform in delivering best practice in Residential Care with the ultimate goal of returning kids home.

This aligns with Fusco and Cahalane’s (2015) research where the authors examined socioemotional problems among children aged zero to five years in formal kinship and foster care. Findings revealed that more than one third of children in both types of care showed socioemotional problems. More children were placed in kinship care when they lived in rural settings, were biracial, or spent time in the neonatal intensive care (NICU) after birth. Unique child and maltreatment characteristics predicted socioemotional problems scores for each placement type. Among children in kinship care, being biracial, spending time in the NICU, and being referred to child welfare for either caregiver substance abuse or neglect were related to socioemotional problems. When children were in foster care, spending time in the NICU, being referred to child welfare for child neglect, or being referred for intimate partner violence were all related to socioemotional problems. The results have implications for child welfare policy and practice, especially in light of increased efforts to place children with kin.

Similarly, Tonion, Trocme, Chabot, Shlonsky, Collin-Vezina and Sinha (2013) found that the placement of children in out-of-home care occurs in principle when children cannot be safely supported in their own homes. However, national and international child protection statutes emphasise that when children are in need of child protection services, every effort must be made to keep them with their families. These findings are not surprising and reinforce the notion that the best environment for children is ideally with their natural families.

Working With Indigenous Children and their Families

Indigenous children are over-represented across the child protection system compared with non-Indigenous children (Figure 2).

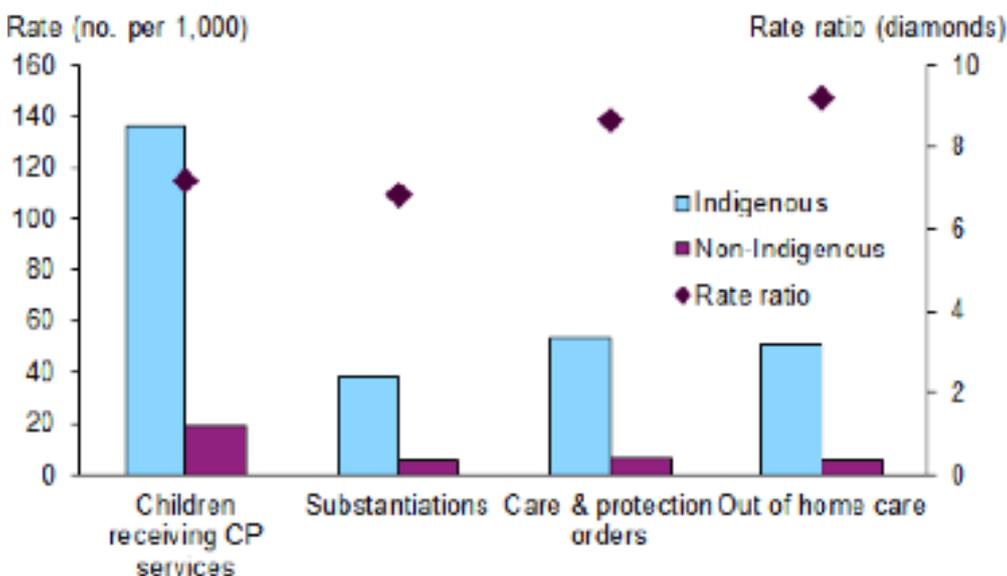
As earlier noted, In 2013–14, Indigenous children were seven (7) times as likely as non-Indigenous children to be receiving child protection services in general or to be the subject of substantiated abuse or neglect, and about 9 times as likely to be on a care and protection order or in out-of-home care.

SOURCE: CHILD PROTECTION AUSTRALIA 2013–14

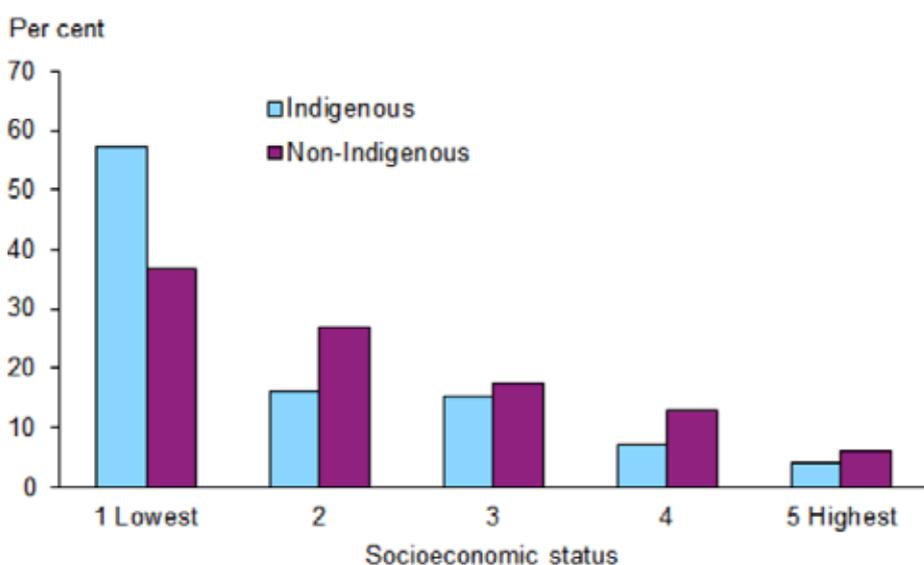
Children From Areas of Lower Socioeconomic Status

Of children who were the subject of a substantiation, 42% were from the areas of the lowest socioeconomic status (Figure 3). Indigenous children were far more likely to be from areas of the lowest socioeconomic status—57% compared to 37% for non-Indigenous children.

FIGURE 3: CHILDREN WHO WERE THE SUBJECTS OF SUBSTANTIATIONS, BY SOCIOECONOMIC STATUS AT NOTIFICATION, 2013–14.



The Carmody Inquiry (2013) notes that the Commission believes that Aboriginal and Torres Strait Islander Family Support Services (and Family Intervention Services) should have a greater role in the child protection system over the next 10 years and that there is a high priority in building these services. The report recommends that support services need to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the [then] proposed dual pathways (now known as Family and Child Connect (FACC)). Building the capability of these types of services needs to be a [continuing] priority. The goal of these services is to enhance parenting skills, build on the family's strengths, enhance the family's support networks and link families to existing services in the community. These goals align with the intent of KKAT as outlined in this document. Our key strategy is to recruit appropriately qualified staff either



through our proposed brokerage service and/or employment of an Aboriginal and Torres Strait Islander family support worker to address this gap in service delivery.

Working With Culturally and Linguistically Diverse Families in Child Protection

The hardships and stressors migrants experience can impinge on their ability to provide good care for their children. Having an awareness of common stressors migrant families perceive or experience can help increase sensitivity to their cultural needs. Evidence (Human Services, Community Services, 2010) identified a number of stressors CALD families experience. These are:

Migration stress: CALD families migrating to a new country often experience language barriers, insecurity about finances, employment and housing, a lack of traditional support mechanisms such as family and friends, and racism or misunderstandings due to cultural differences. Second and third generation CALD families are also not immune to these stressors.

Acculturative stress: Acculturation is a dynamic process that is reactive to developmental, contextual, and societal factors. A source of stress for immigrants across generations is the conflict they experience between cultural preservation and cultural adaptation, often resulting in them feeling like they are leading double lives.

Displaced sense of belonging and cultural identity: Individuals who are visibly different from the mainstream community may question their sense of belonging and cultural identity. Regardless of how long immigrants and refugees have lived in Australia, they feel distinct from other Australians because of cultural practices and beliefs, language, race, physical appearance, religion and skin color being the most significant.

TENSIONS FOR CALD CHILDREN AND FAMILIES IN THE CHILD PROTECTION SYSTEM

YCSS recognises that the relationship between the worker and family and the personal and professional qualities of the workers, is the major contribution to personal satisfaction for CALD families in the child protection system. Demonstrating cultural awareness, sensitivity and competency are crucial for helping to overcome any fear that CALD children and families may have about caseworkers not being aware of, misunderstanding or disrespecting their cultural needs. Characteristics of professionals that are viewed favorably by clients are accuracy, honesty, empathy, warmth, and genuineness, reliability, being a good listener, providing accurate and full information about services available and agency processes and being available at times of stress. Also being sensitive, open-minded, and respectful, acknowledging that they do not always have the answer, seeking advice from the same community or faith group who speak the same language, and who are not arrogant or superior.

It is important for YCSS staff to de-centre our own cultural values and norms to make sense of and avoid making 'moral' judgements on the needs of other families. If families view workers as racist or having negative stereotypes about them and feel they are expected to conform either overtly or covertly to the mainstream family norm, they will reject them and become defensive for overlooking their family needs and judging their culture. Collectivist families strongly resist interference in family lives by outsiders and child rearing practices are considered strictly the family's own business. It is important that CALD families feel safe at YCSS and that workers are there to assist the family adhering to informed and good practice criteria (see Appendix A).

EVIDENCE BASED PRACTICE

There is a plethora of research that suggests that in home support for at risk families can be successful, some more so than others. The following brief research studies outline evidence based practice that will inform YCSS KKAT program ongoing implementation which draws from lessons learned when working with vulnerable and at risk children, young people and families.

Dishion, Shaw, Connell, Gardner, Weaver, Wilson and Melvin (2008) conducted a study of seven hundred thirty-one income-eligible families in three geographical regions who were enrolled in a national food supplement program and were screened and randomized to a brief family intervention. At child ages two and three, the intervention group caregivers were offered the Family Check-Up and linked parenting support services. Latent growth models on caregiver reports at child ages two, three, and four revealed decreased behavior problems when compared with the control group. Intervention effects occurred predominantly among families reporting high levels of problem behavior at child age two. Families in the intervention condition improved on direct observation measures of caregivers' positive behavior support at child ages two and three; improvements in positive behavior support mediated improvements in children's early problem behavior.

In a pilot study it was found that antisocial behavior and adult criminality often have their origins in childhood and are best addressed early in the child's life using evidence-based treatments such as the 'Incredible Years Parent Program'. However, it should be noted that families with additional risk factors who are at highest risk for poor outcomes do not always make sufficient change while attending such programs. Additional support to address barriers and improve implementation of positive parenting strategies while these families attend the Incredible Years Program may improve overall outcomes. The authors anticipate that the intervention will help vulnerable families stay engaged, strengthen the adoption of effective parenting strategies, and improve outcomes for both the children and families (Lees, Fergusson, Frampton & Merry, 2014).

Keddell (2012) found that workers and clients in child protection social work services do manage the return home process. Social workers in these cases built relationships with clients that had therapeutic, educational and social control functions. Within these relationships, workers managed competing tensions between 'risk' and 'safety' while they built collaborative relationships with parents. The findings draw on a qualitative study that interviewed workers and clients within a child protection agency in Aotearoa/New Zealand. It found that workers constructed clients' problems in ways that avoided attributing moral failure or judgment, resisted 'knee-jerk' reactions, and had high frequency contact with both parents and children. They viewed 'good enough' parenting within the context of the case, believed in parents' ability to change, and used solution focused approaches combined with contextual support to build parenting competence and confidence.

Kratochwill, McDonald, Levin, Scalia and Coover (2009) evaluated a multi-family support group intervention program in elementary schools. Kindergarten through third-grade children at eight urban schools in a Midwestern university community were universally invited to participate in the Families and Schools Together (FAST) program, and made up half of the study participants; the other half were K-3 children identified by teachers as having behavioral problems and being at risk for referral to special education services. Children were initially paired on the basis of five relevant matching variables, including teacher assessment of behavioral problems, and then randomly assigned to either ongoing school services (control) or the FAST program. Parents and teachers completed pre-, post-, and one-year follow-up assessments. Data were available and analysed for 67 pairs. Immediate follow-up parent reports showed that FAST students declined less on a family adaptability measure relative to control group students. This effect was still present at the one-year follow-up assessment. In addition, FAST parents reported statistically significant reductions in children's externalising (aggressive) behaviors, as compared to the reports of control group parents. School district data showed descriptively fewer special-education referrals for FAST children (one case) as compared with control group children (four cases).

Evidence suggests (Huang & Ryan, 2011) that substance abusing mothers comprise a significant proportion of caregivers in public child welfare, and achieve low reunification rates. Unfortunately, little is known about treatment options intended to facilitate recovery and increase reunification. This study focused particular attention on the relationship between specific treatment modalities (e.g., residential and outpatient), recovery from substance abuse and family reunification. Analysing a sample of 160 mothers and their substance exposed infants, the findings clearly identify the benefits of residential treatment in terms of both treatment progress (directly) and family reunification (indirectly), but only when residential services are delivered in combination with existing services in the community.

Various factors influence children's tenure in protective care. A recent study (Fernandez & Lee, 2011) examined whether the speed of reunification with parents differs by reasons in care and social environment at intake. The effects of age and sex of the child and referral source were also examined. The study sample consisted of 155 children aged 0–12 years from 92 families, who presented at Barnardos temporary care services in two metropolitan areas in Australia. Participants continuously entered the study over the 4 year study period from 1 Jan 2003 to 31 Dec 2008, the study window being 18 months since the intake. Drawing on event history analysis models two analyses were conducted: one focusing on the primary reason in care and another focusing on a risk typology based on the North Carolina Family Assessment Scale-Reunification (NCFAS-R). The risk typology developed through latent profile analysis grouped families with similar profiles of social environmental risks together. Children were reunified with their parents rapidly at the beginning until week 13 and the rate became slower but steady until the end of study period. Compared to children with parental health issues, children with parental substance abuse issues had 86% lower rate, children who experienced abuse/neglect had 83% lower rate of return, children from domestic violence situations or other issues had 73% lower rate of reunification with their parents. Compared to children with low risks in their social environment, children with high risks had 73% lower speed of reunification with their parents. The rate of reunification with parents was higher for older children whereas there was no difference on the speed of reunification by child's sex or the source of referral. The implications for policy, practice, and research are evident when considering in-home support and/or returning children to their families.

Sychrova (2013) conducted a study on reunification of children from institutional care to their birth families within the context of actual transformation of child protection system. Reunification as described here, is the process of reintegration of vulnerable child placed "out of home" to his or her family, if it is in the best interest of the child. Reunification of children placed in institutions should be a primary goal of the system because of a preference for the role of parents in the law, especially in the Convention on the Rights of the Child. The study is based on the analysis of documents of international organisations dealing with the protection of children's rights, international studies and program policy documents. The topic of reunification can be viewed from different perspectives, such as law and its influence on social policy and the practices of social work, the part of deinstitutionalization process or the decision making process. The main question is about interest of parents to care for their child. Social workers have to know characteristic of the family and the child. Then the reunification can start effectively. The family, child, specialists from institutions and social workers need to participate throughout the process in more detail. In the conclusion of the paper the author tries to show principles and central values on which the successful process of reunification should be focused. She highlights a holistic view and complex assessment of family and safe family environment, the principle of partnership with family, the working with an individual plan for the child, the support of new

family services, performing sufficient preparation of the child, the family and the social environment before reunification, intensive social services for family after returning home and finally the need for research on the process of reunification from the perspective of the child, parents and the professionals.

Evidence suggests (Esposito, Trocme, Chabot, Collin-Vezina, Shlonsky and Sinha, 2014) that half of all children placed in out-of-home care returned to live with their natural families within the first 175 days of initial out-of-home placement. The observed hazard rate illustrates an early peak for all age groups, indicating that children, irrespective of age at initial placement, usually reunify with their families immediately following the initial out-of-home placement. Also, the findings indicate that older children, aged 14 to 17 years old at initial placement, have the highest likelihood of family reunification, followed by 10 to 13 year olds, 6 to 9 year olds and 0 to 1 year olds. Half of all placed 14 to 17 year olds return to live in their natural family milieu within 112 days of initial placement, followed by 197 days for 10 to 13 year olds, 272 days for 6 to 9 year olds, 253 days for 0 to 1 year olds, and 283 days for 2 to 5 year olds. Although 6 to 9 year olds have a higher likelihood of returning to live with their natural families over time compared to 0 to 1 year olds, 0 to 1 year olds are more likely than 6 to 9 year olds to reunify within the first year of placement. Children 2 to 5 years old at initial placement have the lowest likelihood of returning to live in their natural family milieu. Given that the oldest have the quickest family reunification rates, and highest rates within the same amount of time compared, there is reason to believe there are age-specific differences that explain family reunification.

Research (Balsells, Pastor, Mateos, Vaquero and Urrea (2014) is beginning to reflect a paradigm change in intervention in and support for families at social risk that enables a positive focus for family intervention, potentiating the parents' strengths rather than simply attempting to eliminate their deficits. Empowerment is seen as a relevant factor for parents to be able to assume their responsibilities. European social policies that are more recent have also echoed this new focus. Recommendation 19 of the European Council, which relates to policies of support for positive parenting, asks for recognition of the importance that parents develop competencies in positive parenting and for provision of the support necessary for parents to fulfil their responsibilities in the upbringing of their children. In Spain, Organic Law 1/1996 of January 15 for Judicial Protection of the Minor, the National Strategic Plan for Childhood and Adolescence 2013/2016 and the Committee on the Rights of the Child of the United Nations in its observational report for Spain also promote the revaluing of the biological family and protective interventions for children that support family preservation and reunification. Among other measures, the law and reports foresee providing parents with sufficient support mechanisms to fulfil their responsibilities in raising their children and prioritising the family itself for a process of reunification. The authors go on to say that in the area of family reunification, this new focus is beginning to generate results and to highlight new keys for family intervention to consolidate reunification and prevent re-entry. Consolidation arrives when family living has been re-established and a natural equilibrium of relations has been achieved. Analysis of the research allows the identification of some aspects where an intervention with families based on this new focus may have an important role in consolidation.

EVALUATION

Keeping Kids at Home program will consist of a three phase evaluation process beginning at six months; then 18 months and the final evaluation at three years. The findings from each stage will be used to inform the next stage and adjust and modify the program as required.

The evaluation will be conducted using a mixed-method approach. Mixed-method evaluation design includes the use of both qualitative and quantitative methods to collect different but complimentary data to deliver a better quality evaluation than would a single method of study.

Action Research/Action Learning methodology will be used for the six-month review, which is an inquiry-based method that follows

Cyclical activities of examining set questions/existing practices, planning and implementing new practices in response to the findings, and monitoring and reviewing of the results.

The evaluation framework will have a strong emphasis on the service model - the KKAT program. While it is intended that the program be evaluated for its efficacy, implementation, governance mechanisms and program objectives, the core of the evaluation will be measuring outcomes for families and children, and

looking at ‘are we keeping kids at home’? A fundamental component of the evaluation is to also contribute to global research and reflect upon and inform future service delivery.

Strong evaluative practices will be at the core of KKAT, and there is an invitation to all relevant stakeholders to participate and significantly contribute to the monitoring, review and evaluation of the model. The evaluation framework will be a dynamic document that will undergo a consultative and iterative process throughout its lifespan. As part of the evaluation process it is expected that gaps in data relating to the client group and service system will be identified.

DELIVERY TIMEFRAME

Keeping kids at Home will be a three year pilot program.

DELIVERY LOCATION

Currently servicing the South West Region, expanding to South East Queensland, wider Brisbane Region and Sunshine Coast Region.

OTHER SPECIFIC REQUIREMENTS

YCSSL will be engaging with multifaceted services to ensure to meet the needs of the children, young people and their families. These additional services will be bought in through brokerage funding. For instance, child psychology services, neuroscience clinicians and counselling services.

SERVICE INCLUSIONS

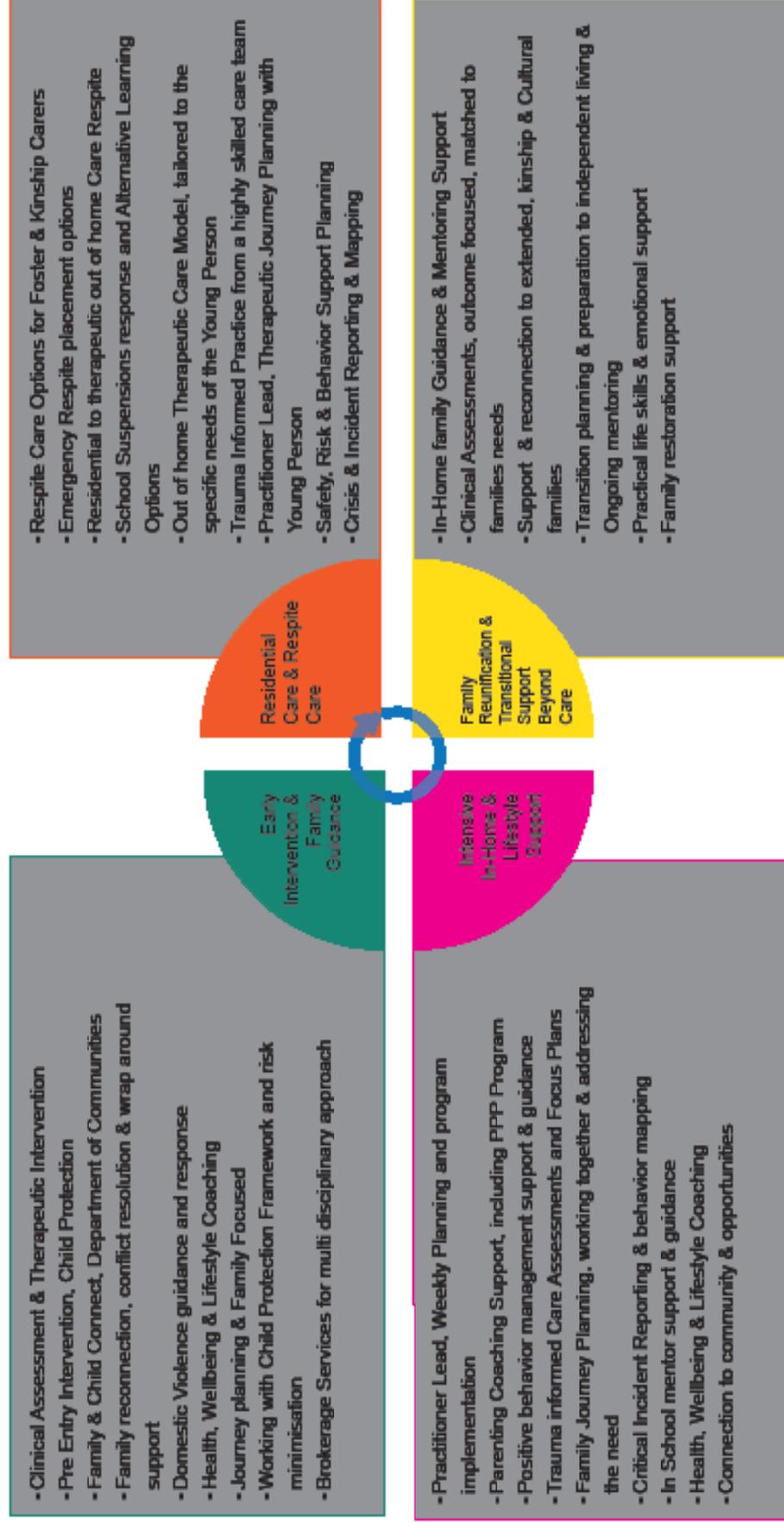
This proposal includes the following service inclusions:

- Family Support Program – Triple PPP Parenting Program. Other family members may be included in this program as identified in the assessment process.
- A therapeutic framework is developed and maintained for young people for the duration of their program with the In-home Intensive Support Program. The therapeutic framework is developed after the family assessment has been completed in Phase 1.
- Engagement of a cultural advisor/support worker for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families to ensure of culturally appropriate practice.
- The In-home Intensive Support service is committed to delivering targeted services that are within a professional practice context and not just about task and process. All services provided from the service inclusions include child developmental theory and a neuropsychosocial approach to ensure children feel supported and protected.
- Clinical and non-clinical staff will be matched to the needs of the young person and family. The young person will have the same professionals throughout the service period to support a neuropsychosocial approach.
- High-level priority support for the young person and family through our parenting and family support coaching process.
- The family will be provided with a range of therapeutic tools to support and validate their progress with the young person and the family, to ensure that the healthy family practice is sustainable after KKAT exit.
- Home visits by a nominated CAFS (Child and Family Services) Practitioner to ensure the needs of the young person and their families are being met and identify further needs as they may arise. This service can be extended for young people residing in residential care and facilitate their transition to family

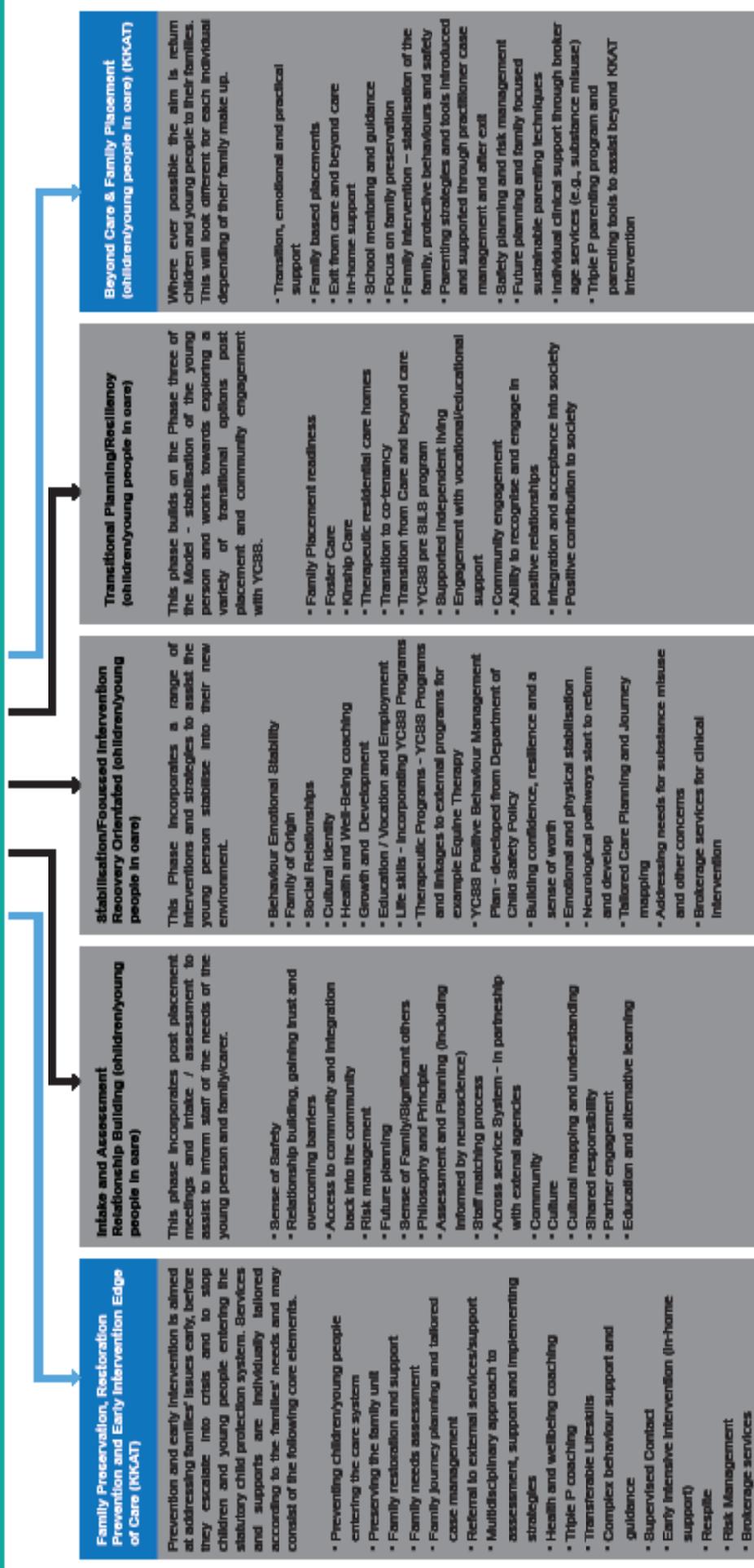
based care and/or returning home.

- KKAT is committed to flexibility in the program to be responsive to changes as the needs arise.
- Ensuring young people remain connected to their community, culture and familiar support network.
- Meetings, case management, communications and travel.

KKAT Concept Map



Trauma Informed Framework



RESIDENTIAL

Demios Foundation's completion factors engagement funding area

EVALUATION Focus: Collect Data, Analyze and Report

Group Service Activity

Family Identification and Family Support

- Number of home phone calls conducted
- Number of initial assessments
- Number of home visits and case management calls
- Number of referrals submitted to independent living
- Number of individuals who would be in risk of homelessness

Intensive At Home and Lifestyle Support

- Number of family meetings
- Number of case support
- Number of case management contacts
- Number of meals prepared and delivered
- Number of medical device orders

- Number of referrals to services
- Number of individuals who would be in need

Early Intervention and Family Guidance

- Number of initial assessments
- Number of home phone calls
- Number of home visits and case management
- Number of referrals submitted to independent living
- Number of individuals who would be in risk of homelessness
- Number of health, well-being and case counseling
- Number of case management
- Number of ongoing services provided

Residential and Respite Care

- Number of requests for services and referrals to care
- Number of emergency respite
- Number of individuals who are in respite
- Number of meals prepared through the respite intervention
- Number of home phone calls and planning
- Number of individuals in care
- Number of individuals in support planning
- Number of visits and health care planning

YOUR FINANCIAL INVESTMENT

Initial Assessment

1. INTAKE AND ASSESSMENT – RELATIONSHIP BUILDING (CHILDREN/YOUNG FAMILIES)

This phase incorporates post placement meetings and intake / assessment to assist to inform staff of the needs of the young person and family/carer.

- Gaining a Sense of Safety
- Relationship building, gaining trust and overcoming barriers
- Access to community and integration back into the community
- Risk management
- Sense of Family/Significant others
- Identifying YCSS Philosophy and Principle
- Assessment and Planning
- Identifying possible Staffing Program
- Working across service system – in partnership with external agencies
- Cultural mapping and understanding
- Agreement to shared responsibility
- Partner engagement
- Education (child/young person/family)

The next phases (two (2) to four (4)) are a mixture of support needs pending on the level of need identified during the initial assessment. The components of the three levels of packages may contain some or all of the support needs outlined below to provide a holistic model of service working toward family preservation.

2. STABILISATION/FOCUSSED INTERVENTION – RECOVERY ORIENTATED (CHILDREN/YOUNG PEOPLE FAMILIES)

This Phase incorporates a range of interventions and strategies to assist the young person and their families to stabilise into their situation.

- Behaviour Emotional Stability
- Working with Family
- Developing Social Relationships
- Recognising Cultural Identity
- Health and Well-Being coaching
- Planning for Growth and Development
- Exploring opportunities for Education / Vocation and Employment
- Life skills Development
- Therapeutic Programs - YCSS Programs and linkages to external programs for example Equine Therapy
- YCSS Positive Behaviour Management Plan - developed from Department of Child Safety Policy
- Building confidence, resilience and a sense of worth
- Emotional and physical stabilisation
- Neurological Assessment and pathways to reform and further development
- Tailored Care Planning and Journey mapping
- Addressing needs for substance misuse and other concerns

- Brokerage services for clinical intervention

3. TRANSITIONAL PLANNING/RESILIENCY (CHILDREN/YOUNG PEOPLE AND FAMILIES)

This phase builds on Phase two of the Model - stabilisation of the young person and works towards exploring a variety of transitional options and community engagement with YCSS

- Family Placement readiness
- Foster Care planning
- Kinship Care planning
- Therapeutic residential care homes
- Co-Tenancy Arrangements
- Transition from Care (toward independence)
- Engagement with vocational/educational support
- Community engagement
- Ability to recognise and engage in positive relationships
- Integration and acceptance into society

4. REUNIFICATION (CHILDREN/YOUNG PEOPLE IN CARE)

Where ever possible the aim is return children and young people to their families. This will look different for each individual depending of their family make up.

- Transition Support
- Supporting Family based placements
- Exit from care toward independent living
- Follow up In-home support
- Continuing School mentoring and guidance
- Family intervention – stabilisation of the family, protective behaviours and safety
- Parenting strategies and tools introduced and supported through practitioner case management
- Ongoing safety planning
- Future planning and family focused sustainable parenting techniques (Triple P)
- Individual clinical support through brokerage services (e.g., substance misuse).

Refer to Appendix A for the financial data.

Authorisation to Proceed

I hereby provide approval for Youth Care Support Services to proceed with the professional services as detailed in this proposal and I am authorised by the organisation to approve this Service Proposal.

Client Name	YCSS Child, Youth and Family Intervention Service Ann Marie Matthews CEO		
Your Financial Investment (Excl. GST)	\$		
Name		Position	
Email			
Postal Address	Date		
Signature	Date		

Please return this completed form via email Attention to Ann Marie Matthews at YCSS Child, Youth and Family Intervention Service - office@ycss.com.au

PRACTICE IMPLICATIONS FOR YCSS STAFF IN CHILD PROTECTION

- Acknowledge CALD families may not be proficient in English and speak to them in a respectful manner
- Be aware of intra-group variations provide families with choice whether the interpreter is ethnically matched or only linguistically matched.
- Offer CALD families the opportunity to request a gender matched interpreter if required or appropriate.
- If a CALD family wishes to use a trusted confidante they should be used in conjunction with accredited interpreters.
- Do not raise or repeat information in a disrespectful way. Do not correct the person's grammar.
- Make sure CALD families are aware that using an ethnically-matched interpreter may cause them to fear a breach of confidentiality and assure them that interpreters are accredited and must keep all matters confidential except by law.
- Offer CALD families who speak another language from a different country the option of having a non-ethnically matched interpreter.
- Offer CALD families the option to select a trusted person to act as a confidante and interpreter in conjunction with accredited interpreters.
- Caseworkers can also get support from ethno-specific workers or organisations.
- Tell the person that you understand fear is in part related to cultural factors, specifically if the community was to hear of the abuse it would compromise the family's name.
- Probe the family to gauge the extent they perceive or experience their fear as a result of cultural pressure to remain silent about the abuse compared to their fear of the abusive spouse/partner as disclosure to an authority can invite more abuse.
- Remind the victim of abuse (physical, emotional, sexual) that abuse happens to women of all cultures and extensive support is available in the community to help them. This can decrease any isolation they may feel.
- Let children and parents know that you understand they have different needs. Both children and parents can benefit from mediation from the caseworker to facilitate overcoming family barriers.
- Obtain training in cultural awareness and sensitivity.
- Share information you have acquired with CALD families and ask them about the extent cultural norms are relevant to the family.
- Be aware of cultural factors that may be influencing the family's circumstance and ask them to reflect on these.
- Obtain training in cultural competency and gain a sense of efficacy for being able to interact with CALD groups from a variety of backgrounds without extensive information about that group.
- Assess the strengths and weaknesses of CALD groups and give due weight to the protection offered by the family.
- Do not impose individualistic cultural norms and values about self-sufficiency over family dependency.
- The general principal is to keep families together unless there is current safety and future risk of harm to CALD children.

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