



# Our Way Home

Interim Review of activities and early learnings

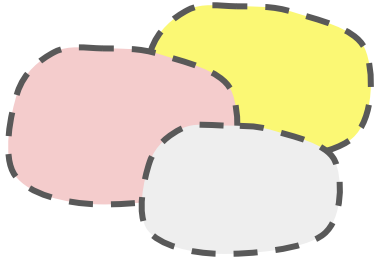


Innovation  
Unit

New solutions  
for thriving societies



# Acknowledgements



*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.



# **Executive Summary**

# 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 we were fortunate to apply for and receive funding from Lotterywest.

Parkerville and Innovation Unit worked throughout 2020 to develop and design the model of out of home care for children and youth that has become Our Way Home.

The prototyping phase of the project started in mid-2021, with Parkerville recruiting and supporting the work of project staff, a Learning Lead, and Family Link Workers; developing and designing new tools and methods to develop and strengthen relationships; and engaging Aboriginal Practice Leads in the processes.

Innovation Unit has supported Parkerville to undertake co-design activities, and with processes to maintain fidelity of practice against the model’s goals. Innovation Unit has also been undertaking a review of activities and outcomes.

This document provides an early report of the activities conducted so far - as at December 2021 - identifying some of the emerging opportunities, issues and lessons. These may be of use in guiding thinking as the project continues through the prototyping phase and moves into the pilot phase.

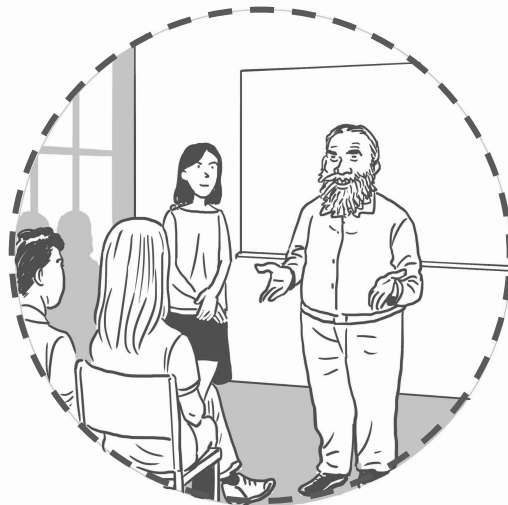
A further review is expected in June 2022. The focus for that review will be on capturing learnings that can support the scaling of the successful aspects of the final model - across Parkerville, the non-government out of home care sector, and government.



# The new model - principles in action

Once fully operational, the new model will include four key components that enable a radically personalised shared care experience for children and young people:

- **Personalised supports**: The people involved in providing OHC are able to adapt methods, plans and environments to meet the needs of individual children or young people.
- **Connection Planning**: Each child has a plan for the way that they connect with the important family or community members who are in their life, or who could be.
- **Family Link Worker**: a new role, designed to do the creative and empathic work necessary to enable deep connection of children with family, whilst mitigating risk; the role responsible for facilitating connection with family and children, but also with staff.
- **Mundahring Baldja**: A learning centre focusing on the people doing the work from recruitment through to their successful practice; the driver for the new and traditional capabilities necessary for the realisation of a Radically Personalised Shared Care model.  
*Note: The activities intended under this stream have not yet been funded and are not considered in this report.*



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

# Elements of Our Way Home tested so far

Four elements (below) represent the parts of the model that are considered to be best developed over the period to date, and they are the focus of this interim report. They are described below using the framing of 'personas' - or archetypes based on real experiences of real people, where Tonji is a child in care and Jodi is a Family Link Worker.



## The Family Link Worker

*A new role for creatively safe connection*

Jodi is the Family Link Worker at Parkerville, and when Tonji is referred, she immediately sees the potential for connection with Tonji's Gran who is very involved, but does not have the capacity to support Tonji day-to-day. It will be her Jodi's to facilitate the Bridges - the relationships between Parkerville's staff and Tonji's family and to find the creative opportunities that both create connection and manage risk.



## Building a Bridge

*Establishing relationships and trust and bringing some control to the people in a child's life*

Jodi and the care team have decided Gran should be connected to Sally (Tonji's carer). Tonji, Gran and Sally all agree this is a good idea. Jodi organises for Jodi, Gran and Sally to go out for a coffee together as a way of connecting. Tonji's Gran brings one of Tonji's favourite posters and tells the Sally about how Tonji reacts when he is stressed. Sally asks about his routine and the things that really motivate him. They agree about the decisions that Sally can make, and the ones she'll need to check in.



## Building 'My Plan'

*A radically individualised plan for the wellbeing of a child, centred on connection*

Tonji shares his draft 'My Plan' that he has been working on with Sally. It is really visual and Sally and Jodi share with Gran what its purpose is and how it will be used. Tonji talks about the things in there - what he would add more of, what's missing and what is most important to him. Together, they work on ways that Gran, Sally and other important people in Tonji's life can support what makes him feel good and what he thinks about for his future. Jodi notes actions for the care team.



## Deeper Connection

*Utilising creativity to develop opportunities for deeper meaningful connection*

Providing deeper opportunities for connection always takes some creativity, and it's Jodi's job to explore what is possible and set up personalised opportunities. She works with Tonji's Gran and Uncle on a connection proposal. Gran identifies if they visit with Tonji at one of the family connection cottages, they have a safeguard in Parkerville's on-call services if anything difficult comes up. Department approves this plan and Gran and Uncle come to stay with Tonji for the weekend.

# Summary of emerging findings

To date, certain elements of the full Our Way Home model have been put into practice. Preliminary learnings and issues emerging to date are noted below. Subsequent reports are expected to see, describe and assess a larger number of changes and impacts.

## Emerging learnings ...

- With dedicated skilled resourcing put in place, real, genuine and new connections between children and family members have been able to be made in a short space of time.
- Defining 'successful connection', and the steps towards that, will look different for different families. 'Connection' may not mean 'reunification', particularly in the short-term.
- The majority of individuals involved from the Department of Communities have proven highly supportive of the Our Way Home approach and have actively supported its intent and activities.
- The involvement of Parkerville's two Aboriginal Practice Leads (APLs) and General Manager, Cultural Advisory Services, has proven key, in terms of providing essential information on family connections for Aboriginal children and the professional skills to translate that into meaningful contact.

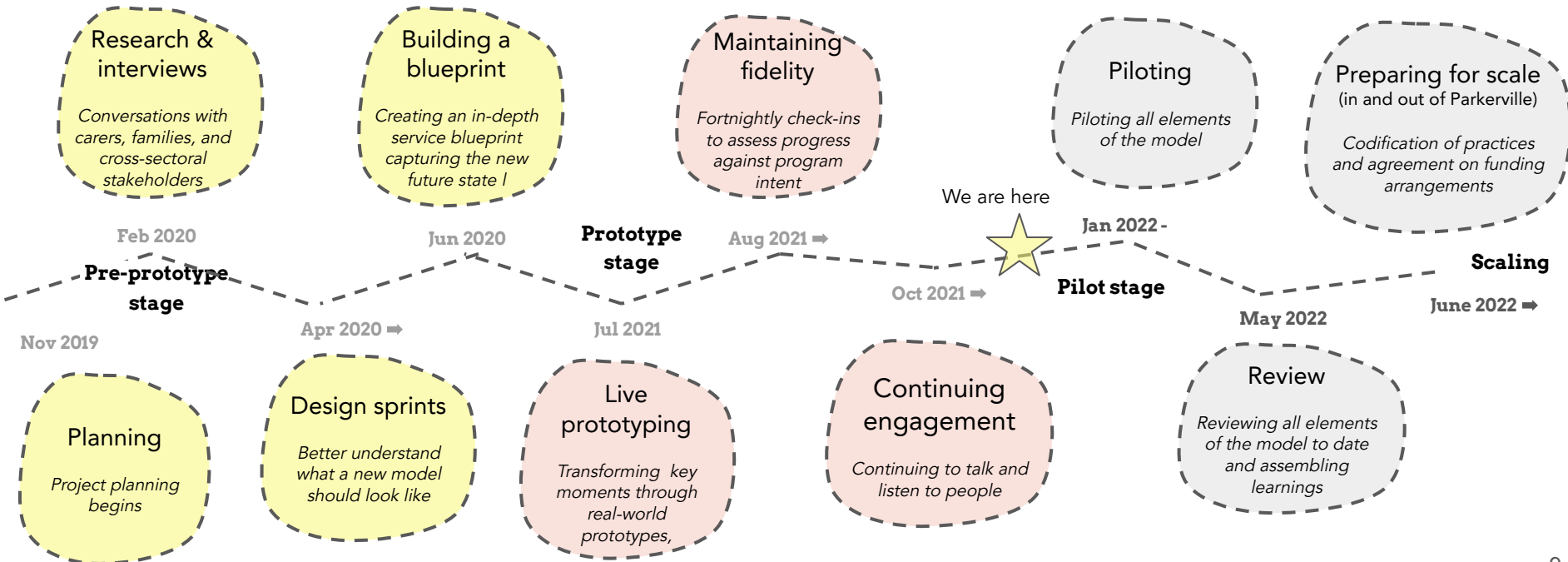
## Emerging questions ...

- Early success brings the risk of making what has happened 'sound easy', thus underplaying the critical elements of success: the skills of the people involved, maintaining model fidelity, the criticality of the APL role, and the maintenance of reasonable Family Link Worker (FLW) workloads. It may also lead to underestimating the possible barriers that could arise in trying to scale up or expand this approach.
- The model envisages that families will be linked with appropriate effective services to support them to get the help they need. The mechanisms through which this will occur, and whose responsibility it is, could be more explicit. Without success in this area, long-term change will be difficult.
- The range of tasks that could be undertaken and activities that could be done by the FLWs is potentially vast, and there is the risk of workload issues arising.
- Challenges may arise when trying to scale up or systematise the work more broadly across the the Department of Communities, particularly in terms of managing conflicting risk settings and approaches.



# The rollout process

The project commenced in November 2019, with a project plan produced in early 2020. In June 2020, a blueprint that captured a range of features that would be tested in the new model was finalised. From June 2021, the project moved into a live prototyping phase. The project will now be moving from the prototyping to the piloting phase. The next project review, due in May 2022, will consider the implementation of all of the elements to date, as well as discuss a path to scaling the successful elements.



**What is the problem we want to solve?**

# Outcomes for children in care

Children who have been in out-of-home care consistently experience significantly poorer long-term outcomes than those who are not in care, even among those for whom factors such as their background, household income growing up and education are similar.

Research shows consistently poor outcomes across domains<sup>3</sup>

- 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.<sup>4</sup>

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.<sup>14</sup>

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.<sup>12</sup>

# 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.<sup>15</sup>*

*Cultural identity is an important contributor to wellbeing. Identifying with a culture gives people feelings of belonging and security.<sup>16</sup>*

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 Children's rights, Department of Child Protection.

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."<sup>1</sup>*

*1.4% of children in care returned to their parents' care in WA in 2020.<sup>5,6</sup>*

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 OOH in NSW had a parent who was involved in the child protection system as a child.<sup>12</sup>*

*"We see generations of families with increased reliance on social services, not living the best lives they could be."<sup>1</sup>*

# Children 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 <sup>5,6</sup>

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. <sup>2</sup>

>50%

Aboriginal children as a % of children in foster care in WA <sup>5,6</sup>

14%  
613 children

Growth in children in out of home care, WA, 2017-2020 <sup>7</sup>

10 X

Likelihood of children who have been in care having their own children removed into care, compared to other parents. <sup>11</sup>

50%  
25%

% of children in OOHC who had a parent involved in the system as a child (NSW) <sup>12</sup>

% of children of parents who have spent time in care who are taken into care themselves (WA) <sup>10</sup>

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. <sup>2</sup>

1.4%  
463 children

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

# Barriers to maintaining connections in care

The following draws from research and stakeholder insights to summarise the key barriers to connection for children in care.

**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.<sup>1</sup>*

**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.<sup>2</sup>*

**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.<sup>1</sup>*

**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)*

# 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.<sup>1</sup>

*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<sup>2</sup>:

- 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.*

# 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'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: <sup>1,2</sup>

## 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.”<sup>1</sup>*

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.”<sup>2</sup>*

# An example of success

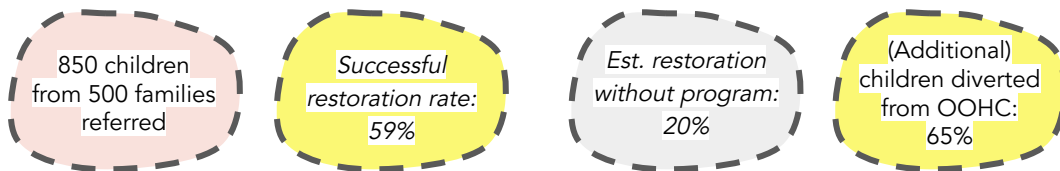
Some programs have been successful in supporting higher rates of restoration, which has been associated with benefits for children, families, and the community.

## **Newpin Restoration model - Uniting Care, NSW** <sup>17,18</sup>

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)\*:



Factors associated with the outcome:

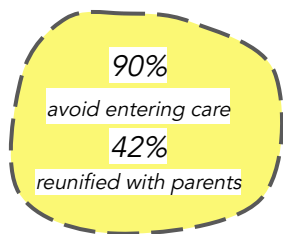
- Department introduced a permanency support program in 2017, increasing the focus on restoration across the system and services supporting families seeking restoration
- Strong program fidelity, supported by operational guidelines, a documented Therapeutic Practice Framework, strategic recruitment and 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.



\* 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.

# 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.



*Outcomes for children in care referred to the reunification stream of the Aboriginal in-home support service (2019-20)<sup>6</sup>*

The Department outlines its 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'.<sup>21</sup>

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.<sup>19</sup>

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.<sup>20</sup> 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.

**What is Our Way Home?**

# The system challenge

Parkerville Children's Services has taken on the challenge of designing and implementing a better model of care for its children. The questions that are guiding the model's development are:



## How might we ...

Create an out of home care system within which attachments are longer-term, more secure, more enduring, and more genuine?

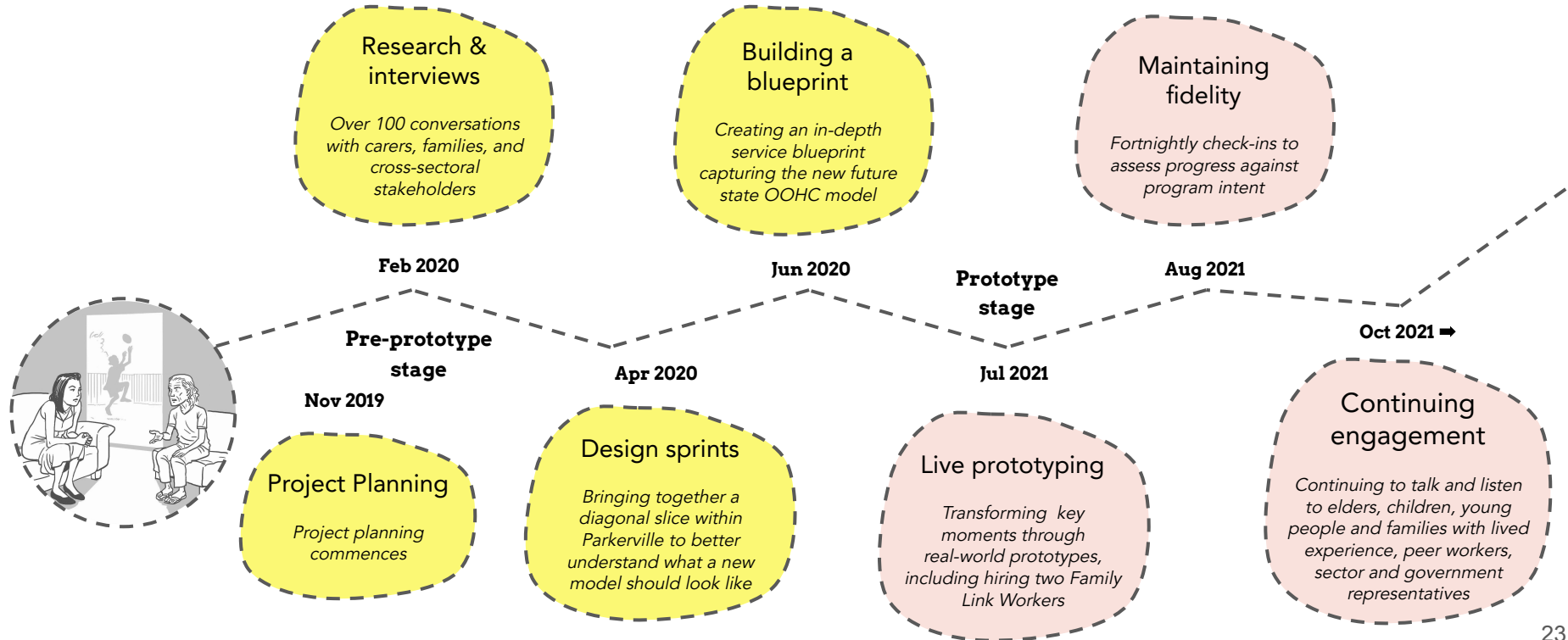
Create an out of home care system within which connection to parents, biological families, communities and culture is prioritised and realised?

Create an out of home care system that provides children and families with what they need to overcome the issues they are facing or have faced in the past, and grow into adults who are providing a safe and caring home for children?

Create an out of home care system that breaks the cycle of intergenerational trauma and child protection involvement?

# Planning and designing a new approach

The planning process for this project commenced in November 2019, with a broad project plan developed by January 2020. The design process commenced in February 2020, resulting in a blueprint that captured a range of features that would be tested in the new model. From June 2021, the project moved into a live prototyping phase.



# The new model - key principles

The model that emerged from the consultation and design process is to be:

A radically personalised model of shared care with an end goal of reunification ...

... supported by a system of recruitment, induction, training and learning that locates the right capabilities, values experience and expertise, develops carer professional identities and trauma informed practice (Mundahring Baldja)

The key elements developed in the early planning process, and confirmed during co-design, were:

- **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.

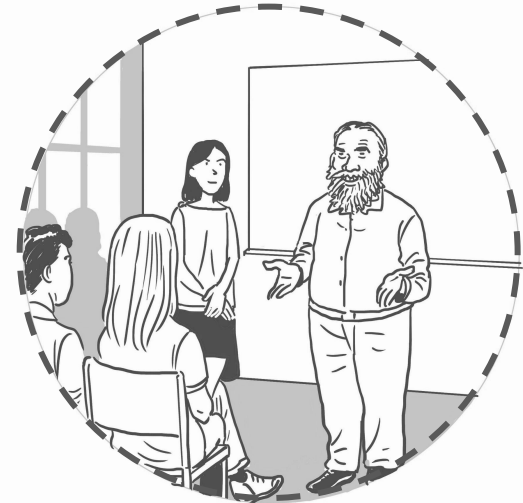




# The new model - principles in action

The new model includes four key components that enable a radically personalised shared care experience for children and young people

- Personalised supports: The people involved in providing OHC are able to adapt methods, plans and environments to meet the needs of individual children or young people.
- Connection Planning: Each child has a plan for the way that they connect with the important family or community members who are in their life, or who could be.
- Family Link Worker: a new role, designed to do the creative and empathic work necessary to enable deep connection of children with family, whilst mitigating risk; the role responsible for facilitating connection with family and children, but also with staff.
- Mundahring Baldja: A learning centre focusing on the people doing the work from recruitment through to their successful practice; the driver for the new and traditional capabilities necessary for the realisation of a Radically Personalised Shared Care model.  
*Note: The activities that were intended under the Mundahring Baldja stream have not received funding to date. These activities were intended to drive the development of many of the new care and staff work capacities that will be necessary to fully operationalise the new model. The implications of not funding this component of the model will be fully considered in the next report.*



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

In the period covered by this report, not all components of the model have been fully implemented and tested. This report thus focuses on a subset of key features have been most fully prototyped. The final report will consider the extent to which all elements of the model have been rolled out as intended.

**What has happened so far?**

# Activities undertaken to date

The below summarises the key activities undertaken to date (November 2021) in the course of putting the first elements of the model into practice.

		July 2021	August 2021	September 2021	October 2021	November 2021
<b>Recruitment</b>	Key project personnel recruited	Learning Lead commenced	FLWs commenced			
<b>Design sprints</b>	2-day deep dives to design key elements		Establishing a circle	Deeper connections	The Family Link worker	Finding Cultural Connection; Co-Creating Home
<b>Fidelity check-ins</b>	Monitor actual against expected progress		Fortnightly check-ins with FLWs, Parkerville staff, IU design team staff			Implementation retrospective
<b>Engagement</b>	Testing with people with lived experience	Families with lived experience		Children and young people ref group	Families with lived experience	Elders' Group
<b>Communication</b>	Engaging others and talking about scale				Sector engagement workshop	Scaling forum (Dept)
<b>Reporting</b>	Progress and outcomes reporting		Review plan			Activities and early findings report



This document

Next steps: From January 2022, the project will enter its pilot phase, during which existing elements of the model in place will continue to be refined in light of learnings from prototyping, and additional elements of the model will be implemented.

# Elements of Our Way Home being tested

Four elements (below) represent the parts of the model that are considered to be best developed over the period to date, and they are the focus of this interim report. They are described below using the framing of 'personas' - or archetypes based on real experiences of real people, where Tonji is a child in care and Jodi is a Family Link Worker.



## The Family Link Worker

*A new role for creatively safe connection*

Jodi is the Family Link Worker at Parkerville, and when Tonji is referred, she immediately sees the potential for connection with Tonji's Gran who is very involved, but does not have the capacity to support Tonji day-to-day. It will be her Jodi's to facilitate the Bridges - the relationships between Parkerville's staff and Tonji's family and to find the creative opportunities that both create connection and manage risk.



## Building a Bridge

*Establishing relationships and trust and bringing some control to the people in a child's life*

Jodi and the care team have decided Gran should be connected to Sally (Tonji's carer). Tonji, Gran and Sally all agree this is a good idea. Jodi organises for Jodi, Gran and Sally to go out for a coffee together as a way of connecting. Tonji's Gran brings one of Tonji's favourite posters and tells the Sally about how Tonji reacts when he is stressed. Sally asks about his routine and the things that really motivate him. They agree about the decisions that Sally can make, and the ones she'll need to check in.



## Building 'My Plan'

*A radically individualised plan for the wellbeing of a child, centred on connection*

Tonji shares his draft 'My Plan' that he has been working on with Sally. It is really visual and Sally and Jodi share with Gran what its purpose is and how it will be used. Tonji talks about the things in there - what he would add more of, what's missing and what is most important to him. Together, they work on ways that Gran, Sally and other important people in Tonji's life can support what makes him feel good and what he thinks about for his future. Jodi notes actions for the care team.



## Deeper Connection

*Utilising creativity to develop opportunities for deeper meaningful connection*

Providing deeper opportunities for connection always takes some creativity, and it's Jodi's job to explore what is possible and set up personalised opportunities. She works with Tonji's Gran and Uncle on a connection proposal. Gran identifies if they visit with Tonji at one of the family connection cottages, they have a safeguard in Parkerville's on-call services if anything difficult comes up. Department approves this plan and Gran and Uncle come to stay with Tonji for the weekend.

# What is now in place?

An assessment is provided below of the key elements of the model in place, resulting from the activities to date

Key areas of activity	1 Codesigned new model	2 Validating and prototyping elements	3 Continuous Improvement	4 Preparing to pilot
Summary of activities and status	New model codesigned in consultation with wide range of people	Prototyping and testing key elements of the model	Design sprints and model fidelity check-ins to deliver ongoing improvement	The pilot phase is expected to result in all elements of the model being in place
Implementation status	Fully	Partly	Partly	In preparation
Comments	The new model has been designed; ongoing validation and confirmation from groups with lived experience as well as sector workers continues.	Some elements of the new model have been implemented - for example Family Link Workers - while some others are being tested in part.	A range of activities are in place to continue to improve design elements and check how fidelity to the original design principles is being maintained - such as fidelity check-ins.	Under the pilot phase, commencing in January 2022, all of the remaining elements of the model, as outlined in the Blueprint, are expected to be in place. Continuous improvement processes will continue.

# Spotlight on “My plan” and the activity box

As part of radically 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. The My Plan activity box offers tools such as drawing materials, lego, and modelling clay that can help children describe and talk about themselves, their families, their interests, their goals and their fears.

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 an open communication with the care team about the child's views and wishes.

My Plan is different in concept and in execution from the Individualised planning tools that exist in the sector currently, which focus on the workflow and resource planning around children's needs, and do not necessarily involve children in their development.



# 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.

# Families and children involved to date

The below documents the number of people FLWs have been working with to date (end November 2021) through this project.

23 children in  
care

*Placements in Parkerville homes (18)  
foster care (4) and kin (1)*

Note: FLWs are currently working with all of the children in care in Parkerville Group Homes in the Geraldton region.

2 Family Link  
Workers

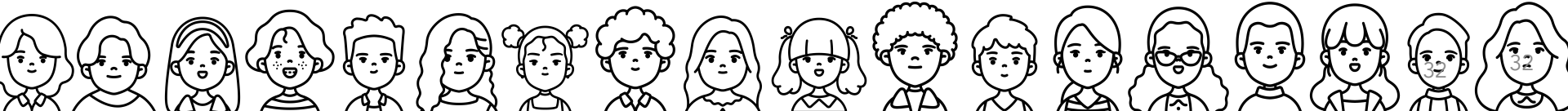
*1 each located in Perth and Geraldton*

36+ family  
members

*10 parents of children in care,  
26 extended family members  
Additional siblings, cousins and other child relatives*

Additional  
connections

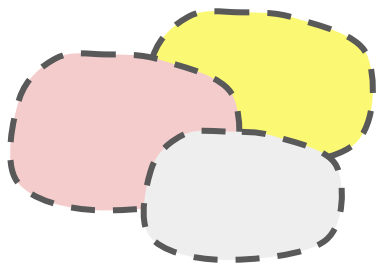
*Connections have been made with former school  
friends of some children in care, with play dates  
arranged.*





**What is changing as a result of our activities so far?**

# About the findings presented here



This report covers a relatively short period of time, and the work being undertaken involves creating and building relationships, which takes not only skills, but time.

Nonetheless, a small number of stories have started to emerge about where and how the activities being undertaken are resulting in new family connections.

Four example stories are presented here, highlighting a diversity of pictures of how the approach looks when applied to (de-identified) real children in care, based on some of these early reports.

Early reflections on some of the tools that have been developed and are starting to be tested is also made.

Following this, some summary preliminary reflections on emerging learnings, and emerging questions, for the project are identified.

# “Milly.” Her story so far ...

A primary school-aged child has been in care since her birth, with no contact with any biological family members in that time and no family members identified.

The Team Leader approached the FLW saying there was a client that they would like the FLW to work with. The Team Leader and FLW discussed Milly's situation, and the Team Leader went back to the Department for clarifying information. The Department provided an extensive genogram for Milly at that time, with Parkerville purchasing the software needed to use the genogram. Using some of this information, the APL approached family members, and started to build relationships with them to overcome initial lack of trust.

Through these efforts, a huge family network has been identified for Milly - including nanas, cousins, and a sibling. They initially sent photos, followed by regular phone contact. Milly will be meeting face-to-face with her family next month.

Milly's carer worked with her to explain who the family members are when contact was first made, and the APL has also been talking to her, to help prepare her for this meeting.

The carer is excited to help the girl connect with her family - she has always been an advocate, but did not know the information existed to make these connections.

A family members has asked to be assessed to have care of Milly.

Through this process, it was also found that Milly's mother had connected with the Department in the past to ask about seeing Milly. Conditions for contact were identified, but there appears there was no follow through.

## What had been the barriers to connection?

- Available information on the family wasn't passed from the Department to the carer or Parkerville
- New relationships were needed with family members to overcome initial reluctance to engage
- Lack of follow through on previous attempts by family to make contact

## What were the enablers of connection?

- The extensive genogram collected by the Department
- The knowledge, connections and relationship building skills of the APL
- A supportive and encouraging carer
- Family member engagement with the process, once trust was established



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

# “Billy.” His story so far ...

Parents were mandated to have contact with Billy and his siblings 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’.

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 the children and bringing a picnic, with Billy and his siblings’ grandparents, aunts and cousins also coming along.

The Department also asked the FLW to support the family to have more meaningful connection during contact, particularly seeking 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 - which happened at the contact centre.

Contact between family and children is now occurring weekly, with phone contact in between to also start. The family indicate they are finding the activities fun, and want to go swimming together - another connection card suggestion - soon. The case worker is fully supportive, and the FLW is again working through risks and mitigations.

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 their activities together. The contact centre can see that Billy’s mum’s parenting skills and capacity are improving.

## What had been the barriers to connection?

- The unnatural environment of the contact centre working against demonstrating skills and attitudes towards parenting
- Lack of support for parents to have opportunities to grow and develop new skills

## What were the enablers of connection?

- FLW suggesting alternative plans for connection and ways to mitigate risks
- Department support for alternative arrangements
- Active family participation and engagement in alternative arrangements



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

*To Aboriginal people contact centres aren’t culturally neutral, they are culturally unsafe. They need a culturally safe space – to see an Aboriginal face, probably a woman, someone to sit with you and explain things.*

# "Ben." His story so far ...

Ben is part of a sibling group that came to Parkerville when their grandparents, who had been caring for them, were no longer able to do so. Regulations would not normally allow visits from family members to Group Homes, due to possible risks to other children in the home, meaning connection could have been lost.

The FLW first got permission from the Department to talk to Ben's grandparents, and spent time with them to understand what type of contact they wanted. Then they spoke to the carers, asking what they would be comfortable with. No barriers or risks were identified.

Ben's grandparents now visit him and his siblings twice a week, during which time the grandparents and children prepare and eat dinner together, or go on outings.

The grandparents have been thankful for the opportunity to visit, and feel a lot more settled knowing where their grandchildren are. The caseworker sent the FLW an email saying, 'thanks so much for sorting that out, I never would have had time to do it.'

The grandparents are now asking the FLW if she can help them talk to the Department about seeing a sibling who is in a different placement. The APL has also brokered contact with the parents of the children, who have not had contact with them for some years. They are currently negotiating supervision arrangements so that they can meet over the holidays. The grandparents have also offered to host Christmas at the house, with everyone together.

## What had been the barriers to connection?

- Regulations that normally would have prevented visits from family to a Group Home
- Carer time - amongst other priorities

## What were the enablers of connection?

- Department helping to negotiate contact between carer and family
- Carer willingness to engage and play a role, particularly at the beginning
- FLW time to investigate and overcome regulations against visits in this house
- Family capacity and willingness to engage



*At first the children didn't want to see the grandparents, saying they yelled all the time. Now that the grandparents no longer are primary carers, the children see their grandparents as grandparents - and want to see them in that capacity.*

*It was extra work for the carer in the early days, with shopping, cooking, etc., but the carer said that watching the grandparents and children engage was worth it.*

# “Daphne.” Her story so far ...

The FLW met with Daphne, a long-time carer, to explain the Our Way Home model, and explain its goal of increasing contact with their child in care’s family.

Daphne had had contact with family members of other children she cared for many times in the past, and seen the benefits for children. However, a recent interaction with family had left her fearful and apprehensive. For this reason, Daphne did not want to meet the family of this child. Daphne did not originally disclose this, but after she cancelled a planned contact visit, the FLW visited her and, after some time, Daphne explained the situation.

Daphne and the FLW talked a number of times, discussing things the carer might and might not feel comfortable with, and whether there were any small steps they could take.

Daphne agreed there could be phone contact, which has started, with video-conferencing expected to start soon. She has also indicated her willingness to have family come to watch the children when they are playing sport, as a way to develop connections in a way that she feels safe with. The FLW is negotiating transport connections to get the family to the children’s games.

## What had been the barriers to connection?

- Carer’s fears of connection, on the basis of past experience, and her ability to decide against contact with the family on this basis

## What were the enablers of connection?

- Carer understanding and agreeing with the principle of connection
- FLW winning the carer’s trust so she talked openly about the issue
- FLW helping to lay out a plan for contact that the carer was comfortable with
- Carer willingness to work with the FLW on putting that plan into action
- FLW making relevant practical arrangements - e.g. transport
- Family willingness to take a staged approach to restoring contact



*In the end, it didn't take much to convince her. She was inclined to do it, she just didn't have the support she needed to make it happen. The FLW worked to provide that support.*

# Where are barriers being overcome?

Against the barriers to connection identified earlier (page 14 of this report refers), a preliminary assessment is provided below of where and how Our Way Home activities are showing promise in overcoming these barriers. Areas for potential additional attention are also indicated.

1

Parents don't always get the support they need

Parents can access additional support

2

Connection is not prioritised or resourced

Connection is the priority and focus

3

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

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

4

Casework practice elevates short-term over long-term risk

Seeks to avoid risks stemming from broken connection

5

Impact of removal on extended family is not always considered

Needs and rights of extended family honoured

+

FLWs have created new ways of helping parents build skills, and demonstrate competence - for example meeting in a park or doing an activity, rather meeting in a contact centre

+

Early evidence is that family connections can be fostered with the right processes in place. Contact and connections are being established and maintained even where reunification does not seem the main or a realistic short-term goal.

+

FLWs have been able to broker relationships between carers and family members.

+

Department and FLWs have worked together on risk mitigation to make contact happen.

+

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

?

Is family support intended to be part of the FLW role? If not, where is support expected to come from? Without help to address the issues that led to children coming into care, nothing may change.

?

Can a more intensive level of support be maintained if there are breakdowns in relationships or conflict emerges? If carers can veto connection, the model does not work.

?

The APL role brings personal connections as well as professional skills. Is this adequately captured in the model?

?

*We sometimes decide that the Department isn't going to support us, but in reality, they're up for most things – if we can demonstrate it's going to benefit kids. (Worker stakeholder)*

?

Does risk mitigation involve sufficient documented processes?

?

Is there a risk of underplaying the professional skills APLs use to successfully engage extended family? How can we replicate success for non-Aboriginal children?

# Reflections on the “My plan” activities

Planning for and implementing My Plan are still at an early stage. The following early observations are noted:

*When given the opportunity to engage with the My Plan activities, one young person sketched a self-portrait, with the caption “This is me feeling sad.” Another person made themselves and their siblings in playdoh; one created themselves playing a computer game in Lego.*

The more we play with the arts and crafts, the more that kids are telling us about themselves. Giving the kids hands on activities - I engaged in conversations I wouldn't have. It's a more child-led way of having a conversation.

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.

The activities make it easy to ask questions - it gives you something to talk about. The kids ask me lots of questions - what's your job? What are you here for? While we were just kicking a football. One of the boys started talking about his brother in a different home, we had a discussion, he said he would like to see him more.

The carer started to make their own arts, and that started a 2-way conversation.

**By Family Link Workers...**

**By children and young people...**

I would have really benefited from having tools like this – with lots of different options for how to connect with workers. It doesn't just have to be at the Department or 'let's go crazy - McDonalds'.

If I'd had this tool, my care experience would have been completely different. Because the notes in my file labelled me. It wasn't the whole of my experience that was captured, just a few notes in a file.

On the one hand, it's not about the tools we have to capture children's voices in the process. You could capture children's voices without additional tools. But on the other, in my role as a youth worker in a previous job, I heard all the time, “that's not what I said, that's your perspective, that's not mine.” So what's different? This is about children being directly involved, not represented. Representing someone's view is not the same as getting the chance to participate in voicing it.

**By staff...**

*The children definitely engage with you more, but it's difficult to capture what's been said. What's missing is an effective way to record the insights.*

*This was the first design sprint we did - if we redid it now, with what we know now, we could come up with much better ideas.*



# Emerging learnings ...

Some preliminary learnings have been drawn from the outcomes seen as a result of the activities conducted to date.



*"The Department are all for it, and when they know what you're about, they're more than happy with the work, it's a workload issue for them to get it to happen."*

1. With dedicated resourcing with the right skills put in place, real, genuine and new connections between children and family members have been able to be made in a short space of time.
2. The involvement of Parkerville's two APLs and General Manager, Cultural Advisory Services, has been key, in terms of providing essential information on family connections for Aboriginal children and the professional skills to translate that into meaningful contact.
3. Defining 'successful connection', and the steps towards that, may look different for different families. 'Connection' may not mean 'reunification', particularly in the short-term.
4. The majority of individuals involved from the Department so far have proven to be highly supportive of the Our Way Home approach and have actively engaged to support and achieve its goals.

# Emerging questions ...

Some preliminary questions are emerging from the outcomes seen as a result of the activities conducted to date. These questions may be able to inform continued roll-out and on-going program design.

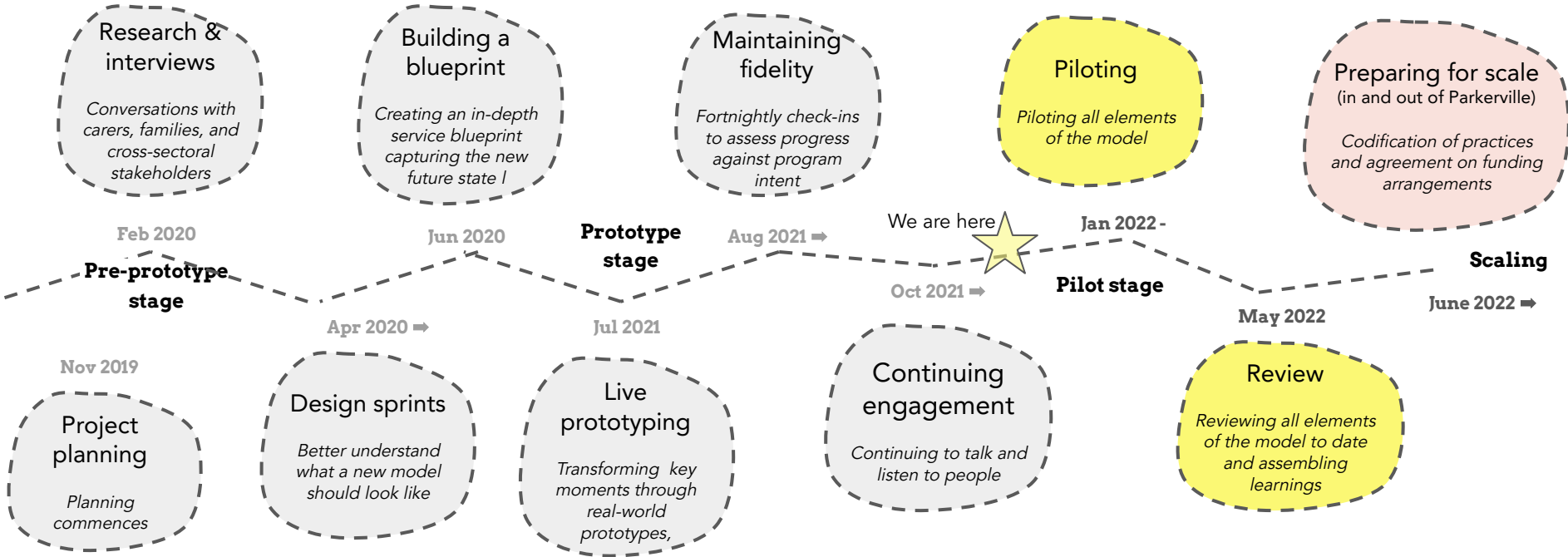
1. Early success brings the risk of making what has happened 'sound easy', thus underplaying the critical elements of this success: the skills of the people involved, the importance of fidelity to the model, the criticality of the APL role and managing FLW workloads, as well as underestimating the possible barriers that could arise in trying to scale up or expand, or even continue, this approach. Sustaining early changes for families into the future may also require continued ongoing investment.
2. The model envisages that families will be linked with appropriate effective services to support them to get the help they need. The mechanisms through which this will occur, and whose responsibility it is, could be more explicit.
3. The range of tasks that could be undertaken and activities that could be done by the FLWs is potentially vast; there is the risk of workload issues arising.
4. Challenges may arise when trying to scale up or systematise the work more broadly across the the Department, particularly in terms of managing conflicting risk settings and approaches.



*"There's a risk of making what we're doing sound easy, because we're good at it. Hearing the stories as they are progressed - [don't forget] they never would have been achieved if we hadn't been there."*

# Next steps

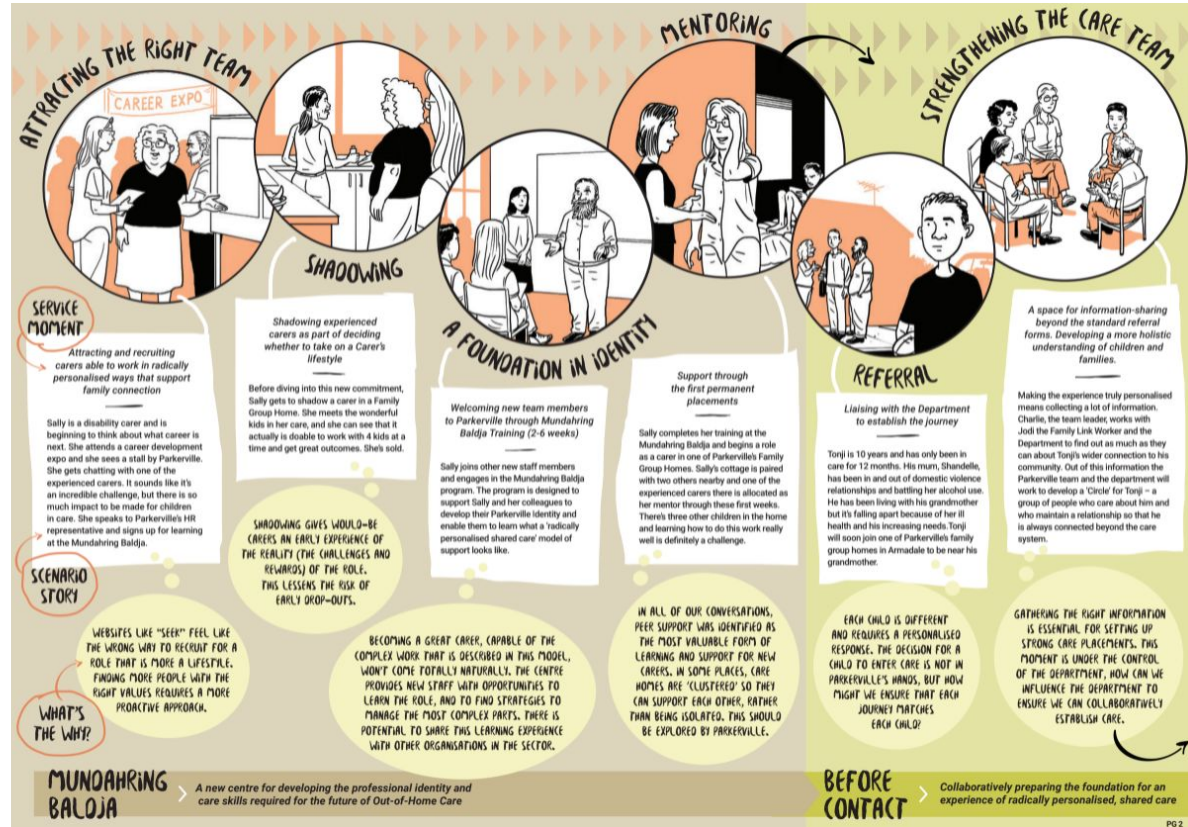
The project is now moving from the prototyping to the piloting phase. The next project review, due in May, will consider the implementation of all of the elements to date, as well as discuss a path to scaling the successful elements.



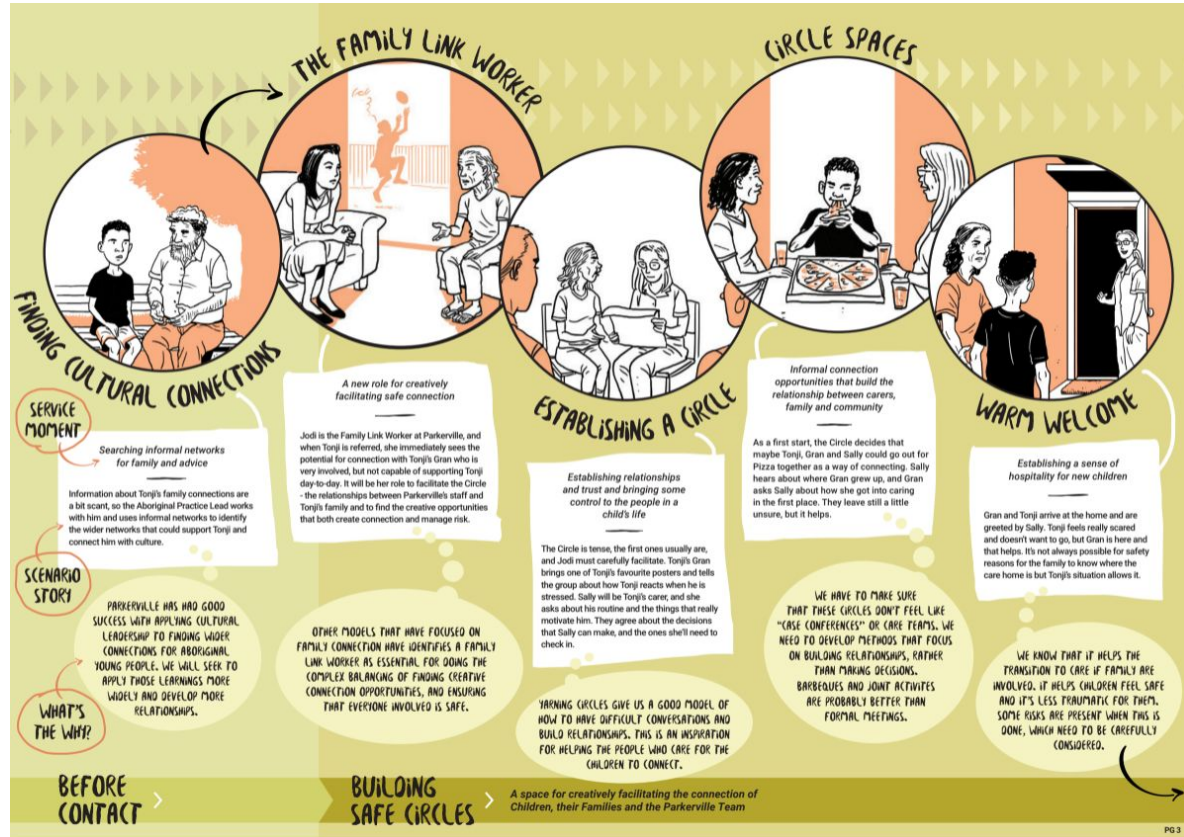
# **Our Way Home Blueprint**

# Our Way Home Blueprint (1/4)

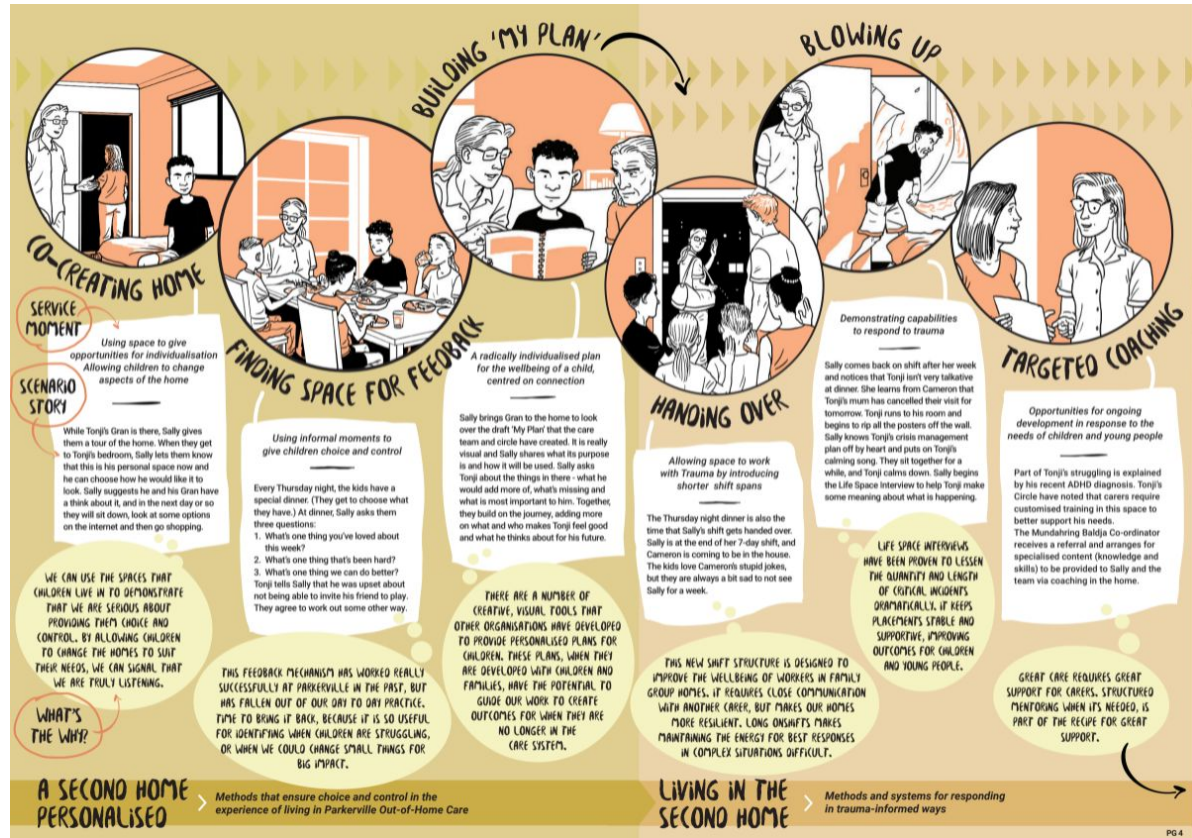
The Our Way Home Blueprint describes the new model for Parkerville's Out of Home Care services. It illustrates how the model might work by following the journey of Tonji and his carer, Sally. Sally and Tonji are fictional characters based on known experience of people involved in the out of home care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



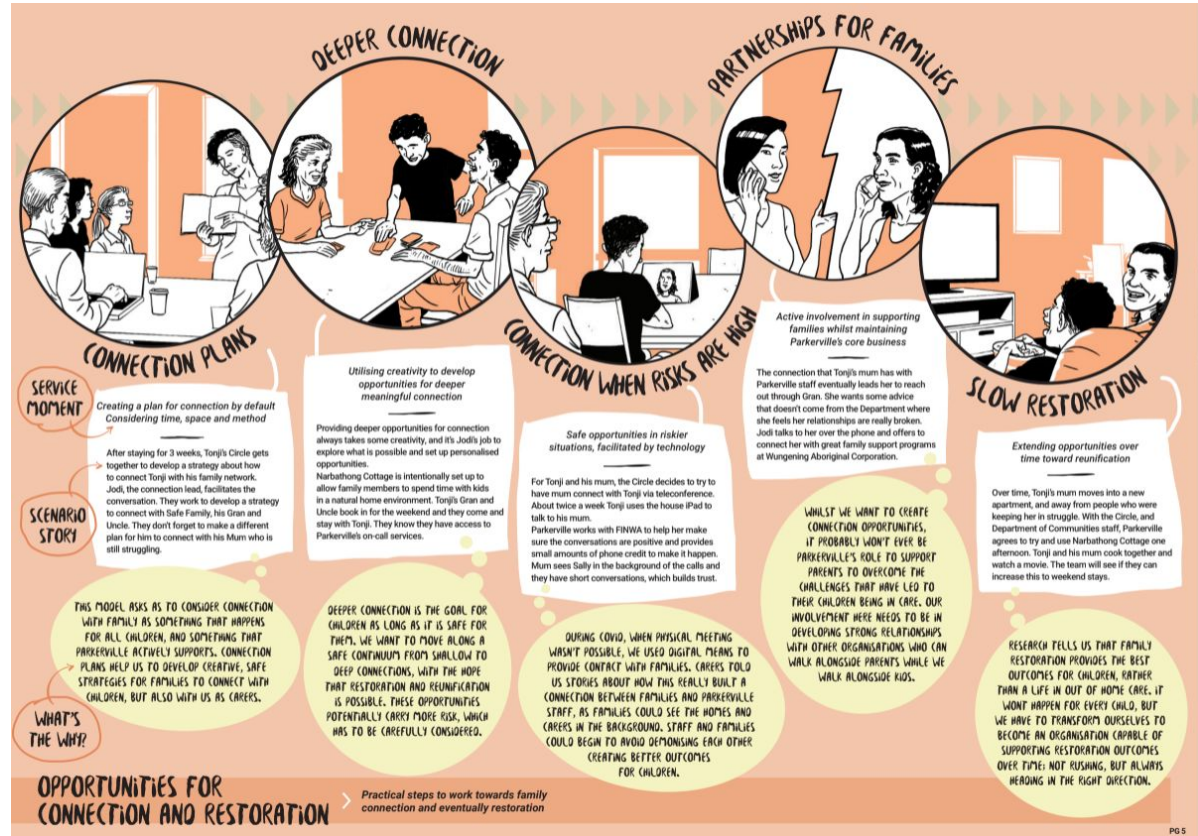
# Our Way Home Blueprint (2/4)



# Our Way Home Blueprint (3/4)



# Our Way Home Blueprint (4/4)





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