

Outcomes of the OurSPACE NSW program

Changing trajectories for
children and young people in
out-of-home care in NSW

2018 – 2022



Australian
Childhood
Foundation

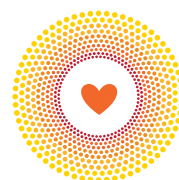
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1. Introduction

OurSPACE was originally funded in October 2018 and began receiving referrals in December 2018.

It is a specialist trauma therapeutic service that works to specifically achieve stability with some of the most vulnerable children and young people in state care. **It recognises that placement stability and relationship permanence are the most significant factors that lead to positive developmental, education and health outcomes for children and young people in care.**

This report provides a summary of the outcomes achieved in the first three years of operations for children and young people who have been referred to it. It also offers an analysis of the impact that the program has had in relation to the child protection and out of home care system in NSW.

1.1 What is the OurSPACE Program?

Originally funded from Their Futures Matter (TFM) reform, approximately 3500 children and young people in out of home care across NSW were identified who had experienced two placement breakdowns in the previous six months. This cohort of children and young people are at most risk of poor developmental outcomes and in need of a specialist trauma based therapeutic service that is able to respond to the complexity of their needs.

The OurSPACE Program directly addresses placement instability and builds relationship permanency for children and young people in out of home care by resourcing the network of adults around them to understand the unmet trauma needs from their past and begin to meet them in the here and now.

OurSPACE is also a specialist trauma treatment service for children and young people in out of home care in New South Wales. It understands that children and young people's trauma based behaviour can put pressure on the capacity of carers to manage. It acknowledges that

therapeutic intervention that reduces the impact of trauma on children and young people can alleviate carer stress and improve the likelihood of placement continuity.

However, it critically recognises that placement disruption can also occur as a result of some or all of the following factors:

- the knowledge and confidence of carers to know how to respond to the children and young people's behaviour may be low;
- carers' history of trauma and relationship disruption may serve to interrupt their ability to respond to the needs of children and young people in their care;
- there are current unidentified problems occurring in the carer family that may be exacerbating children and young people's sense of safety amplifying their challenging behaviour;
- the network of relationships around children and young people (school, friends, family) are not able to understand their needs and how to respond to them, leading to additional stress on the carer family to address these issues as well as look after the children and young people;
- the professional system has disagreements about case direction and is not able to effectively plan for children and young people through their development, making them more reactive;
- children and young people are not in contact with or connected to the cultural and relational resources that can support rich experiences of healing for them;
- the decision making of child protection and/or the court system contributes to experiences of heightened uncertainty which contributes to stress for carers and children/young people.

OurSPACE draws from the extensive experience of the Australian Childhood Foundation (ACF) in the delivery of therapeutic foster and kinship care programs over the past 23 years. ACF has been instrumental in developing evidence informed Australian

models of therapeutic foster care and kinship care. The evaluations of these programs have contributed to the development of a local evidence base for therapeutic approaches to foster and kinship care and the achievement of stability, connection and healthy functioning for children and young people over a range of social and emotional well-being domains.

OurSPACE integrates a culturally strong framework that is supported by specialist practitioners who themselves are from Aboriginal and Torres Strait backgrounds.

It provides assessment and intervention for the cohort of children and young people identified with the most intensive need and their carers. This cohort is resourced through direct evidence based therapeutic intervention using an assertive outreach approach. The intervention consists of a comprehensive assessment followed by up to 20 weeks of therapeutic intervention that directly targets the child and young person and their carers. It also includes the establishment and clinical leadership of care teams for each child and young person, involving the range of professionals in the his/her network (child protection, school, foster care agency, police and others). For a small portion of the children and young people (10%) with additional needs, an extended 26 weeks of this therapeutic intervention is provided.

OurSPACE is an outreach program delivered anywhere in NSW.

OurSPACE has become an integral program that meets a gap in the service delivery framework to children and young people in out of home care in NSW with a caseload of 255 children at any time and an average wait list of over 70 children.

This report describes the background experiences of the children and young people who have been referred to the program and some of the key outcomes that have been achieved for them since the establishment of OurSPACE.

2. Children and young people in OurSPACE have multiple and significant unmet needs

In August 2022, a census of the background and needs of the children and young people who were receiving therapeutic intervention through OurSPACE was conducted.

It highlighted that the children and young people accepted into the OurSPACE Program are severely traumatised. They carry with them experiences of abuse and/or neglect which started in their first year of life. They continued to suffer further multiple incidents and environments that added significant layers of trauma to their development. As a result, they are developmentally behind on multiple measures, including not achieving expected educational and academic milestones.

The experiences after being placed into care has not really assisted them to resolve the multiplying effects of their traumatisation. The majority have experienced multiple placement changes, with many being moved as a result of quality of care concerns. This level of instability is a vicious cycle that is beyond the fault of children and young people. The more relational changes occur, the harder it is for these young people to engage with carers who are well meaning but are not prepared for the trauma based needs these young people hold and express through their behaviour. With the greatest of effort, child protection workers keep stability paramount in their long term decision making. However, decisions about placements seem in the main to be reactive to urgency and pressure to ensure placement viability only in the short term.

The census also found that relationship permanency by any measure is not being achieved. Only some children and young people continue contact with family, some have no contact with siblings. Whilst the majority have at least one peer aged friend, they also suffer peer based bullying and harassment. Placement changes often mean changes in schools and all of the networks of relationships which could be part of their daily life. Indeed, many do not attend any school or form of education regularly.

The complexity of need of these children is significant. It is expressed in their behaviour and the way their life experiences manifest in their individual and relational behaviour. Many have diagnosed mental health problems which also see them receiving medication or accessing multiple services for intervention. It would seem that an awareness of trauma impacts is not the primary lens through which these young people’s needs are understood and responded to.

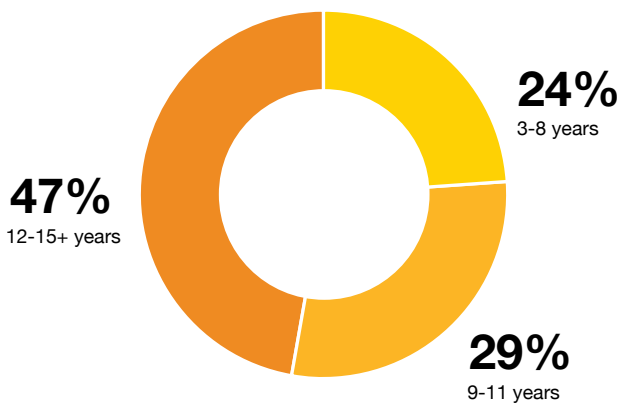
With so many ongoing unmet needs, the children and young people referred to OurSPACE are in need of strengthened relational networks that will journey with them over their life course. Relationship permanence requires formal attention by the child protection and out of home care system for these

children. Recovery comes from the relational network of ongoing important people who learn to tolerate, absorb and ultimately reconfigure the trauma experiences that remain buried in the minds and bodies of children affected by abuse and neglect at such early infancy. This network cannot only be professionals or carers introduced into the lives of many children as a result of coming into care. They need supported relationships which will allow them know deeply that they are loved, cared for and considered part of a community to whom they belong to. They need the systems around them to collaborate effectively in order to achieve the permanency and commitment they crave.

A summary of the key findings of the census is presented here.

2.1 Age and gender of children and young people in OurSPACE

Age of children and young people in OurSPACE

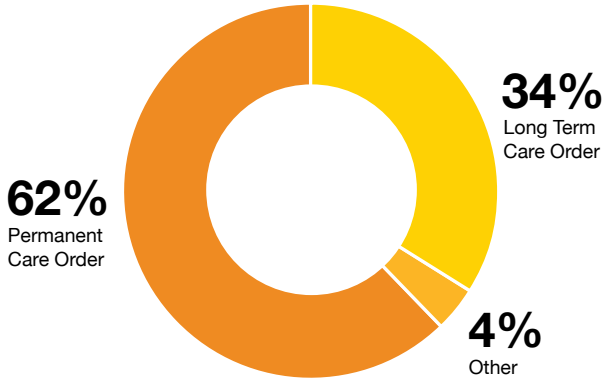


Gender of children and young people in OurSPACE

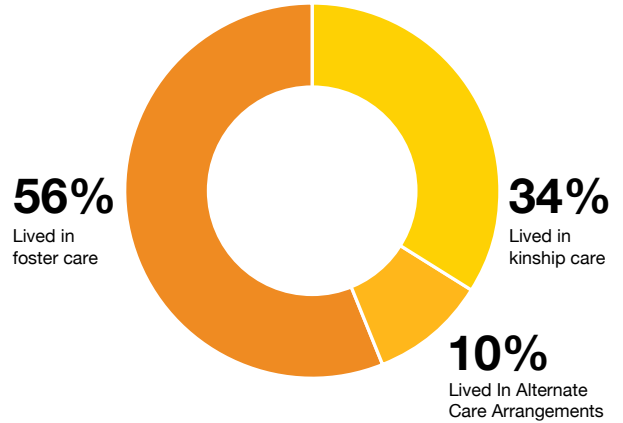


2.2 The majority of children and young people in OurSPACE were on long term orders living in foster care or kinship care

Care responsibility for children and young people in OurSPACE

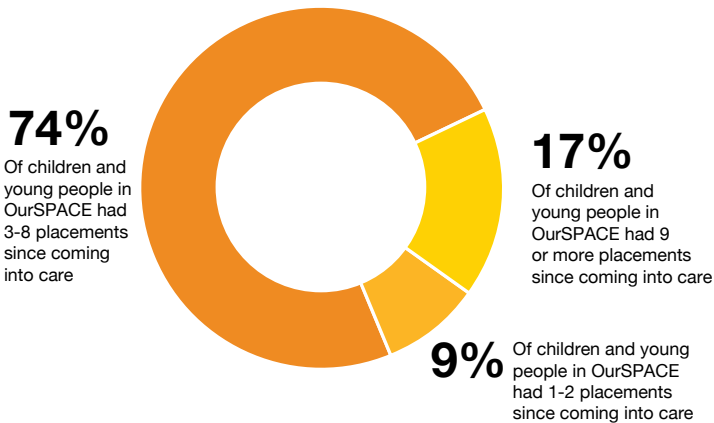


Living arrangements for children and young people in OurSPACE



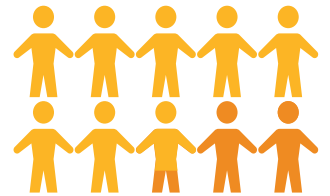
2.3 Children and young people in OurSPACE experienced significant placement instability

Number of placements since coming into care



78%

Of children and young people in OurSPACE had lived in their placement for less than 12 months



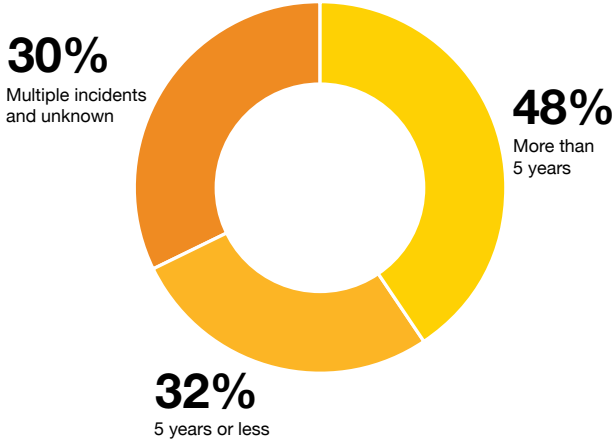
42%

Of children and young people in OurSPACE had a quality of care incident in their placement leading to their removal from placement within the last six months

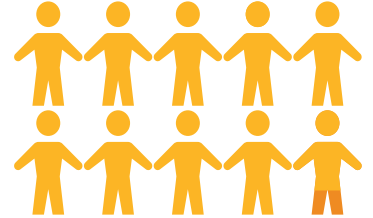


2.4 Children and young people in OurSPACE experienced extensive abuse and neglect over a long period of time

Period of abuse for children and young people in OurSPACE

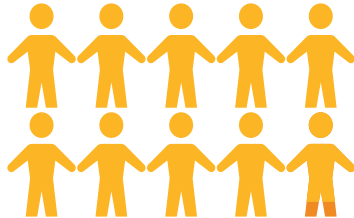


98%
Of children and young people first experience abuse before 12 months old

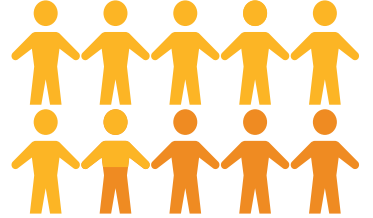


2.5 Children and young people in OurSPACE have experienced multiple forms of abuse and neglect in their lifetime

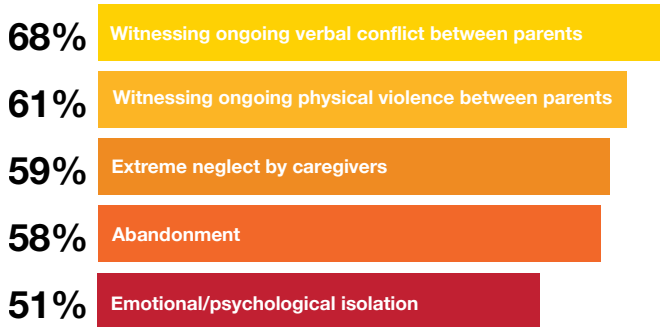
97%
Of children and young people in OurSPACE had experienced emotional and psychological abuse



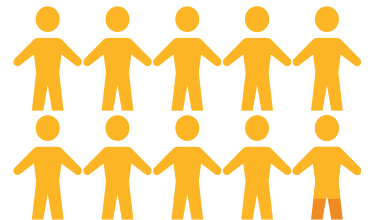
64%
Of children and young people in OurSPACE had been subject to sexual abuse



The top 5 forms of emotional/psychological abuse were:



98%
Of children and young people in OurSPACE had experienced physical abuse ranging from being kicked, punched, hit with an object



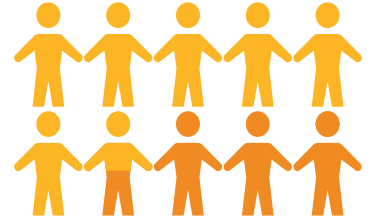
77%

Of children and young people in OurSPACE had been exposed to high levels of family violence



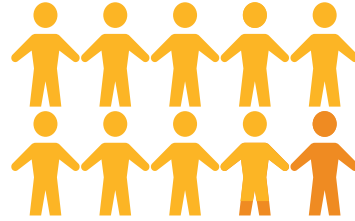
64%

Of children and young people in OurSPACE had been in serious family violence incidents requiring police involvement



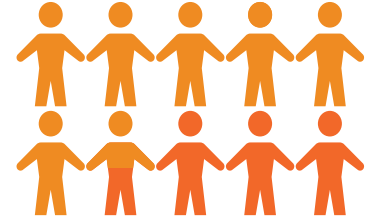
89%

Of children and young people in OurSPACE had experienced serious neglect



87%

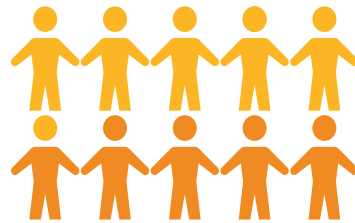
Of children and young people in OurSPACE identified being bullied or harassed by other children and young people



2.6 Children and young people in OurSPACE suffered significant impacts arising from their experiences of abuse, family violence and neglect

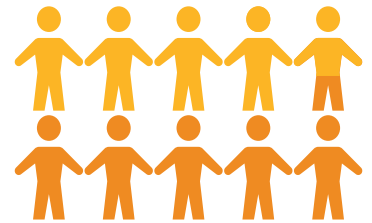
52%

Of children and young people in OurSPACE had been diagnosed with a developmental delay



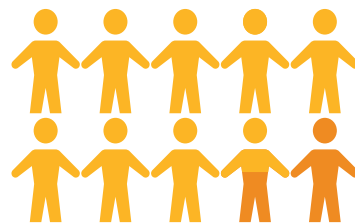
47%

Of children and young people in OurSPACE had suffered from failure to thrive early in their life



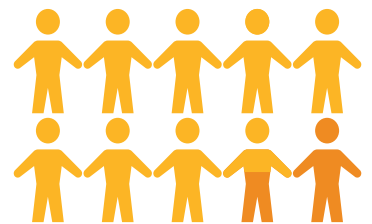
84%

Of children and young people in OurSPACE suffered from sleep disturbances



84%

Of children and young people in OurSPACE suffered from significant anxiety



83%

Of children and young people in OurSPACE suffered from poor self esteem



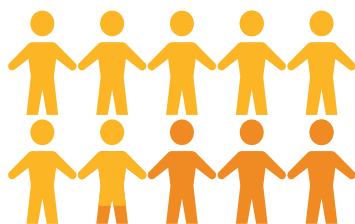
86%

Of children and young people in OurSPACE suffered from poor peer relationships



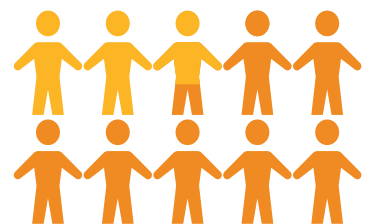
69%

Of children and young people in OurSPACE displayed severe physically aggressive behaviour



27%

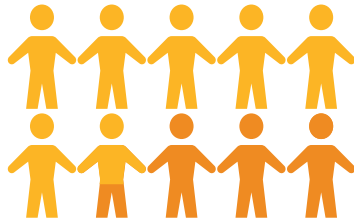
Of children and young people in OurSPACE had engaged in harmful sexual behaviour



2.7 Children and young people in OurSPACE experienced poor educational trajectories

67%

Of children and young people in OurSPACE were significantly behind their peers academically



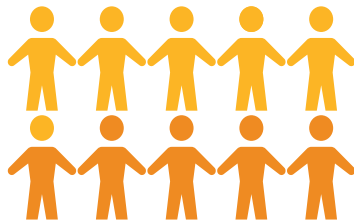
49%

Of children and young people in OurSPACE were not attending school



52%

Of children and young people in OurSPACE had attended 4 or more schools in the past 12 months



2.8 Significant proportion of children and young people in OurSPACE had poor connection with siblings and extended family

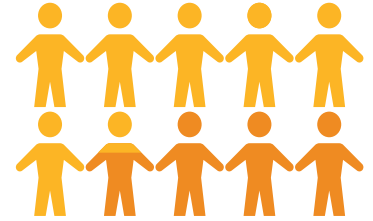
52%

Of children and young people in OurSPACE had no contact or unplanned or sporadic contact with their siblings



63%

Of children and young people in OurSPACE had no contact or unplanned or sporadic contact with extended family



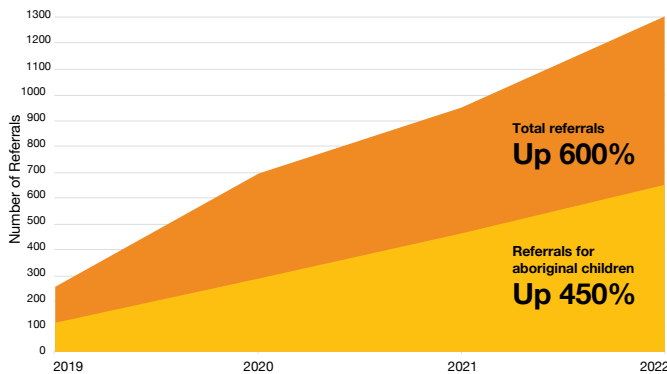
3. Outcomes achieved by OurSPACE since it started in December 2019

In this section, the impact of OurSPACE NSW on the lives of children and young people in out of home care is described in detail. The findings have been extrapolated from a sample of case file reviews undertaken from December 2019 to August 2022 by the senior management of OurSPACE.

3.1 OurSPACE has quickly established itself as important service for children and young people in out of home care

OurSPACE has established itself as an important part of the service network in New South Wales with referrals increasing to 1304 in August 2022. Approximately 50% of the children and young people referred to OurSPACE are Aboriginal.

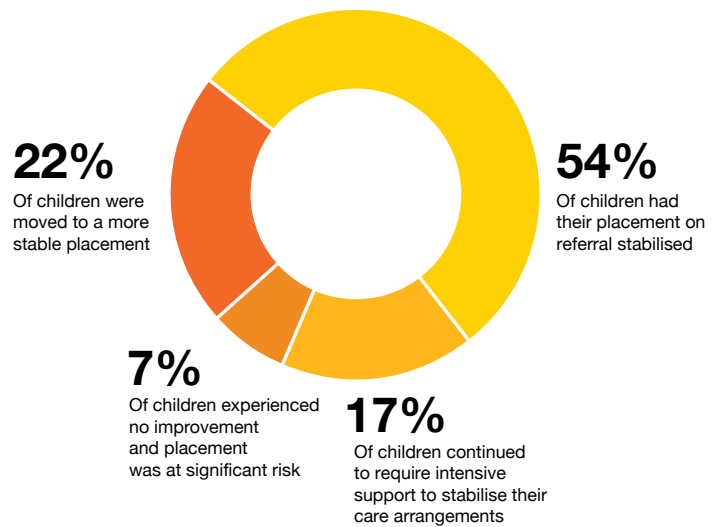
OurSPACE referrals 2019-2022



A further 34% of children and young people moved to a new placement and were stabilised. The reason for the placement move included: unsuitable match with carers; carers unwillingness or inability to change approaches to their care; child’s challenging behaviours were placing other children in the household at risk; and, substantiated quality of care concerns. These children also included those who were moved from Alternate Care Arrangements into fostercare or kinship care.

A further 15% continue to require intensive support to stabilise their care arrangements. These children and young people were more likely to live with kinship carers who have little support network around them. These children and young people were also more likely to have significant and complex needs, including a range of challenging trauma-based behaviour.

OurSPACE improved placement outcomes for children

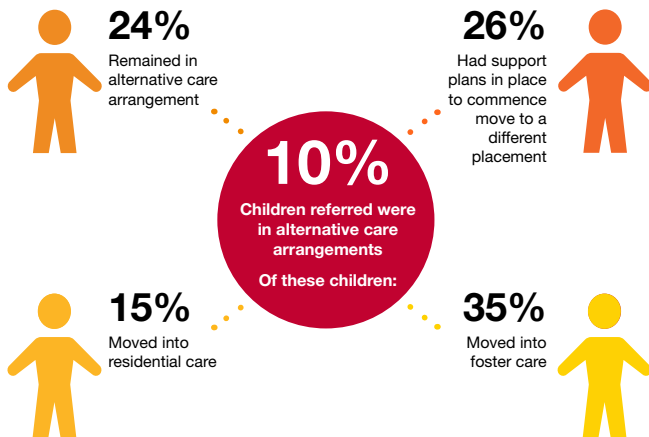


3.2 OurSPACE has improved placement stability for the majority of children and young people it supported

OurSPACE has been successful in stabilising the placements of 92% of children and young people through its intervention. Placement stability was achieved in their current placement for 43% of children and young people.

Despite not being established to respond to the needs of children and young people in Alternative Care Arrangements, OurSPACE was effective in supporting positive transition for children out of ACA’s and into foster care (35%) and residential care (20%). OurSPACE had also developed supported transition plans for a further 24% of children in ACA’s and was working actively with child protection services to achieve a positive transition.

3.3 OurSPACE was effective in supporting transition of children out of ACA's



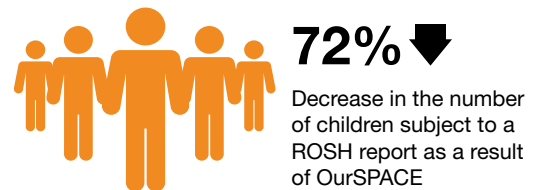
Even though not designed specifically to support transition of children and young people out of Alternate Care Arrangements, 7% of the referrals accepted into OurSPACE were for children and young people in ACA's. The program was successful in beginning and/or completing the transition for 79% of these children, with 55% moving into foster care or residential care. Unfortunately due to the demand on the service, we are unable to respond to these referrals any longer, however they remain 5% of our all referral inquiries.

A proposal for an OurSPACE+ Program to specifically designed to respond to the needs of children and young people in ACA's and support their transition to more stable forms of care has been resubmitted to DCJ.

3.4 OurSPACE has made children and young people safer

Through its therapeutic intervention and care team support, OurSPACE has significantly reduced the number of ROSH reports for children and young people in the program. ROSH reports often continue for children and young people in care, reflecting their perceived level of risk by family and professionals. The overall number of ROSH reports for children and young people supported by the OurSPACE program reduced by 70% from the time of referral. This positive outcome reflects the

effectiveness of the therapeutic outreach process of OurSPACE. It is intentionally focussed on immediately reducing the risks of ongoing harm for children and young people as soon as they are accepted into the program. Having established a basis of safety, OurSPACE is able to then focus its attention on strengthening the relationship experiences and placement stability of children, young people, carers and the network of adults who support them.

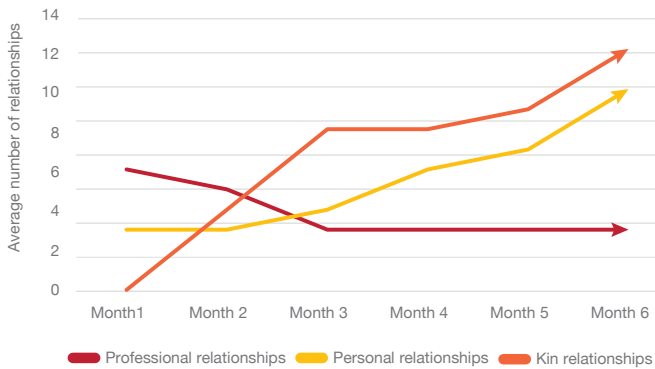


3.5 OurSPACE improved relationship permanence for children and young people

OurSPACE recognises the need for children and young people in out of home care to have a sustainable network of informal relationships that they can carry with them throughout their lives beyond care. These include family, friends, sport coaches, past carers and neighbours. They provide the sense of continuity for children and young people as they mature and develop. Through mutually beneficial exchanges, children and young people and these essential individuals develop a shared history and shared set of experiences. They represent permanency and continuity through transition and change as it occurs during childhood and adolescence. The stronger and more sustainable the informal relational network, the more positive the outcomes for children and young people in out of home care over the long term. OurSPACE focuses on building and strengthening relationship permanence.

Children and young people have 3-5 times more informal relationships involved with them at the end of OurSPACE involvement compared to when OurSPACE started.

OurSPACE improved the relationship permanence of children and young people



3.6 OurSPACE has supported the majority of children and young people to begin to heal

The majority of children and young people (78%) benefited from the OurSPACE therapeutic program as reflected by a significant reduction in the experience of trauma symptoms and increased placement stability. For those who were involved in criminal activity at the start of OurSPACE involvement, 85% showed a significant reduction in this behaviour, attesting to the program’s efficacy as an early intervention program aiming to decrease the number of children and young people involved with the youth justice system.

79% ↓

Children showed a reduction in trauma symptoms as a result of OurSPACE



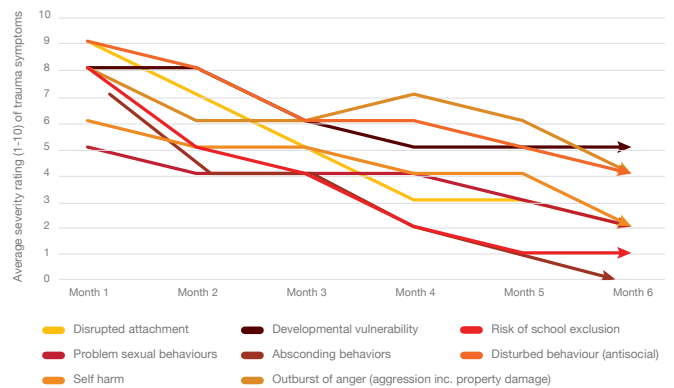
84% ↓

Children showed a reduction in criminal activity if they were involved in Youth Justice at time or referral to OurSPACE



OurSPACE also led to a significant reduction in the average severity rating of trauma symptoms for children and young people, including the relational implications of disrupted attachment, developmental delays, risk of school exclusion, problem sexual behaviour, and absconding and antisocial behaviour. The graph below shows the decrease in rating from the point of referral to the point of closure.

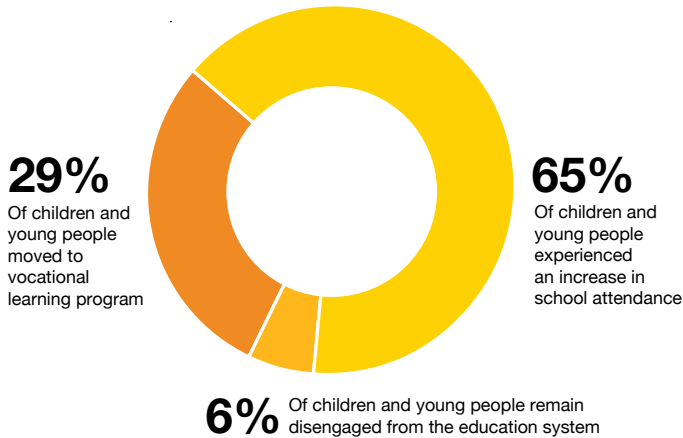
OurSPACE reduced the severity rating of trauma symptoms for children and young people over six months



3.7 OurSPACE has improved education outcomes for children and young people

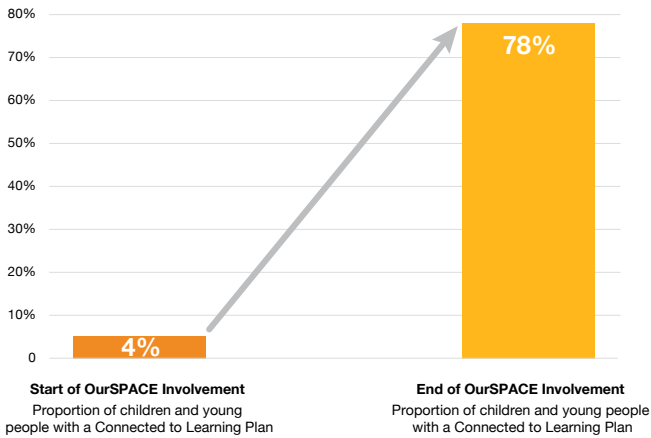
92% of children and young people in the OurSPACE program showed a direct increase in engagement in school or vocational learning. This result highlights the importance of the broader needs of children and young people in out of home care being sensitively understood and integrated within the education system so that the background factors that amplify their risk of poor educational outcomes are addressed. OurSPACE achieved this through supporting changes to children and young people’s supported education plan (see pie chart below) to include a more indepth understanding of the impact of trauma on their development. It also provided clear and ongoing specialist support to the care teams resourcing children, enabling them to become more effective and focussed.

OurSPACE improved educational engagement for children



It is not surprising that with increased attention on school attendance, there was also a 50% increase in the number of children and young people with an active and supported education plan.

OurSPACE increased proportion of children with a formal education plan



3.8 OurSPACE has improved the connection between children and young people in the program and their siblings

At the beginning of their involvement with OurSPACE, children and young people had very little or no routine contact with siblings. By the end of the involvement with OurSPACE, three quarters of the children and young people had more consistent contact and positive interaction with their siblings. This outcome was achieved through supporting case managers to focus on the benefits of building and maintaining strong sibling relationships. OurSPACE also resourced structured plans to facilitate sibling contact that was regularly monitored and reviewed. Siblings are in the main a source of support for children and young people in out of home care. Positive experiences bring with them an intrinsic sense of accompaniment and belonging. The strength of sibling relationships is a mediating factor for improving developmental outcomes for children and young people in out of home care.

78% ↑

Children showed improvement in sibling relationships as a result of OurSPACE



3.9 OurSPACE has strengthened the connection of Aboriginal children and young people to family and kin

In addition to improving non-professional and sibling relationships, OurSPACE has importantly strengthened the connection of Aboriginal children and young people to their broader family and community. OurSPACE has supported the restoration of Aboriginal children and young people with the family on a permanent basis. These outcomes, along with others, highlights the strength of the program in delivering positive therapeutic and cultural outcomes for Aboriginal children and young people.

OurSPACE has established positive and trusted relationships in Aboriginal communities across NSW. It is increasingly respected by ACCO’s who are making referrals to the program and collaborating in its work. The strong cultural framework that is used by OurSPACE with its core commitment to working in partnership with families has been instrumental in ensuring that its therapeutic support offered to children and families is integrated with culturally strong practices.

The OurSPACE team comprises of 55% FTE Aboriginal therapeutic specialists and Team Leaders, in conjunction with strong cultural

connections to community, are well placed to assist in addressing the findings of the Family is Culture review.

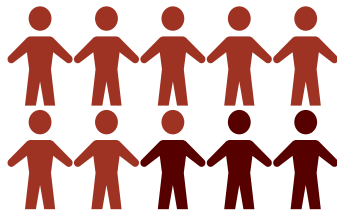
OurSPACE is a strong cohesive team that generally avoids workforce turnover that is common in the OOH landscape in NSW. It has been successful in operationalising trauma responsive approaches in its practice frameworks and leadership model which the team experience as aligning with the relational practice which is key to the program’s success. This approach has enabled the formation of a team that has strong Indigenous and CALD representation.

Cultural consideration in decision making at all levels is key to the success and stability of the First Nations workforce. They report a high degree of satisfaction for both the flexible and responsive approach and the support they receive in the team. There are a number of elements which have been introduced on suggestion of the first nations team to mobilise cultural knowledge therefore creating a more responsive approach.

Traditional ways of thinking about kinship, connection to country and community are seen as essential to healing by the team. OurSPACE is committed to including the voices of First Nations staff and the children and families they work with to continue producing a program that ensures cultural safety and opportunities for intergenerational healing.

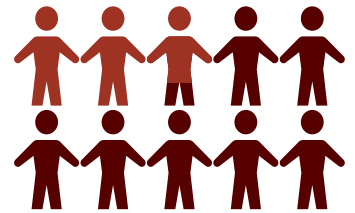
72%

Of Aboriginal children referred to OurSPACE engaged with family for the first time



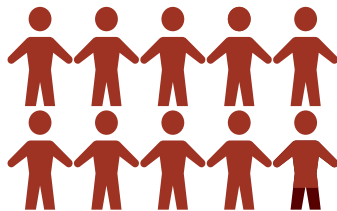
28%

Of Aboriginal children referred to OurSPACE were restored to family permanently



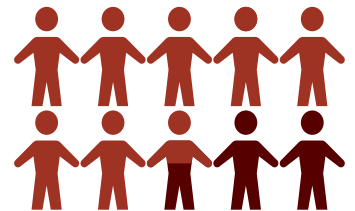
98%

Of all Aboriginal clients received a cultural consultation prior to allocation



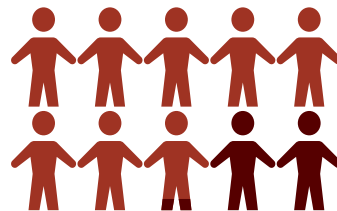
74%

Of Aboriginal clients increased their cultural connection to kin and country



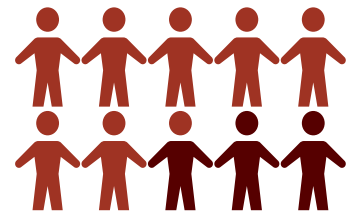
79%

Of Aboriginal clients showed a significant reduction on trauma expressions (reported by carer)



71%

Of Aboriginal clients developed more meaningful connection to siblings (not living in the same placement)



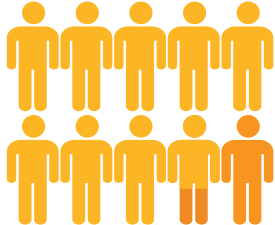
3.10 OurSPACE has empowered, informed and increased the confidence of carers to more effectively respond to the needs of children and young people in their care

Very clearly, OurSPACE has had a significant positive impact on the capacity of carers to undertake their role and engage in relational exchanges with children and young people that help them to recover. The majority of carers have improved their understanding of trauma and its effects on children, increased their confidence in knowing how to respond to the present and past unmet needs of children and young people, and enhanced carer capacity to actively participate in the decision making of care teams.

These outcomes are critical to reducing placement instability. Empowered and confident carers are more likely to be more resilient to the behavioural and systemic changes that they face in their role in looking after children and young people.

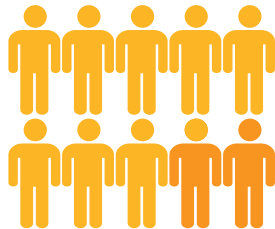
87%

Of carers improved their understanding of children's trauma based behaviour as a result of OurSPACE



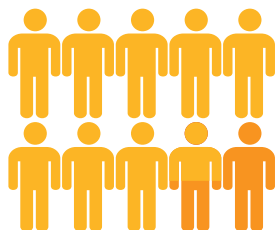
82%

Of carers experienced an increase in confidence about how to respond to children in their care as a result of OurSPACE



85%

Of carers felt empowered to participate more actively in care teams as a result of OurSPACE



3.11 OurSPACE has improved the functioning and capacity of care teams

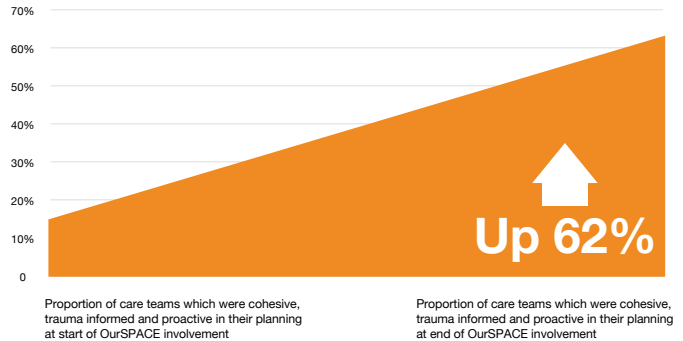
OurSPACE has had a direct impact on the cohesion and functioning of care teams. As a result of OurSPACE intervention, care teams have become more planned, less reactive, more integrated and in more agreement. This has allowed common approaches to meeting the needs of children to be implemented. It has improved collaboration and co-ordination and is a large part of the reason for the decrease in ROSH reports and improvement in well-being of children, young people and carers.



83%

Of care teams were better equipped to understand the trauma need of children as a result of OurSPACE

OurSPACE built the capacity of care teams to function effectively



Proportion of care teams which were cohesive, trauma informed and proactive in their planning at start of OurSPACE involvement

Proportion of care teams which were cohesive, trauma informed and proactive in their planning at end of OurSPACE involvement

Conclusion

There is compelling preliminary evidence to suggest that OurSPACE NSW is a program worth investing in.

The findings of this analysis demonstrate that OurSPACE produces tangible and lasting results for children and their carers. Children who had experienced many placements and years of threat and deprivation before they became involved with OurSPACE were almost always supported to achieve placement stability and emerging signs of relationship permanence.

The vast majority of severely traumatised children and young people who were accepted in the OurSPACE program have shown a significant decrease in the number and severity of trauma symptoms. There were improvements in educational engagement and outcomes. There were improvements in relationships with extended family and siblings. Carers and care teams were better informed, confident and empowered to work collaboratively towards meeting the needs and interests of children and young people in out of home care.

Based on an analysis of these findings and research examining the correlation between adverse childhood experiences and life trajectories (Fuemmeler, Dedert, McClernon and Beckham, 2009), one of the likely predictions is that the group of children accepted into the OurSPACE program are at extreme risk for progressing into the criminal justice system and developing major mental health concerns including suicidality and substance addiction. These children and young people are also at grave risk of developing a range of chronic health conditions throughout their adulthood.

The preliminary results in this report suggest that these risks have begun to be averted by OurSPACE.

In addition, OurSPACE has been successful in engaging and supporting Aboriginal children and carers, improving connection to kin and broader relationships within communities. It has become a trusted and respected program for Aboriginal communities throughout NSW.

It is also a significant resource for the system improving the capacity of case managers and other professionals to know how to work from a more trauma informed way. This has led to strengthened widespread positive feedback from staff from DCJ and community sector organisations.

OurSPACE meets a critical gap in the service system for children and young people in out of home care in NSW. It integrates specialist trauma treatment for children and young people with a focus on placement stability. It achieves improved mental health, education, behavioural and relational outcomes for children and young people. Critically, the demand for the service is growing and can not be met with the current level of resourcing. This leaves many children and young people and their carers waiting over 6-9 months before they receive any kind of support.

An urgent review of the level of funding available for the OurSPACE program is required in order for it to meet this critical unmet need.