DEPARTMENT OF HUMAN SERVICES
EASTERN METROPOLITAN REGION

ANGLICARE VICTORIA

AUSTRALIAN CHILDHOOD FOUNDATION

EVALUATION OF THE TREATMENT AND CARE FOR KIDS (TrACK) PROGRAM

September 2005

SuccessWorks

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Executive Summary

Left unrecognised and untreated, abuse related trauma is cumulative in its impact (Tucci, Mitchell, Goddard and DeBortoli: 2005) with the potential for children to experience a range of negative emotional, psychological and behavioural manifestations that interfere with normal developmental trajectories (Rossman and Rosenberg: 1998). As Tucci et al (2005) have noted, these children have little insight into the connection between what they do, what they feel and what has happened to them. Indeed, they present with a range of complex needs and challenging behaviours that place significant demands on carers and for whom placement stability and effective, timely treatment are often not achieved.

It is widely recognised that traditional models of out of home care are often severely limited in their ability to effectively meet the needs of these children (DHS, 2001a; DHS 2001b: DHS 2003a; DHS 2004). A major review of the out of home care system undertaken by DHS recommended the introduction of therapeutic foster care programs across Victoria (Public Parenting DHS June 2003). The Treatment and Care for Kids (TrACK) Program is one of a limited number of Australian foster care programs informed by models of therapeutic care.

This report details the findings of an evaluation of the TrACK therapeutic foster care program. The evaluation aimed to:

- Research literature relating to similar service models;
- Evaluate the effectiveness of the TrACK Program in achieving improved outcomes for children under statutory care who present with a range of complex needs and challenging behaviours; and
- Provide recommendations regarding strengthening future service developments.

TrACK Program

The TrACK Program is run jointly by Anglicare Victoria's Eastern Foster Care Program (hereafter referred to in this report as Anglicare) and the Australian Childhood Foundation (AChiF). Funded and supported by the Department of Human Services, Eastern Metropolitan Region (DHS, EMR,) the program aims to divert children from residential care and provide more effective therapeutic intervention and outcomes

for traumatised children who present with a range of complex needs and challenging behaviours.

Evolving from an earlier regional pilot, the TrACK Program provides twelve home based placements for children aged 13 years and under at the time of referral. Key program elements include

- specialised recruitment;
- intensive foster care support and case management to carers and children;
- specialised training for carers about providing therapeutic care;
- secondary consultation to carers and other stakeholders; and
- coordinated therapeutic intervention for children and carers.

The TrACK Program is informed by theoretical frameworks including the neurobiology of abuse related trauma and attachment in understanding the disrupted developmental pathways for chronically traumatised children and its impact on emotional, psychological and behavioural functioning. Children's experiences of trauma are privileged as a means of understanding their complex matrix of needs and responding to their behaviours.

Evaluation Results

Seven children and their carers were included in this review on the basis that they had been in the program for a minimum of six months. Six of the seven children had been with the TrACK Program for approximately eighteen months.

Research methods used in the evaluation included a case file audit, a questionnaire to carers and caseworker/therapists regarding children's behaviour changes over time, focussed group and individual discussion with carers, caseworker/therapists, DHS Protective Services staff, senior staff with Anglicare, DHS and AChiF and other stakeholders, and testing of the strength of the service partnership through the application of a Partnership Strengths tool.

Although only a relatively small number of children were involved in this study, the outcomes for this group have been substantial and sustained over their time in the program.

For all children there have been significant changes in critical areas of emotional, psychological and social functioning including self esteem, ability to verbalise fears

and worries, and ability to establish and maintain relationships with carers and demonstrate affection. Indeed, three children have ceased long term medication for issues such as ADHD and anxiety since placement within the TrACK Program. The reasons for this appear directly related to the quality and effectiveness of the care they are currently receiving.

Significant improvement was also achieved across a range of behaviours commonly referred to as 'challenging' in the care environment. These included acceptance of limits, routines and carers roles, participation in family tasks, and the minimisation of violent behaviours, property damage, problematic sexual behaviours and absconding.

The TrACK Program has helped address the slide into multiple placement breakdowns and unplanned changes, and the move from home based to residential care characteristic of this group of children prior to their entry into the TrACK Program.

The TrACK Program effectively demonstrates the essential components of 'therapeutic foster care', marrying the contribution of trauma and attachment theories to practices within a home based care setting. The centrality of the carer's role in care planning and treatment further confirms the program's adherence to current best practice standards in therapeutic fostering. The training and secondary consultation provided by the program coupled with the intensive casework and support are clearly essential in maintaining placement stability and are highly valued by carers.

The direct therapy provided by AChiF is critical to the achievement of successful outcomes and is now "embedded" as an essential component of the program. Due to the "pilot" nature of TrACK this component was originally unfunded. It is now acknowledged that this essential component be costed into the program.

A coordinated approach between the program partners is apparent. The partnership between Anglicare, AChiF and DHS, EMR Program Management Team was assessed as particularly strong and effective.

The TrACK Program is proving to be highly cost effective when compared to the models of care within which these children were previously placed. A TrACK target funded to an actual cost of $51,000 per annum compared to an RP2 – RP3 residential target of $150,000 per annum (see budget p.48). Furthermore, this study demonstrates that children are being maintained in stable cost effective TrACK placements. It has also made a significant contribution to maintaining children in home based care

rather than residential care and enhanced the continuum of out of home models of care available in EMR.

The results of this study highlight that the TrACK Program is consistent with new directions in models of care described in Australian and Victorian policy statements. The program has clearly developed an innovative and cost effective approach to assisting children with complex needs and challenging behaviours to recover from the effects of abuse related trauma and disrupted attachments.

Indeed, this review clearly suggests that the TrACK Program offers important insights and valuable information about the benefits of similar models of therapeutic foster care within the Australian context.

Recommendations

The report concludes with the following recommendations that would serve to further strengthen an already effective program and enhance the out of home care system more broadly.

Recommendation 1: That the current intensive case management formula of 1:6 be the subject of further review and analysis to determine the most appropriate ratio.

Recommendation 2: That the level of Placement Support Worker resource be increased to a full time position (1EFT) with the allocation of the necessary recurrent funding.

Recommendation 3: That AChiF be funded for the provision of direct therapeutic counselling for children and carers in the TrACK Program.

Recommendation 4: That the carer reimbursement be increased to the maximum allowed for under the SHBC payments schedule, or reflect age appropriate levels of reimbursement.

Recommendation 5: That strategies be developed to further strengthen the participation of respite carers in the operations, culture and benefits of the program.

Recommendation 6: That reimbursement for respite carers associated with the TrACK Program be increased and made equivalent to that of primary TrACK carers.

Recommendation 7: That strategies for strengthening communication related to program operations and client outcomes between the TrACK Program and DHS Child Protection Services be developed.

Recommendation 8: That consideration is given to more broadly enhancing the Victorian placement and support system by implementing similar models of therapeutic home based foster care across the state.

Acknowledgements

The authors would like to gratefully acknowledge the children, young people and carers who participate in the TrACK Program for their time and willingness to take part in the evaluation process. Their contribution gave real meaning to the impact of the program on the lives of children and the families in which they live. We thank them for sharing their lives with us.

The authors would also like to thank the members of the TrACK team from each of the partner agencies who gave their time and insights into the TrACK Program. Many thanks also to the Department of Human Services, EMR and the TrACK Reference Group who provided much support and guidance to the evaluation process.

Finally, the authors would like to thank Janise Mitchell, Australian Childhood Foundation, who provided consultation to the evaluation process by way of assisting in the contextualisation of the TrACK Program.

Note:

This report includes quotes from children and carers involved in the TrACK Program. Their names have been changed to protect their identity.

1. Introduction

Children who have experienced profound abuse related trauma, requiring statutory intervention and ultimately out of home care often present with a range of complex needs and challenging behaviours. For some children, their matrix of needs and behaviours place such demands on alternative care settings that the achievement of positive outcomes for them is significantly compromised. A cycle of multiple placement breakdowns, with repeated moves between residential and home-based care is commonplace. Further, the engagement of timely, specialised therapeutic intervention that seeks to ameliorate their trauma and distress whilst containing and addressing their behaviour is often not possible. Finally, a coordinated plan regarding their care, support and therapy is often difficult to achieve and maintain.

Over the past two decades in the United States and United Kingdom, a range of models of 'therapeutic' or 'treatment' foster care (TFC) have developed in an attempt to better respond to the critical therapeutic and care needs of this group of children and young people. The academic literature, however, reveals that empirical evaluation of these programs is limited and as such the literature is varied and unclear as to the efficacy of different approaches. Not withstanding these limitations, the literature does suggest a range of program elements believed to contribute to successful outcomes for children and young people.

A major review of the out of home care system undertaken by DHS in 2002 recommended the introduction of therapeutic foster care programs across Victoria (*Public Parenting* DHS June 2003:5). TrACK is one of a limited number of Australian foster care programs informed by models of therapeutic care.

As the experience of therapeutic foster care is mainly drawn from the United States and United Kingdom, it is imperative that a knowledge base relevant to the Australian context be developed.

This report constitutes the findings of the formal evaluation of the TrACK Program. The TrACK Program has been developed and implemented by a partnership between Anglicare Victoria's Eastern Foster Care Program (hereafter referred to in this report as Anglicare), the Australian Childhood Foundation (AChiF) and the Department of Human Services (DHS), Eastern Metropolitan Region (EMR). The TrACK Program has been operating since May 2003 targeting children, whose complex needs and

challenging behaviours had previously limited their opportunities for placement in home based care.

1.1 Evaluation Objectives

The objectives of the evaluation were to:

- Research literature relating to similar service models;
- Evaluate the effectiveness of the TrACK Program in achieving improved outcomes for children under statutory care who present with a range of complex needs and challenging behaviours; and
- Provide recommendations regarding strengthening future service developments.

This evaluation report is divided into four chapters. Chapter Two describes the TrACK Program. Chapter Three details the evaluation methodology and results. Chapter Four provides a discussion of the findings and recommendations. The appendix includes a full description of the outcomes for children and an analysis of TrACK's theoretical and practice context.

1.2 The Context of the Evaluation

Conceptualising the Needs of Abused and Traumatised Children

Left unrecognised and untreated, abuse related trauma is cumulative in its impact (Tucci, Mitchell Goddard and DeBortoli: 2005). Multiple victimisation significantly increases the likelihood of children experiencing a range of negative emotional, psychological and behavioural manifestations which further restrain developmental resolution and identity formation (Rossman and Rosenberg: 1998).

Chronic trauma experienced during childhood has the effect of compromising children's ability to integrate sensory, emotional and cognitive information. It leaves children disconnected from their own internal states, increases their baseline levels of anxiety and alarm, separates them from meaningful relationships with others and ultimately creates emotional and cognitive schema that reinforce destructive patterns of relating, coping and communicating (Mitchell and Tucci: 2005).

As Tucci et al (2005) have noted, these children have little insight into the connection between what they do, what they feel and what has happened to them. They tend

to communicate the nature of their traumatic past by repeating it in the form of interpersonal patterns of behaviour that place significant demands on their carers and others involved with them. Their behaviour can be challenging - yet in the context of their experience, it often has an internal logic and legitimate meaning.

Terminology

The language adopted by the TrACK Program in conceptualising the needs of children eligible for the program is critical to shaping the response provided to these children.

The preferred descriptor for children in the TrACK Program is children with 'complex needs and challenging behaviours'. The inclusion of the concept of 'complex needs' with that of 'challenging behaviours' ensures the maintenance of a holistic understanding of the traumatic experiences that underpin the child's behaviours and minimises the potential for the 'challenging behaviours' to be the sole organising feature of the intervention.

The phrase 'complex needs and challenging behaviours' also mitigates against the tendency for children to be blamed and negatively stereotyped as a result of behaviours.

This phrase will be used throughout this report other than when citing literature that uses other terminology.

The Service Context

The population of children with complex needs and challenging behaviours overlaps with children with mental illness, learning difficulties, intellectual disabilities and juvenile justice histories (Tomison and Stanley, South Australian DHS Briefing Paper 11:183). Anecdotal evidence suggests that children are presenting with multiple behavioural problems at a younger age than in the past (Tomison and Stanley, South Australian DHS Briefing Paper 11:184).

There is wide recognition that traditional models of out of home care are often severely limited in their ability to effectively meet the needs of children who present with a range of complex needs and challenging behaviours (DHS, 2001a; DHS 2001b: DHS 2003a; DHS 2004). This experience is not unique to Victoria and is reflected in National and interstate reviews of out of home care (Senate: March 2005; Semple: 2001). Consistent with this, recommendations from the High Risk Adolescent Service Quality Improvement Review also concluded the need for a more comprehensive

model of care for high risk adolescents that included a multi-systemic package of support underpinned by foster care placements with a 'therapeutic milieu'(HRAS:19-24).

Definitionally, 'professional' foster care is still formative. The term 'professional' foster care, in the U.S. and elsewhere may often refers more closely approximate the to small residential care units with paid staff in the Victorian experience (Australian Association of Social Workers, Qld Branch, September 2003: 5).

The International Context

There is very little empirical research on the efficacy of foster care programs serving a population comparable to that of the TrACK Program. Nevertheless learnings from international programs emphasise:

- the need for work with these children to be based on evidence-based healing approaches;
- the need for programs with traumatised children with challenging behaviours to be initiated as early as possible after entry to the out of home care system, before placement breakdowns reinforce trauma;
- programs should be individualised for the specific needs of the individual child, and that programs should bring integrated, coordinated services to address the whole range of the child's needs; and
- the importance of addressing the needs of carers.

A limited number of local and international foster care programs have been identified but few have been formally evaluated and do not appear to have a fully integrated holistic approach which seems to be essential for the levels of care required for the children involved in the TrACK Program.

A full description of the Australian and International context of the TrACK propram is included as appendix 3

The TrACK Program regards the child and their carer as key stakeholders. Researchers shows that carers' perceptions of the meaning of challenging behaviours, of their own ability to cope, and of themselves as valued members of a professional team are closely associated with placement stability. The move towards professional foster care, involving higher levels of reimbursement linked to the challenge of the

placement and required levels of skill, and accredited training, is crucial to supporting these carers.

In Victoria, current policy direction seeks to improve the flexibility and responsiveness of out of home care to better meet the diverse range of needs of children and families. Indeed, in describing their major initiatives for 2000-2004 in the placement and support system it is noted that 'there is a need for new models of care in Victoria which are better able to meet the complex needs of some clients. One such model is professional or therapeutic foster care.' (DHS 2004:14)

The TrACK Program is part of the new movement towards 'professional' and 'therapeutic' foster care which recognises the high level of skill, certified training and support required by foster carers (particularly those caring for children with complex needs and challenging behaviours), the critical role they play as part of the care team and commensurate reimbursement/payment levels.

2. The TrACK Program

The TrACK Program is an intensive therapeutic home based foster care program providing 12 placements for children who present with a range of complex needs and challenging behaviours. The program is delivered in partnership by Anglicare, AChiF and DHS, EMR.

2.1 Background

The TrACK Program developed from an internal review of the CATalyst Pilot Project by the partner organisations in December 2002.

Borne out of limitations within the existing placement and support system, the CATalyst pilot sought to achieve effective placement planning for children engaging in problem sexual behaviours who were subject to statutory involvement. The review demonstrated that the problematic sexual behaviours were, in most cases, just one element in a suite of challenging behaviours and complex needs that jeopardised placement stability and that a similar model of care could benefit a range of children displaying this broader range of needs and behaviours.

During the same period, DHS was funding a number of individually tailored packages of home based care for a small group of children in the region whose complex needs and challenging behaviours required intensive support and enhanced carer packages.

As a result of the CATalyst review, the expanded and renamed TrACK Program was established to incorporate children with a range of complex needs and challenging behaviours. The expansion included the children currently receiving individually tailored packages of care, increasing the program target to 12 placements. Funding for the newly named TrACK Program is provided by DHS, EMR and derived from a range of sources such as the existing global, non recurrent funding and rationalisation of other programs. As a result, dedicated funding for the program is not recurrent and must be found each year. TrACK's twelve home based care targets make a major contribution towards the region achieving its overall out of home care targets and responsibilities.

2.2 Aims of the TrACK Program

The TrACK Program aims to:

- provide improved outcomes for children by utilising a co-ordinated and unified approach within a child's personal and professional support network; and
- ensure that children are provided with opportunities and assistance to participate in decisions that affect their lives.

The primary goals of the program are to:

- Promote placement stability in home based out of home care;
- Resource carers to provide nurturing, therapeutic, reparative fostering for children who present with complex needs and challenging behaviours;
- Promote children's ability to recover from the effects of abuse, trauma and loss;
- Ensure a systematic, integrated, coordinated, consistent and holistic response to the needs of children and their carers; and
- Work with families of origin in a supportive, inclusive and respectful way.

2.3 Theoretical Underpinnings

Tucci et al (2005) have recently highlighted how the expanding use of new technologies to map brain functioning and development of children and young people who experience abuse and family violence has enabled the rapid evolution of a new paradigm for understanding through the neurobiology of trauma (Perry: 1997; De Bellis et al: 1999a; De Bellis et al: 1999b; Glaser: 2000; Teicher: 2002; Cozolino: 2002; Van der Kolk: 2003b; Becker-Blease and Freyd: 2005; Bevans, Cerbone and Overstreet: 2005; Solomon and Heide: 2005).

This paradigm emphasises the interconnection between children's adaptive physiological, emotional and cognitive responses to traumatic stress and the development of attachment based identity formation. It positions explanatory models of attachment centrally in understanding how and why traumatised children behave in the way they do. It clarifies the primary role of a familiar attachment figure in assisting in the regulation of the child's affective states reinforcing neurobiological associations that promote positive resolution of future stressful experiences.

Tucci et al's (2005) recent comprehensive review of the impact of abuse and family violence on children summarised the following series of key findings pointing to the validity of attachment frameworks in understanding the disrupted developmental pathways for chronically truamatised children:

- Cicchetti and Beeghly (1987) argued and subsequently confirmed (Carlson, Cicchetti, Barnett and Braunwald, 1989) that approximately 80% of traumatised children have disorganised attachment patterns.
- Lynch and Cicchetti (1991) found that children who had experienced abuse showed confused patterns of proximity seeking and connection not only with their particular carers but to other significant relationships as well.
- Hughes (1998) has found that children who are raised in abusive families have weak and problematic attachment experiences.
- Lynch and Cicchetti (2002) noted that children who were exposed to high levels of violence also described feeling less positive affect when they were with their parents, were dissatisfied with their sense of connectedness to them, felt more separation anxiety and reported more negative parental behaviour than children exposed to less violence.

Tucci et al (2005) pointed out that poor and disorganised attachment styles have been linked with a lack of empathy and increased aggression in children and young people (Dutton, 2000); disruptive behaviour problems (Greenberg, Speltz and Deklyen, 1993); sustained grief reactions involving sudden and violent loss (Cohen, Mannarino, Greenberg, Padlo and Shipley, 2002; Harris-Hendriks, Black and Kaplan, 2000); increased vulnerability for prolonged dissociative reactions (Liotti, 2004); and, the development of Borderline Personality Disorder (Cole-Detke and Kobak, 1998).

This theoretical frameworks provide the foundation upon which all elements of care and intervention provided by the TrACK Program are based.

2.4 Target Group

Children entering the program:

- must be under thirteen years of age at entry;
- must be subject to statutory orders through the Children's Court;
- require a medium to long-term placement;

- have challenging behaviours or complex needs that would otherwise exclude them from home-based care, and
- must be able to be placed in a home based environment with the capacity to develop and maintain relationships within the intensity of a family setting.

The following list highlights the potential matrix of needs and challenging behaviours with which children entering the TrACK Program commonly present:

- Previous multiple placements
- Attachment issues
- Problematic sexual behaviours
- Running away
- Damage to property
- Defiant behaviours
- Low self esteem
- Tantrums/outbursts of anger
- Poor social skills
- School refusal
- Behavioural problems at school
- Aggression
- Disturbed or antisocial behaviour patterns

2.5 TrACK Program Elements

The TrACK Program includes the following key elements:

Intensive Contracted Case Management and Support

The case management of the child's statutory child protection order is contracted to Anglicare. Case contracting facilitates timely and coordinated communication and decision making.

In recognition of the necessary experience and skill required to undertake the role, the two full time Anglicare foster care staff employed to the TrACK Program are classified at the Social Work Class 3 level.

Benchmarked against the Victorian Intensive Case Management Services model applied to work with high risk adolescents, the foster care caseload within the TrACK Program is 1:6.

Specialised Carer Recruitment

All families or individuals wishing to be considered as carers for the TrACK Program are required to undergo a special assessment process to determine their suitability for this program. The assessment process addresses critical issues pertaining to the attitudes and values of the potential carer with respect to the inappropriate and/or challenging behaviours of the child. These processes occur in addition to Anglicare's standard foster care selection and recruitment strategy.

Enhanced Carer Reimbursements

The role of the carer is viewed by the TrACK Program as central to the success of the placement. Beyond the usual expectations of carers, the TrACK Program requires a number of additional aspects to their role including:

- Attendance at additional training and support forums;
- To assist in the establishment of 'placement specific' and 'client specific' management plans, expectations, undertakings and responsibilities necessary to meet the child/young persons support needs;
- To assist in the fulfilment of therapeutic goals and case plans;
- To participate in a multidisciplinary teamwork approach; and
- To assist the child to develop and maintain positive and constructive links within the local community, particularly in regard to available support services and recreation and if appropriate encourage access and contact between child and their family or support networks.

In recognition of the additional demands and responsibilities placed on carers, enhanced levels of carer reimbursement are paid. The DHS sponsored Specialist Home Based Care (SHBC) program provided a benchmark for reimbursement to TrACK carers. The SHBC reimbursement rates acknowledge that some children and

young people require more intense input from carers. Initially, the TrACK Program set the reimbursement level at the SHBC '13 plus' age level 3, but funding limitations required it to be reset at a lower level.

Advanced Training for Carers and Other Stakeholders

AChiF provides a total of 34 hours training annually to carers, foster care and residential staff employed by Anglicare in the form of 3 modules. The aims of the training are to:

- Develop an enhanced capacity for carers to understand and respond to children who have experienced abuse related trauma and who display a range of challenging behaviours, including problem sexual behaviour; and
- Facilitate and support therapeutic work with the children and/or family and/or carers.

Secondary Consultation

Like the training, secondary consultation is provided to carers and relevant professionals with the aim of enhancing understanding and provision of effective responses to the needs and behaviours of children in the program. Secondary consultation builds on and reinforces the concepts covered in the training. It is delivered flexibly with the frequency determined by the needs of the carers, other stakeholders and the child, sometimes several times per week.

Coordination and Provision of Therapeutic Intervention

AChiF undertakes to liaise with external therapy providers to coordinate and integrate the therapy with the TrACK care plan for that child. The aim of this activity is to ensure effective communication regarding critical issues arising out of therapy that are of relevance to the care and support needs of the child.

Additionally, over and above the funded activity, AChiF provides a range of therapy services to children in the TrACK Program including individual therapy, family therapy with the carer family, sibling therapy, and therapy with the child and biological parent(s) where required.

Placement Support Worker

Placement Support worker time is built into the TrACK model to support the carers and children at critical times. The specific role of placement support is determined in the placement planning process for each child but can include assisting in the carer's home at critical times such as transition of the child into the placement or assistance in implementing behaviour management strategies. The role also includes assistance with transporting children to access, appointments or supporting the school setting.

Additional Support Mechanisms such as Peer Support Groups for Carers

Both Anglicare and AChiF jointly provide groups for carers or children as required. To date these groups have mainly taken the form of peer support and education for the carers.

2.6 Summary

The TrACK Program emerged as a response to children with complex needs and challenging behaviours who required out of home care. As a therapeutic foster care programs its critical features include:

- Child focus.
- Consistency.
- Formal care team.
- Comprehensive systemic treatment formula.
- Continuity and predictability.
- Advanced Training.
- Flexible and accessible network of carer support.

Operational specifications include a limited case load, higher staff salaries to attract a skilled work team, limited case loads, case contracting, full time workers and secondary consultation and training.

3. Evaluation of the TrACK Program

This chapter details the outcomes of the evaluation with regard to the effectiveness of the TrACK Program. It assesses the extent to which it achieved its stated aims in effectively responding to the care and support need of children who present with complex needs and challenging behaviour.

3.1 Methodology

The evaluation was conducted during April and May 2005.

In Phase One a comprehensive literature and document review was undertaken aimed at describing the general features of the TrACK Program, placing the program in its Australian and overseas context, identifying best practice examples and identifying the essential features of the program that could be evaluated.

Phase Two was designed to gain a full understanding of the effectiveness of the TrACK Program, including client outcomes, and to identify any barriers to and forces for successful service delivery. A critical aspect of this phase was to gain an appreciation of stakeholders' views of the program's effectiveness and to measure client outcomes.

Key tasks of the evaluation included analysis and comment on two levels:

- At the operational level:
    - Interagency arrangements and linkages/protocols with key stakeholders including DHS case contracting unit;
    - Impact of carer training and support component;
    - Carer recruitment processes and effectiveness;
    - Stability of placements;
    - Impact on client behaviour including social, educational and family relationships;
    - Quality of service and client outcomes within service costs;
    - Case contracting – issues and effectiveness;
    - Effectiveness of program adjustments; and

  - Caseloads.
- At the overall service or organisational level:
  - Identification of any barriers to successful service delivery;
  - Service users' views/experiences of program's effectiveness;
  - Service enhancement options; and
  - Cost effectiveness of the program in general, as well as specifically in comparison to residential care.

Client Outcomes Analysis

Given the importance of client outcomes a detailed approach was taken to identify changes from various perspectives:

- Client file analysis (Anglicare) of service and care plans and quarterly reviews, aimed at gaining an indication of client benefits from the program and behavioural change, if any;
- Focus group interview with Anglicare casework staff (3) and AChiF therapists (2) to gather anecdotal evidence of client behavioural change and scope issues;
- Focus group interview with Anglicare casework staff (3) to gather detailed information on client outcomes;
- Focus group interview with AChiF therapists (2) to gather detailed information on client outcomes;
- Development and application of pre and post questionnaire "Tracking Young People in TrACK" with Anglicare caseworkers, AChiF therapists and carers;

  The tool was designed to elicit comments from care team caseworkers, therapists and carers. The tool asked for measurement, on a 10 point scale, of children's behaviour now and when first involved in the TrACK Program so that progress, if any, could be ascertained;

  Thirty areas of behaviour were reported on covering:

  - Personal Functioning;
  - Physical Well Being;

  - Level of Connectedness;
  - Risk Behaviours; and
  - Relationship Skills;
- Focus group interview with carers to gather experiences and anecdotes related to client outcomes;
- Personal interviews with selected carers and clients to gather experiences and anecdotes regarding outcomes and related issues;
- Focus group interview with DHS Child Protection staff to gather experiences and anecdotes related to the partnership between DHS and TrACK at the client outcomes level; and
- Aggregation and analysis of results.

It is important to note that baseline measures are not formally recorded for the children as they enter the TrACK Program and as such reports of children's past behaviours rely to some degree on recall of workers and carers. Future evaluation of the program may benefit from the introduction of a tool to record assessed behaviours when the child first enters the TrACK Program that can be used as a baseline for comparison over time

Overall Organisational and Program Analysis

Along with the analysis of client outcomes the evaluation was designed to consider the barriers and benefits associated with the organisational arrangements. The key processes used to gather this information included:

- Focus group interview with Anglicare caseworkers (3) to gather experiences and anecdotes related to organisational functioning;
- Focus group interview with AChiF therapists (2) to gather experiences and anecdotes related to organisational functioning;
- Design of Strength of Partnering Relationship Assessment Tool (SPRAT);
- Focus group interview with Senior Managers of Anglicare, AChiF and DHS. Application of SPRAT tool plus gathering of experiences and anecdotes;
- Personal interviews with selected key stakeholders regarding effectiveness of essential components of TrACK relating to both organisational aspects and client outcomes;

- Cost analysis of TrACK compared with residential and other forms of care; and
- Aggregation and analysis of results.

Sample of Children

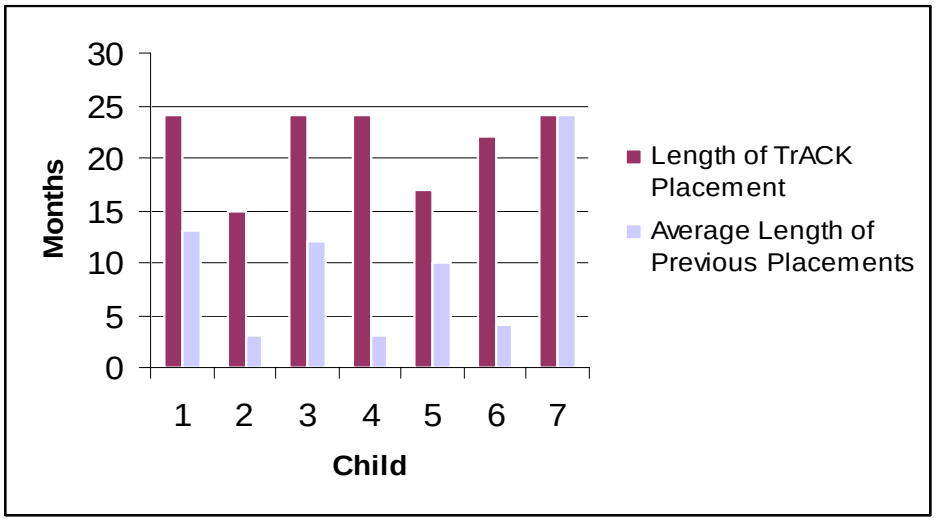
Whilst the TrACK Program involves 12 placements, the evaluators determined that in order to assess the effectiveness of the program children must have been in a TrACK placement for a minimum of six months to be included in the evaluation. As such, seven children and their carers were included. Six children have participated in the program for approximately eighteen months and one child for approximately six months.

Table 1. Previous Placement Histories

Child	Current Age	Commenced Care	Number of 'Placements' per year prior to TrACK	Commenced TrACK
1	11	1994	9 placements in 10 years	7/2003
2	7	2001	8 placements in 2 years	4/2004
3	15	2001	3 placements in 3 years	7/2003
4	12	2003	2 placements in 6 months	7/2003
5	8	1998	6 placements in 5 years	2/2004
6	11	2003	2 placements in 9 months	9/2003
7	16	1993	6 placements in 10 years	7/2003

N.B. "Number of Placements" includes regular respite arrangements with the one family.

This can be further represented as follows:



3.2 Results

Outcomes for Children

There is little opportunity to benchmark these results against other accommodation and support settings as periodic observations of behaviour are not routinely taken for children and young people in out of home care in Victoria. In fact the file search undertaken as part of this evaluation revealed little in the way of systematic behavioural measurement of children's progress or otherwise.

The results obtained utilising the "Tracking Young People in TrACK" tool were averaged and serve to highlight past and present functioning and degree of observable change on a range of areas as reported by care team caseworkers, AChiF therapists and carers. The degree of change is measured on a ten point scale. Detailed tables charting the specific movement for each area are included in Appendix 2.

Personal Functioning

The degree of change or improvement in self esteem for all children was significant with casework/therapists reporting more than a five point improvement on the ten point scale.

Children, themselves, reported more general confidence and an increasing ability to do "normal things again". "Tony" fifteen years, stated he now "felt like a normal teenager again."

Significant improvement in the capacity of children to verbalise fears, worries or anxieties was also recorded with the casework/therapists rating a six point change whilst carers rated a four point change. The therapeutic component of the program was in evidence here with many positive experiences reported.

Physical Well Being

There was a reasonable level of general health reported in children when first entering the TrACK Program (six on the scale) with further improvements noted in all children (two points). One child reported marked significant change in this area.

"His ADHD medication was ceased during placement with us." Carer

"He used to take asthma medication, now it is not necessary." Carer

"He was on medication for sleep and anxiety, now he isn't." Carer

"She used to ask for Panadol all the time and seemed to be getting dependent." Carer

"Had frequent mood swings. Has laughed for the first time. Couldn't be left alone. Stammered and stuttered and now doesn't. Now able to say 'I love you' and 'I love mum'. More assertive. Not always asking for directions."

Carer

Mental Health

Overall there were significant positive changes (five points) reported in the children's mental health. Indeed, three children showed such marked improvement that each ceased taking medication for significant mental health issues such as ADHD and anxiety, whilst another ceased a growing dependence on non prescribed medication.

Carers and caseworkers/therapists reported changes of five points in regards to sleeping difficulties. Comments related to this area attest to the positive changes.

> "He used to have recurring nightmares about petrol being poured over him and wouldn't sleep unless someone was in the room. Now he sleeps right through.
>
> He used to be up all night moving things around and checking curtains and things. Now he sleeps well though he is still a light sleeper.
>
> He used to wake at night crying. He doesn't do this now."
>
> Carer of Steve 10 years

Further positive change was reported for all children in relation to eating problems/disorders.

Issues such as suicidality, self harming and substance abuse, common in many high risk adolescents were not significant issues confronting the children in this sample and hypothesised as largely due to their young age. Early concerns were, however, identified for two children. For example, one child had persistently mentally rehearsed running in front of a car and verbalised his belief that he would die young.

For the two children identified as experiencing some level of suicidal thoughts significant change was reported with changes of nine points and six points respectively observed by casework/therapists. It is clear major positive change has occurred for these children.

There was little self harming activity reported overall for this group, and no substance abuse issues reported amongst this group.

Level of Connectedness

Connections with Birth Family and Relatives

In light of the minimal contact that many of these children have with their families of origin, there was little overall change reported in this area. Indeed, this might be expected due to the TrACK Program targeting children where there is no prospect or plan for family reunion in at least the medium to long term. It was, however, observed that some children reported strong connections with relatives and these connections had been enhanced since commencing in the TrACK Program.

> "The only thing he could really control was what he ate and control he did! Now he eats vegetables and meat and understands the importance of good nutrition."
>
> Carer

Connections with TrACK Foster Family

There were marked improvements in the children's ability to establish and maintain relationships, reported by both caseworker/therapists and carers with changes of six and five points respectively. The commitment carers make to include TrACK foster children in their "family" was obvious.

> "It has taken a long time for Peter to see me as a member of his family. We are his family now." Carer

In the four areas accepts limits, accepts family routines, accepts carer roles, and participates in family tasks, caseworker/therapists noted positive change as high as seven points while carers reported changes of around five and a half points. Carers remarked on the critical importance of the secondary consultation being available via AChiF and the twenty-four hour 'on call' assistance from Anglicare in achieving these outcomes.

Caseworker/therapists and carers reported significant changes in the area of being able to 'demonstrate affection', with all reporting an average five point change.

> "He had no limits at all on arrival.
>
> Gradually not rebelling against everything we say.
>
> This was a battle early on, he constantly pushed the boundaries.
>
> He didn't want to be here and said 'who are you people and why do I have to live with you?' Now he is different, in fact we all are."
>
> Carer

Indeed, two children had positive change reported of eight points.

The stories attached to the changes recorded in this area were testimony to the significance of change in this area.

Adding further evidence to the level of connection of children to their foster families is observation that whilst absconding was initially a feature of the behaviour of four children, this behaviour has now ceased completely.

> "He used to be very aggressive, throw things, and swear at me. Now he cuddles, laughs, talks openly and touches gently.
>
> He did not like me touching him or even holding his hand to cross a street. Now he is affectionate with good eye contact. "
>
> Carer

Connection with Schools

Overall, there were few issues relating to school attendance for children entering the TrACK Program. As such, there was little overall change reported. All children attend school regularly. There was, however, an overall two and a half positive change reported by both carers and casework/therapists in children's participation in class activities.

The assistance of carers in this area was most notable with one couple assisting in the classroom every morning until funding for an integration aide was approved.

It was clear in this area that although change was noted overall, the behaviour of some children was still a concern for teachers. This is reported on elsewhere in this report.

Risk Behaviours

Overall there was positive change noted in the children's violent behaviours and most marked change in observed behaviour in three of the four children with serious problems in these areas. Overall, behaviour change and improvement in these areas was around 3 points, reported by both caseworker/therapists and carers.

> "This is a significant area of improvement, he had assaulted the Principal of the school and teachers but we have had no major outbursts for six months." Carer
>
> "Tony used to smash up his own things and cut up his bedding. He doesn't now."
>
> Carer

Inappropriate sexual behaviour was an issue for three children in this group. In every case marked improvement was observed by casework/therapists and carers. The degree of change was very significant averaging a six point change for these three children.

> "Kevin is working on friendships but readily sabotages them. He is not confident with kids his age; he acts the tough guy and tells stories." Carer

Relationship Skills

The ability to relate to peers, in general, and social interaction with (school) peers, specifically are areas of overall low performance for these children. Although change (two points) was reported on each domain, their performance was still at the lower end of the continuum. These children struggle to establish satisfactory relationships with peers. While there was improvement in the area of being, this is the lowest area of functioning observed for this group of children as a whole.

Major positive changes were, however, noted in the children's connection with recreational activities**,** with changes of six points consistently reported.

Responses by carers indicated the effort that had gone into encouraging participation in this area.

It was observed that children had more ability to relate to adults and professionals than they did in relating to their peers and that improvement occurred across all children.

> "He would not do anything. He was afraid. He wanted to skateboard really bad and made up stories of his adventures in this area. It was sad. Now he will try anything though he is still wary."
>
> Carer

Continuity and Stability of Placement

> "When I picked up Kate from the residential unit a little boy said to her... "you'll be back." I asked Kate what he meant and she said she has had six foster care placements. I said to Kate "well you are with me now and you're not going anywhere else unless it's with me or your Mum."
>
> Carer of Kate 12 years

In focused discussion with case work and therapy staff, carers and others there were consistent examples that indicate the program has an underlying priority of maintaining placements, continuity of care and 'stickability' (i.e. the ability and determination to stick with it when times are tough). Care team staff pointed out that all assistance (no matter who it is provided to) must be aimed at ultimately benefiting the child and the maintenance of the placement.

> "The child is the client.....always."
>
> Care Team Therapist

"Jim had few social skills initially; he was too controlling and pushy. Now he is able to work in groups better and has a few friends." Carer

There were many examples given by carers of assistance provided by casework staff at critical times during the course of the placement.

The group of children involved in the TrACK Program have all come from residential settings and exhibited extremely challenging behaviours. Only one child has been returned to residential care since the commencement of the program.

An analysis of the placement histories of the children involved in this study (as detailed in Section 4.1.3 of this report) indicates that the pattern of placement breakdown, change and lack of stability and continuity has been broken by the TrACK Program.

Carers reported examples of the commitment they were making to continuity and stability of placement. Many of these examples demonstrated considerable commitment and 'stickabilty'.

Carers described many examples of placements where earlier in the placement continuance was threatened by behaviour that required expert and timely remedial intervention by the care team. This assistance was available twenty-four hours a day and ranged from practical advice and assistance through to therapeutic intervention.

The TrACK Program has had only one child return to a residential care setting throughout its history. Whilst not one of the children included in the sample, the carer involved stated that the placement ended due to poor 'matching' of the child and herself. The case workers and therapists reflect that early problems in communication near the commencement of the TrACK Program were a major contributor to the placement breakdown. These issues have since been remedied.

"When I had those health problems [the caseworker] just turned up and arranged respite care and other assistance. Kate and I couldn't have kept going without that."

Carer

Summary of Outcomes for Children

For all children in the TrACK Program there was positive change reported in a number of areas.

On average all children improved their ability to develop a sense of connectedness and belonging with their foster families. Clearly, the TrACK Program is providing continuous and stable placements for a group of children who had histories of multiple placement changes and instability.

Being able to relate to peers (at school), was the lowest area of functioning observed for the TrACK group of children.

There were significant changes reported in the children's mental health as evidenced by the marked improvement in the mental health circumstances of three children who had ceased taking medication for significant health and mental health issues.

Significant decreases in violent or problematic sexual behaviour have been achieved in children for whom these were issues.

3.3 Organisational and Program Findings

This section summarises findings in relation to three key components:

- An analysis of **organisational aspects** of the program that should reasonably be expected of a program aspiring to operate elements of both a therapeutic and professional home based care program;
- The nature and value of the **partnerships**; and
- **Financial performance** of the program compared to any other appropriate type of available accommodation and care for this client group.

Essential Components of the TrACK Program

Through an analysis of documents, discussion with TrACK Program staff and the analysis of the literature related to **professional foster care** and **therapeutic foster care**, it would be reasonable to identify a number of **essential components** of the TrACK Program reflecting the characteristics of therapeutic and professional foster care.

For the TrACK Program to be a high functioning therapeutic foster care program, and for it to exhibit benefits associated with professional foster care settings, the following would be demonstrated:

- A therapeutic foster care program rather than a foster care program with therapy "added on";
- Intensive case work and support well beyond that which can be provided through general foster care services;
- Coordinated team work and service provision involving the three partners that results in enhanced outcomes;
- Enhanced carer payments and evidence that these payments enhance service provision;
- Evidence that permanency planning principles are underpinning practice and action. Evidence of resultant action aimed at providing continuity and stability of placement;
- Effective advanced training for carers and other team members that assists them in managing children with complex needs and challenging behaviours;
- Effective and timely secondary consultation to TrACK participants and others; and
- A partnering arrangement and relationship between the three partnering organisations that adds value to the service beyond that which each individual organisation could provide.

These essential components are now analysed in relation to their effectiveness and their contribution to positive outcomes.

A Truly Therapeutic Foster Care Program

The TrACK Program has developed and implemented a therapeutic model based on the neurobiology of abuse related trauma and attachment with an emphasis on therapeutic parenting. This theoretical base is delivered via three modalities:

- Secondary consultation available to TrACK staff, carers and others, including teachers.
- Training provided for carers and staff.
- Direct therapeutic services.

There is ample evidence that the TrACK Program has a strong therapeutic approach and that related theory and practice permeate the program. It is clear that the TrACK program has been developed as a therapeutic program rather than one with therapy attached as an "add on".

AChiF and Anglicare staff described their work as "working therapy" where the therapists work at the interface of therapeutic intervention and dealing with "problems of living", that is, therapy that is grounded in practical considerations.

In addition, AChiF therapists have readily provided therapeutic input in the early stages when placements and plans have been unsettled, traditionally when the propensity to benefit from therapy was considered unfavourable.

During the course of this study it became clear that AChiF was having a major impact on the TrACK Program via multi level direct services and contact with other care team members and others. The therapeutic support provided by AChiF is essential to successful outcomes for the children involved.

The therapy provided by AChiF ranged from twice weekly to fortnightly sessions, with contact encouraged in between. One unusual aspect of the direct therapy is the involvement of the carers in the therapy sessions involving children and family therapy sessions involving the foster parents and child. This relatively unique approach highlights the degree to which a therapeutic approach permeates the program and the commitment to permanent ongoing family arrangements that characterises the TrACK Program. The foster family are treated as the ongoing family constellation and involved in therapy.

> "I really appreciate being a part of Peter's therapy. I know what is happening and have learned how to explain things to him. I am so into the fact that carers should be with their child."
>
> Carer of Peter seven years with an intellectual disability.

The following matrix indicates the degree of funded and unfunded activity performed by AChiF with the seven foster families.

Table 2. Funded and Unfunded Activity

Client	1	2	3	4	5	6	7
AChiF Program: TrACK Funded							
Consultation	✓	✓	✓	✓	✓	✓	✓
Training	✓	✓	✓	✓	✓	✓	✓
Co-ordination of Therapy	✓	✓					
AChiF Program: Unfunded							
Family Therapy							✓
Family Work with Carers	✓	✓	✓	✓	✓	✓	✓
Individual counselling – problem sexual behaviours				✓		✓	
Individual counselling – trauma recovery	✓	✓		✓		✓	✓

The direct therapy component has not received funding through the TrACK Program. AChiF have provided this component of the service, including giving priority status for TrACK clients, through their general operating income. This has placed a strain on AChiF resources.

Externally Provided Therapy is 'Not the Same'

Whilst AChiF has not been funded for the direct therapeutic service component they provide to children and carers, they have provided this service to five of the seven families studied. In the other two situations two separate organisations have provided the therapeutic input. In both cases, therapy was described by carers and one of the children as not particularly effective. One situation has recently been discontinued.

These outcomes could perhaps be expected when a key component of the treatment effort is provided by a party removed from team processes, values and beliefs. While it is difficult for any external therapist to become embedded into a program of this type, it could be possible if they were committed to working as part of the care team and the team created inclusive processes.

Advanced Training

The training to carers, staff and other relevant stakeholders ensures that carers possess enhanced knowledge and skills in understanding and responding to the needs of the children in their care. The content of the training is underpinned by the strong theoretical foundation of the program. All training is evaluated at the conclusion of each session with the value of the training highlighted in Tables 3 and 4 in this report.

A three module regional training package has been developed to respond to the role required of carers:

Module 1: Understanding the prior experiences of children and their experience in care. Children's behaviour is explored in the context of attachment, abuse and trauma issues and loss and grief responses. In addition, the module covers self care for carers.

Module 2: Provides further exploration of the impact of abuse related trauma on brain development, attachment and behaviour. The module also begins to explore the concept of therapeutic fostering.

Module 3: Provides more advanced study related to rebuilding children's lives and the role of therapeutic fostering.

> Therapeutic parenting/fostering is parenting that has a therapeutic purpose, where there is intentional effort to promote change in attachment patterns (Cairns, 2002). It is parenting which aims to move from insecure to secure attachment through reparative work in relation to attachment……..the environment must develop affective attunement…….and enable a terrified child to enter safely into the warmth of secure attachments.
>
> Extract Module 3

The training developed by ACHiF has become so popular that it has been rolled out beyond those for whom it was originally intended. This training remains the only training in Victoria that specifically relates the theoretical underpinnings of attachment and trauma theories to practical strategies related to the foster care role and setting.

This training is an important part of ensuring that the care team are coordinated in strategy, values and beliefs, and assists in the TrACK Program being a therapeutic program rather than a program with therapy as an 'add on'. There has been some difficulty in getting the full participation of DHS Protective Services in TrACK related training and this reduces the spread of the coordinated care team approach.

The TrACK training for foster carers, caseworkers and residential workers has been evaluated as part of the continuous improvement process attached to the training. Feedback from participants has consistently been positive and applicability to the role of the participant has consistently been assessed as high. Consistantly, TrACK training and secondary consultation was described as a most valuable component of the program in this review.

There is no doubt that the training provided to members of the TrACK care team and others is very effective. It clearly articulates relevant theory and provides understanding and practical strategies.

Intensive Casework and Support

TrACK provides intensive case work and support well beyond what can be provided in general foster care services.

The adequacy of the 1:6 caseload ratio was discussed at length with carers, TrACK care team staff, DHS Child Protection and program management staff.

This ratio was benchmarked against the Victorian ICMS model with high risk adolescents. TrACK care team caseworkers report that the ratio is too high to allow for the degree of intensity required to work within this setting. They pointed to the extra requirements of providing a service involving younger children such as supervised parental access arrangements and transport and highlighted the differing quality and intensity of the service they were able to provide depending upon whether the program was at capacity or not.

Caseworkers suggested a reduction in the ratio and/or the permanent allocation of Placement Support resources to the TrACK Program to assist with casework tasks e.g supervised access and transporting children. DHS Protective Workers stated that the 1:6 ratio was adequate based on their workload expectations however they also pointed out the pressure of their expectations and the increased workload that would be placed on their own Placement Support resources if TrACK case work staff were

unable to perform essential tasks such as supervised access and supported travel arrangements.

Carers reported on the benefit of assistance being available twenty-four hours and the accessibility of staff. They commented that staff always ring them back if unavailable and that they felt at ease making after hours requests for assistance.

> Everyone has issues but they help with life problems. They are there for me and Steve." Carer of Steve 10 years

Secondary Consultation

Effective and timely secondary consultation is a major component of the TrACK Program.

There was widespread support for this component of the program from all care team staff and other stakeholders. The degree of influence of the consultation was commented upon as was its practicality and timeliness. Carers regarded consultation as the most valuable component of the program when rating the relative value of components of the program. Their response is summarised in the discussion of "A Measure of Relative Contribution of the Essential Components" later in this section.

> "[AChiF Therapist] has given us very practical and timely advice and suggestions. We understand where [our child] has come from and what we should and can do for him…but it is such a hard job. Both [AChiF Therapist] and [Anglicare Caseworker] are very available and present."
>
> Carer

Coordinated Team Work

In considering the level and effectiveness of coordinated teamwork within the TrACK Program, workers reflected on the extent to which past difficulties in this area, experienced during the TrACK's pilot predecessor, CATalyst, have now been addressed and resolved. The TrACK Program Document is clear in its articulation of roles and responsibilities in assisting to establish a team approach and its theoretical underpinnings. This has ensured that a common culture permeates the program. This common culture was very clear and evident when focused discussions were held with care team therapists, case workers and carers.

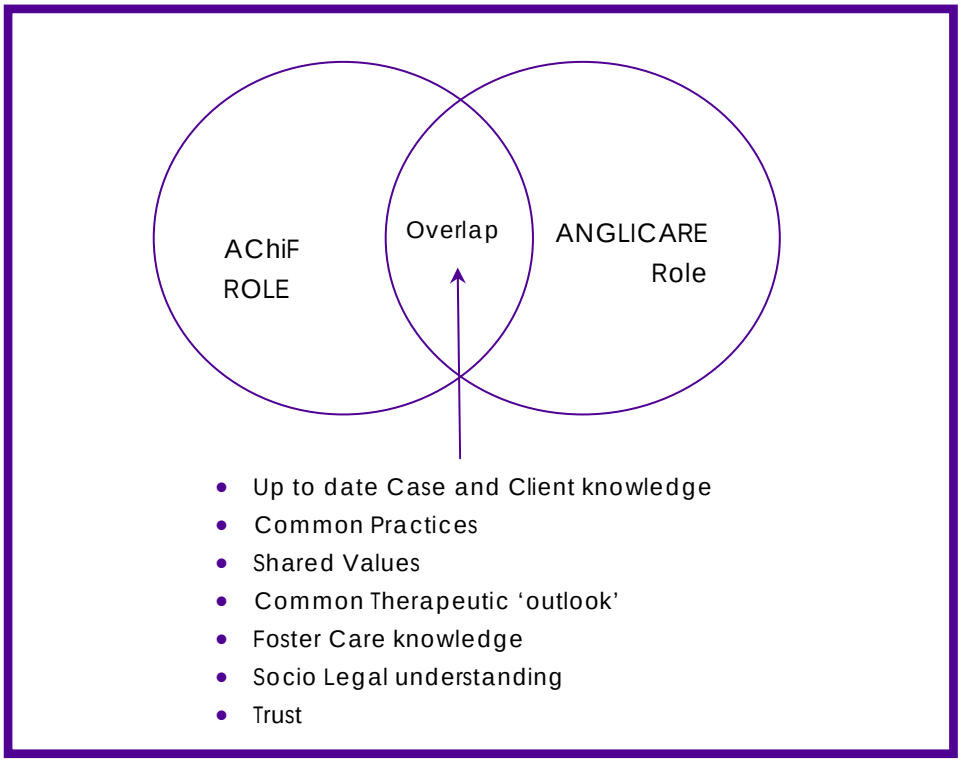
Carers reported experiencing the case workers and AChiF therapists as unified and providing clear and consistent support to carers.

In focused discussion with care team caseworkers and therapists it was clear that there is some overlap of roles and that this has contributed to the effectiveness of team processes. This overlap of roles with associated benefits could be visualised as shown in Figure 1.

This healthy overlap of roles has contributed to the effectiveness of communication described earlier as has the amount of time invested into team processes and meetings.

The communcation and coordination difficulties experienced in relation to the only placement breakdown in the program since its commencement were acknowledged by the care team. The TrACK team has learnt from this and other experiences over time and there is clear evidence of a process of continual improvement based on each experience.

Figure 1: Overlapping Roles



An Investment in Time

There is a great deal of time invested in team meetings and other activities involving AChiF, Anglicare and DHS staff to ensure effective coordination of intervention and support to children and carers.

A formal regular TrACK Team Meeting works at both the program and client levels. This meeting is of critical importance in developing teamwork and cohesion and represents a regular "mini review" of the program. Whilst desirable, regular DHS Child Protection representation at this meeting is not achieved.

A Measure of Relative Contribution of the Essential Components

A questionnaire was administered to care team caseworkers, therapists, and carers, which asked them to estimate the relative impact on the children's situation of some essential components of the TrACK Program with the following results.

Table 3. Caseworker/Therapists Grouped Response

Aspect of the Program	Very Low	Low	Medium	High	Very High
Case Management					●
Intensive Case Work and Support					●
Specialised Therapy					●
24 Hour Back-up			●		
Therapeutic Carers					●
Consultation provided to Carers					●
Training provided to Carers				●	
"Team" Approach/Case Team					●
Connection to Schools				●	
Role of the School				●	
Specialised Placement					●
Long Term Care					●
Additional Support (Respite, transport)					●

Table 4. Carers Grouped Response

Aspect of the Program	Very Low	Low	Medium	High	Very High
Case Management					
Intensive Case Work and Support					
Specialised Therapy					
24 Hour Back-up					
Therapeutic Carers					
Consultation provided to Carers					
Training provided to Carers					
"Team" Approach/Case Team					
Connection to Schools					
Role of the School					
Specialised Placement					
Long Term Care					
Additional Support (Respite, transport)					

Of particular note is the high importance both groups placed on all components of the service. Carers ranked twenty-four hour backup as relatively more important than caseworkers/therapists thought it was, and similarly, carers thought the training they received was relatively more valuable than caseworkers/therapists thought it would be. The commitment the program makes to long term continuity of care is obvious.

The TrACK Program has built solidly on learning from the CATalsyt pilot and incorporated the experiences from international therapeutic foster care programs. The TrACK Program prioritises:

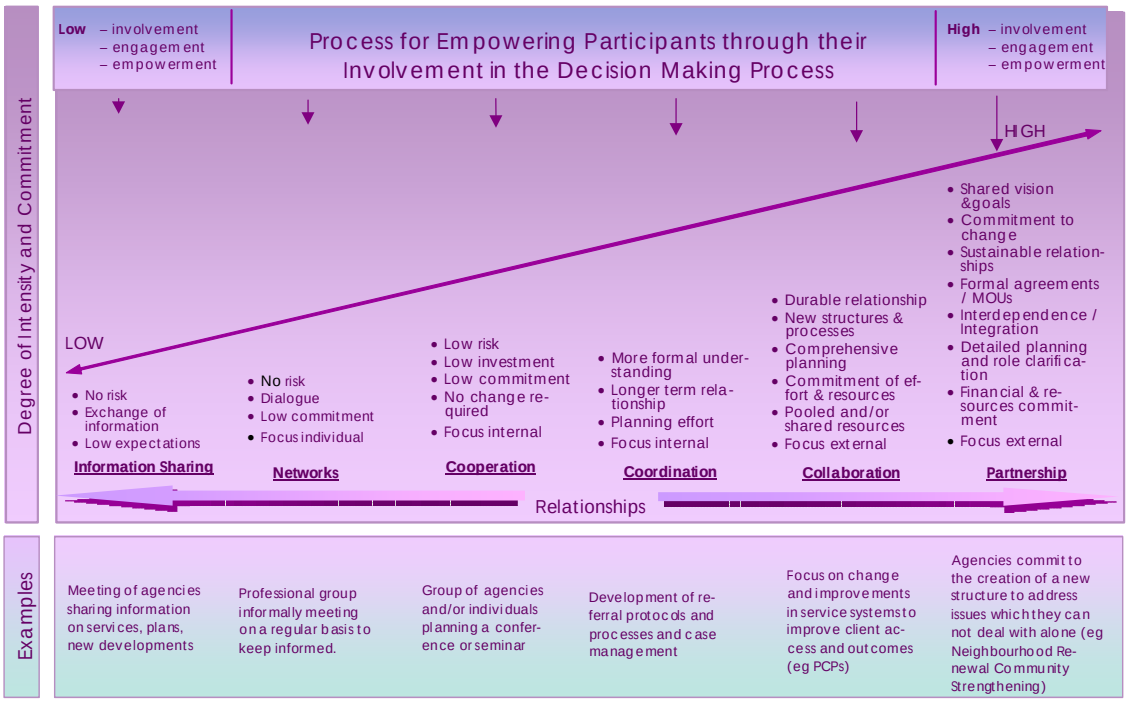
- Permanency planning across all sectors of the program;
- Prioritisation at all times of the interests of the child;
- Formal partnerships between primary foster care and therapeutic service agencies and government that ensure a strong sense of mutual commitment and responsibility between all partners;

- Committed advocacy for the program by all partners;
- Training and ongoing support including timely respite and secondary consultation for carers, and recognition that the wellbeing of the child is intimately tied up with the wellbeing of the carer;
- Reimbursement of carers at a rate which begins to reflect the cost of caring for children and adolescents with challenging behaviours and the professionalism and commitment involved; and
- The translation into practice of learning's about the remediation of behaviours and responses stemming from child abuse and trauma.

An Effective Partnering Relationship that 'Adds Value'

In a 'joined up' undertaking such as the TrACK Program, effective relationships must be present at both the client service team level and at the service management level.

Continuum of Joint Effort



To test the strength and value of the partnership between the three organisations a focused discussion was held with senior management staff from the three organisations. A partnership rating scale was also developed and applied. The partnership rating scale reporting back purposes averaged the partner's responses and performance in six critical success factor areas at the time of the review, and at the time of the TrACK Program development. All five senior staff were present when CATalyst and the two other program areas "morphed" into the TrACK Program in May 2003.

The Continuum of Joint Effort was developed by Success Works and Nous! and used during the DHS Putting Partnerships into Practice Project (PPIP, 2004) as a tool for tracking various joint activities. Using the Continuum as a guide, the following points emerged from discussions with partner members:

- "The journey to TrACK was a 'rocky road' however there was an underlying commitment to work together to enhance placement and support opportunities for children with complex needs and challenging behaviour's"; and
- "The Eastern Metropolitan Region of DHS has had a strong record of agency and government collaborative planning, encouraged via the Eastern Placement and Support (EPAS) structure which encourages the sharing of expertise, information and resources across the out of home care field."

Eastern Placement and Support Network (EPAS), was set up in 1998 as a joint forum for collaboration between DHS (EMR) and the nine placement and support funded Community Service Organisations operating in the Eastern Region. The mission of EPAS is

> "to enhance outcomes for children and young people accessing Placement and Support services within the Eastern Metropolitan Region by using the collective skills and practice wisdom of all participants to continuously improve the service system."

To date, EPAS has established practice guidelines in case management, reception, placement, voluntary placement, placement management, care planning, and a reception assessment placement panel. A workplan, initially established in 1998 and subject to a continuous process of review, has guided the work. It is clear that the relationships developed and experience gained by involvement of the partner

agencies in EPAS laid a firm foundation for the successful development and implementation of the TrACK Program.

Senior staff stated that all three organisations had successfully navigated the difficult period when individual interests had to be compromised in favour of the overall effort. They also described their evolving model of leadership which now sees a commitment to strong leadership on behalf of the partnership irrespective of whether the partners are the lead agency.

Measuring the Partnership

Senior staff measured the current strength and maturity of the partnership and compared this to the period immediately pre-TrACK, around December 2002.

Table 5. Measuring the Partnership

Aspect of the Program		Very Low	Low	Medium	High	Very High
Shared Vision and Goals	Now					●
	Pre TrACK			●		
Leadership	Now					●
	Pre TrACK		●			
Openness and Transparency	Now					●
	Pre TrACK		●			
Mutuality	Now					●
	Pre TrACK			●		
Aspect of the Program		**Very Low**	**Low**	**Medium**	**High**	**Very High**
Capacity to Deal with Challenges	Now					●
	Pre TrACK			●		
Technical Competence	Now					●
	Pre TrACK			●		

The partnering relationship has matured over time to the point where it is now a constructive relationship that underpins the effective operations of the TrACK Program. There have been many times when true leadership has been shown by DHS Program Management staff on behalf of the partnership.

It was clear that the relationship between the three organisations has developed from a relationship strung together through network and cooperation (which was not without its difficulties and frustrations) into a strong and effective partnership.

DHS Child Protection are represented at the TrACK management level and when meeting with child protection workers there was discussion of ways this significant group could be more involved in and familiar with the TrACK Program.

Financial Performance

2004/05 Funding

Funding for the TrACK program is sourced from a range of EMR's existing Placement and Support program funds, from reconfigured foster care programs and non-recurrent funds. Total funding in 2004/05 was $442,988, equivalent to a funded unit cost of $36,915 per target for a total of 12 placements. In 2004/05 this funding was divided between the two provider agencies;

- Anglicare was funded to provide 12 placements, intensive support and case management, and
- AChiF was funded to provide training, consultation and support to carers and workers.

Part Funded Program Components

In addition to these funded components is an essential therapy component (individual, family and carer), which is provided by AChiF. Due to limited funding sources this component was provided within AChiF's existing targets. TrACK clients, their families and carers were prioritised for therapy within AChiF's program. This component is an'actual cost' within the TrACK program and needs to be included in unit costing.

Another component of the program that is currently only 'part funded' is the Placement and Support Worker position. This position has been identified within the

evaluation as requiring a full EFT and should be costed as an 'actual cost' in unit costing.

A further component of the program which is not funded to an 'actual cost' level is respite care. Respite Caregivers within the TrACK program are currently funded at the general caregiver reimbursement rate. Respite care should be costed as an 'actual cost' in unit costing.

Further, the current funding for the TrACK program has limitations for caregiver reimbursements as the child grows-up in home based care. The reimbursement rate is calculated at the Specialised Home Based Care (SHBC) rate which was benchmarked between levels 2 & 3 (13+) in recognition of the complex needs and challenging behaviours involved with TrACK clients. With this rate of reimbursement the TrACK program has no capacity to incrementally recognise with age, any increased and ongoing costs associated with children with complex needs and challenging behaviours.

Although the TrACK program is currently funded based on what the region can source from their Placement and Support program, the program needs to be funded at an 'actual cost' level to sustain and maintain it's outcomes for children with complex needs and challenging behaviours (Table 6).

Cost Effecvtiveness of the TrACK Program

A cost analysis of the Track Program reveals that financially this program can provide significant cost benefits compared to residential models of care (Table 7), which would be the alternate placement option for this client group.

In 2004/2005 the TrACK program was funded a total of $443,000 with an average cost per target being approximately $37,000. At the same time, a residential placement for a child at the RP1 level was $78,230 and at the RP3 level $175,570 without a comprehensive therapeutic wrap around model. Children who come into the TrACK program would be benchmarked between the RP2 – RP3 level at an average estimated cost per target of $150,000.

Tables 6 and 7 include the 'actual costs for the TrACK program to reflect all components. In order to sustain and maintain the success of the program the following budget is required.

Table 6. TrACK Funding 2004/05 and Actual Funding Cost - Target: 12

Service Element	Budget Amount 2004/5	Actual Costs	Comments
Placement Agency Unit Cost	$173,394	$179,000	Covers 2 EFT at Social Worker 3 level (based on current rates). Includes case management, staffing/operational costs.
Placement Support Worker	$23,010	$65,000	1 x EFT provision of placement support to child, carers and support settings, brokerage.
Therapeutic Agency	$54,629	$55,000	.5 EFT Provides training and secondary consultation to agency and carers. Includes training & secondary consultations.
Therapeutic Agency	$0	$78,000	Costing based on targets for sexual offenders due to multidimensional approach and intensity of service. Therapy for child, their family and carers. 8 x medium at $4,380 per target and 4 x long term at $10,512 per target. Incorporates counselling for clients, families and carers.
Caregiver Reimbursement	$183,147	$209,340	Unit price per target $17,445. Caregiver reimbursement to be benchmarked at Level 3 of SHBC rates - $671 per fortnight. Reimbursement rates need to have incremental capacity from 13+ to progressively increase reimbursement rates.
Client Placement Support Grants	$8,808	$9,028	Unit price per target - $752 includes indexation.
Respite Care	Current general caregiver reimbursement (11 – 12 years old) of $274 per fortnight	$16,128	Respite to be paid at Level 3 of SHBC rates - $671 per fortnight based on 28 days of respite per target per year and have incremental capacity at 13+ to increase reimbursement rates.
TOTAL	**$442,988**	**$611,496**	
Overall unit cost per target	**$36,915**	**$51,000**	**Compared to residential RP2-RP3 average $150,000.**

Table 7. Residential Care Funding 2004/2005 compared to TrACK actual costs

Residential care Level	Funding per target	Funding for 12 targets
RP1	$78,230	$938,760
RP2	$122,660	$1,471,920
RP3	$175,570	$2,106,840
TrACK	$51,000	$611,496

The Role of Carers

Carers play a central role in the TrACK Program. This is consistent with international best practice for therapeutic care programs. As described earlier, effective 'professional' therapeutic programs engage carers in all aspects of planning and provide a range of highly professional supports and training. This is very much reflected in the approach of the TrACK Program.

Respite Care

Respite care is offered as an important part of the TrACK Program. It is valued by carers and has been responsible for maintaining continuity of care during at least two periods of illness and other times of personal stress. For those children for whom recurrent respite care is in place, this support is seen as a critical factor in the success of the primary placement. Preliminary discussions within the TrACK Program have explored building in recurrent, planned respite for all children in TrACK as part of the basic package of care.

Respite carers are drawn from Anglicare's General Foster Care program and they receive General Foster Care reimbursements which are approximately half the value of the payments received by the TrACK carers. Respite carers were not involved in this evaluation however TrACK carers, other care team members and senior management from the partners have raised the respite carer payment as an issue which needs to be addressed. It is essential that respite care provides a consistent approach and respite carers require the same level of skill and expertise as the ongoing carer. To this end attempts are made to involve respite carers in training, and consultation and placement planning processes where possible.

Reimbursement

During focused discussion with carers it became clear that there are at least two carers who would not be able to manage their existing level of caring responsibilities if it were not for this payment. Their reasoning was that, given their financial circumstances, if the payment was reduced they would have to seek new or increased part time employment and this would compete with their caring responsibilities.

All carers interviewed were clear that the lower reimbursement does not cover the full cost of maintaining children with complex needs and challenging behaviours. As the research demonstrates, this group of children with their challenging behaviours require twenty-four hour per day, seven days a week support, placing significant demands on carers.

Carers reported that they could not be available in this way if they also had paid work. The findings of the research and this evaluation would support consideration of 'income' rather than reimbursement for these carers. In addition, carers demonstrated that they contribute much more than care and support for the children, costing them significant resources.

Summary of Findings

The TrACK Program has the essential components of a therapeutic foster care program. These components were analysed and in all cases found to be effective and valued by program participants and key stakeholders. The unfunded therapy provided by AChiF is highly valued and all the more effective by being "embedded" as an essential component of the program.

The training, secondary consultations, intensive casework and support are clearly essential in maintaining placement stability and are highly valued by carers. A coordinated approach between the program partners is apparent and was analysed in relation to the strength of the partnership. The partnership is particularly strong between the three partners, Anglicare, AChiF and DHS (Program Management Unit), EMR. A strengthening of relationship between AChiF, Anglicare and DHS Child Protection Program would benefit the TrACK Program outcomes.

The TrACK Program is proving to be a cost effective model compared to the previous placements provided to children and as an alternative to other options for this client

group. There appears to be major cost advantages associated with the TrACK Program.

Permanency planning principles underpin the approach to placement and careful matching occurs to minimise placement breakdown. A dynamic and flexible support system is provided to carers to ensure continuity and stability of the placements. Respite care is a key component of this support.

Payment of carers needs to be maintained or even raised to ensure their capacity to focus on the child and provide a number of aspects beyond usual foster care.

4. Conclusion and Recommendations

This chapter provides further analysis of the key evaluation findings.

4.1 Discussion

Although only a relatively small number of children were involved in this study, the outcomes for this group have been substantial and sustained over their time in the program.

For all children, there have been significant changes in critical areas of emotional, psychological and social functioning including self esteem, ability to verbalise fears and worries, sleeping and ability to establish and maintain relationships with carers and demonstrate affection. Indeed, three children have ceased long term medication for issues such as ADHD and anxiety since placement within the TrACK Program. The reasons for this appear directly related to the quality and effectiveness of the care they are currently receiving.

Significant improvement was also achieved across the range of behaviours commonly referred to as 'challenging' in the care environment. These included acceptance of limits, routines and carers roles, participation in family tasks, and the minimisation of violent behaviours, property damage, problematic sexual behaviours and absconding.

The TrACK Program has helped address the slide into multiple placement breakdowns and unplanned changes characteristic of this group of children, prior to their commencement in the TrACK Program. Since the establishment of the TrACK Program only one placement has broken down. This occurrence was early in the program's implementation and contributed to by processes of communication and planning that have since been strengthened.

The TrACK Program effectively demonstrates the essential components of 'therapeutic foster care', marrying the contribution of trauma and attachment theories to practices within a home based care setting. The centrality of the carer's role in care planning and treatment further confirms the program's adherence to acknowledged best practice standards in therapeutic fostering.

The provision of intensive case management, training, and secondary consultation clearly contribute to the program's success.

The extent to which the current intensive case management case load ratio of 1:6 is adequate has been the subject of discussion during the evaluation and would benefit from further review and analysis. This review must take into consideration the relative and potential role of the Placement Support Worker function.

The placement support role is a complementary resource to case workers, performing tasks such as in-home support to carers at critical times, support within the school setting where required, assistance with transporting children and facilitating activities such as access and attendance at appointments. There would be obvious benefits in making Placement Support Worker funding recurrent, allowing for this resource to become further embedded into the program and potentially alleviating some workload issues for case workers.

Anglicare is currently conducting a work study of casework roles in the TrACK Program and while results are not yet available, they will assist in informing the future role and caseloads of the case workers.

The critical impact of training and secondary consultation on the ability of the carers to effectively meet the needs of this group of children has been demonstrated throughout this report. These activities result in carers being more knowledgeable and skilled in understanding the complex needs of these children in addition to receiving timely, practical support and advice regarding the tasks of 'therapeutic parenting'.

The advantages of effective team processes, and common treatment and operational values have been documented elsewhere in this report. The alignment of the theoretical foundations between the TrACK Program and direct therapy provided by AChiF has been a further significant contributing factor to the overall success of the program. AChiF provide most of the current direct therapeutic services to TrACK clients and families. This service has become an essential part of the TrACK Program and should be funded in the future.

Two children have received therapy from external service providers during their TrACK placement and the challenges in these arrangement have been demonstrated. The effectiveness of therapy provided by an external service within the TrACK context is heavily dependent on the willingness and ability of the therapist to work within the common treatment milieu created by the TrACK Program.

The soundness of the original TrACK Program document and the persistence of the three partners in further developing an innovative approach when CATalyst pilot was found lacking have also been fundamental to the effectiveness of the program.

The relationship between the TrACK Program and the regional Child Protection program is one area identified that may benefit from further strengthening. Whilst all children are on statutory child protection orders and case contracted to Anglicare, the regional Child Protection Program remains a critical stakeholder to the TrACK Program. Both TrACK Program staff and Child Protection staff identified the capacity to improve information exchange and feedback processes between the respective programs.

Respite care is acknowledged as an important part of the TrACK Program and is valued by carers for maintaining continuity of care. It is a vital part of the model that may benefit from strengthening in the future via greater involvement in the placement planning processes, training and the provision of comparable levels of carer reimbursement to the primary carer. Respite carers were not involved in this evaluation however TrACK carers, other care team members and senior management from the partner agencies see that it is important that their participation in the care team in strengthened.

Finally, the level of reimbursement ensures that a number of carers are able to sustain their caring responsibilities without engaging in increased hours of paid employment, that might otherwise compromise the care environment. TrACK carers spoke of the extra expenses involved in accommodating and supporting these children and disruption to their own social and recreational networks. The current TrACK carer reimbursement is based on the Victorian wide Specialised Home Based Care (SHBC) program payment schedule. TrACK carers are not paid at the maximum rate within this schedule and this may benefit from further review.

Whilst the long term efficacy of the TrACK Program cannot be commented on in the context of this review, the sustained change in children's psychological, emotional and social functioning over 18 months point to the promise of ongoing long term improvements. A two year follow-up study with these children is necessary to confirm these outcomes.

4.2 Conclusions

The TrACK Program incorporates all the critical elements identified in the limited literature on therapeutic foster care and is consistent with new directions in models of care described in Australian and Victorian policy statements. The TrACK Program has clearly developed an innovative and cost effective approach in assisting children with complex needs and challenging behaviours to recover from the effects of abuse related trauma and disrupted attachments. It has made a significant contribution to the continuum of out of home models of care available in EMR. Indeed, the review of the TrACK Program clearly suggests that the program offers important insights and valuable information about the benefits of similar models of therapeutic home based foster care within the Australian context.

The following recommendations serve to further strengthen an already effective program and enhance the out of home care system more broadly.

4.3 Recommendations

Recommendation 1: **That the current intensive case management formula of 1:6 be the subject of further review and analysis to determine the most appropriate ratio.**

Recommendation 2: **That the level of Placement Support Worker resource be increased to a full time position (1EFT) with the allocation of the necessary recurrent funding.**

Recommendation 3: **That AChiF be funded for the provision of direct therapeutic counselling for children and carers in the TrACK Program.**

Recommendation 4: **That the carer reimbursement be increased to the maximum allowed for under the SHBC payments schedule or reflect age appropriate levels.**

Recommendation 5: **That strategies be developed to further strengthen the participation of respite carers in the operations, culture and benefits of the program.**

Recommendation 6: **That reimbursement for respite carers associated with the TrACK Program be increased and made equivalent to that of primary TrACK carers.**

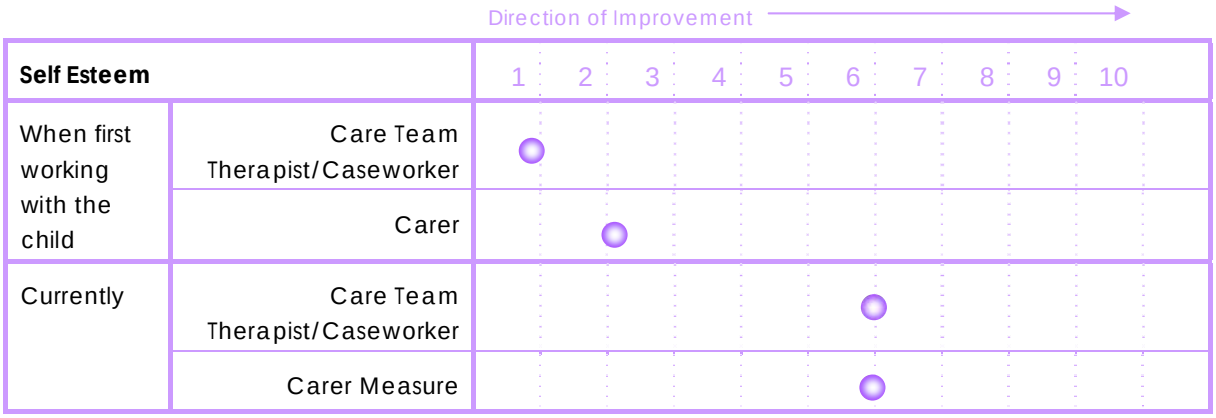
Recommendation 7: **That strategies for strengthening communication related to program operations and client outcomes between the TrACK Program and DHS Child Protection Services be developed.**

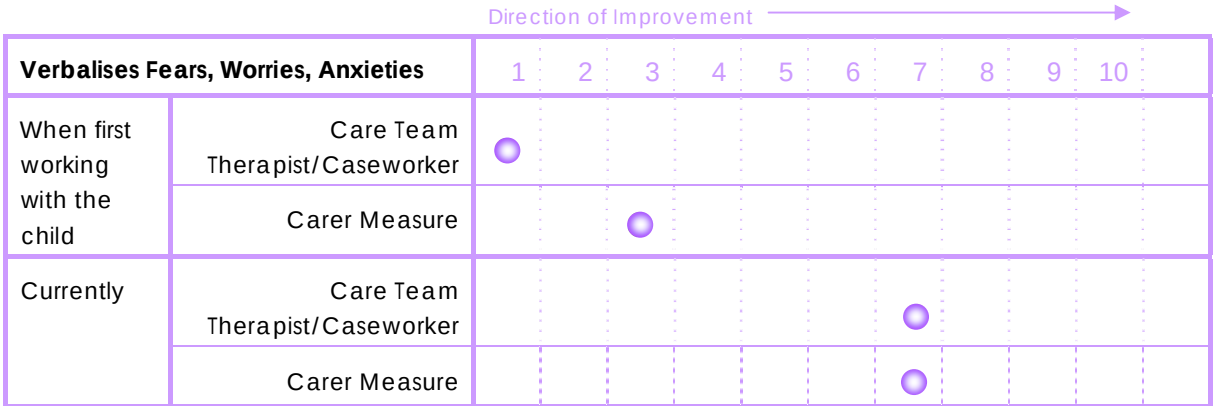
Recommendation 8: **That consideration is given to more broadly enhancing the Victorian placement and support system by implementing similar models of therapeutic home based foster care across the state.**

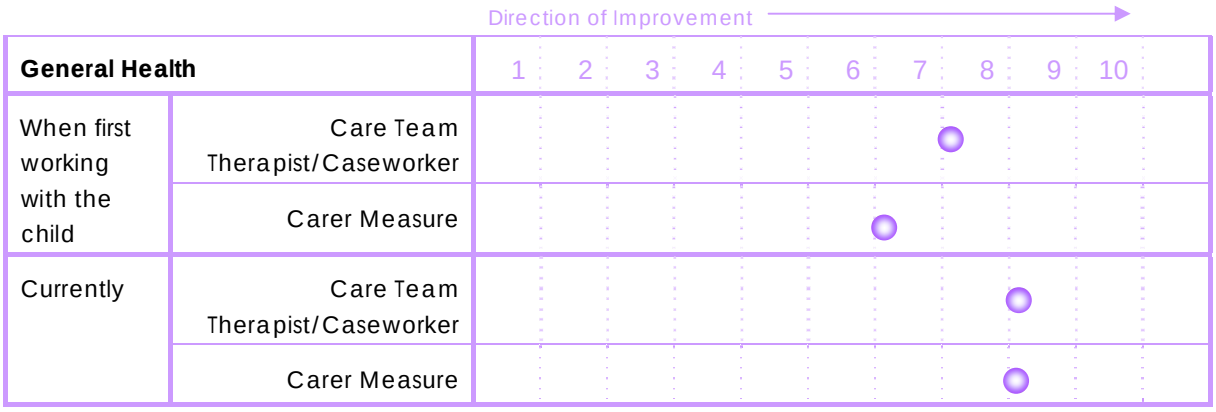
Appendix 1: Acronyms

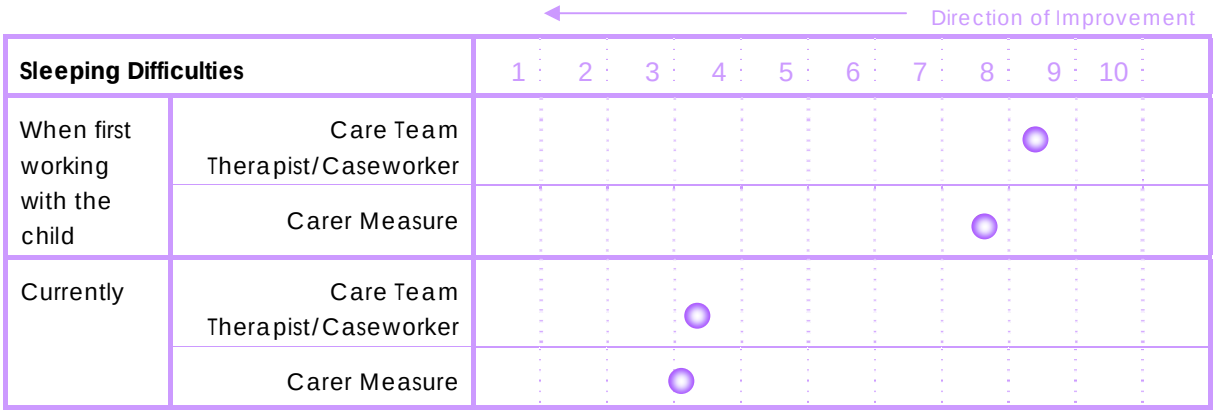
AChiF	Australian Childhood Foundation
CEPYCCB	Centre for Evidence-Based Practice: Young Children with Challenging Behaviour
CSOs	Community Service Organisations
DHS	Department of Human Services
EFT	Equivalent Full Time
EMR	Eastern Metropolitan Region
EPAS	Eastern Placement and Support
HRA	High Risk Adolescent
HRAS	High Risk Adolescent Service
ICMS	Intensive Case Management Service
ISP	Individual Support Packages
OOHC	Out of home care
SHBC	Specialist Home Based Care
SPRAT	Strength of Partnering Relationship Assessment Tool
TFC	Treatment Foster Care

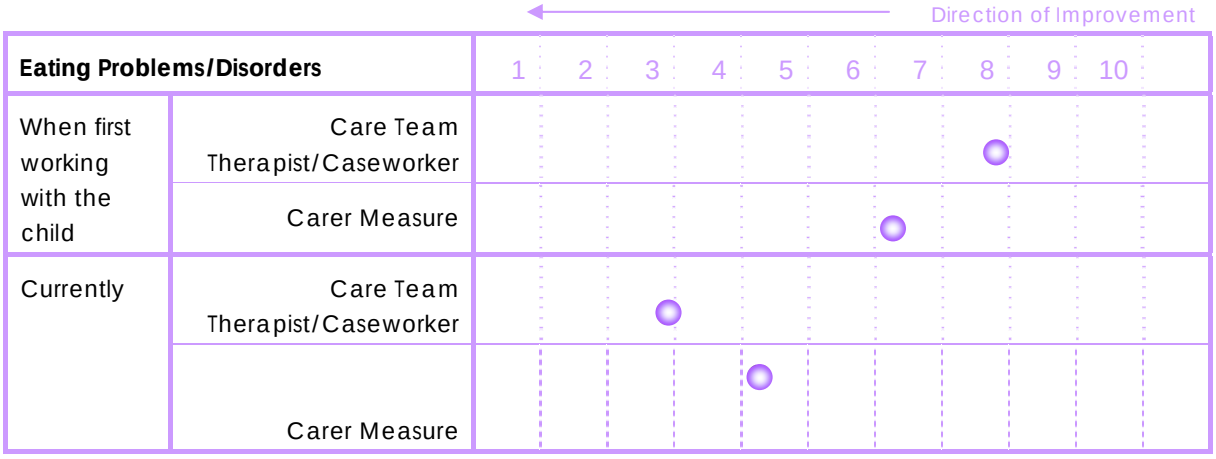
Appendix 2: Client Outcomes - Children

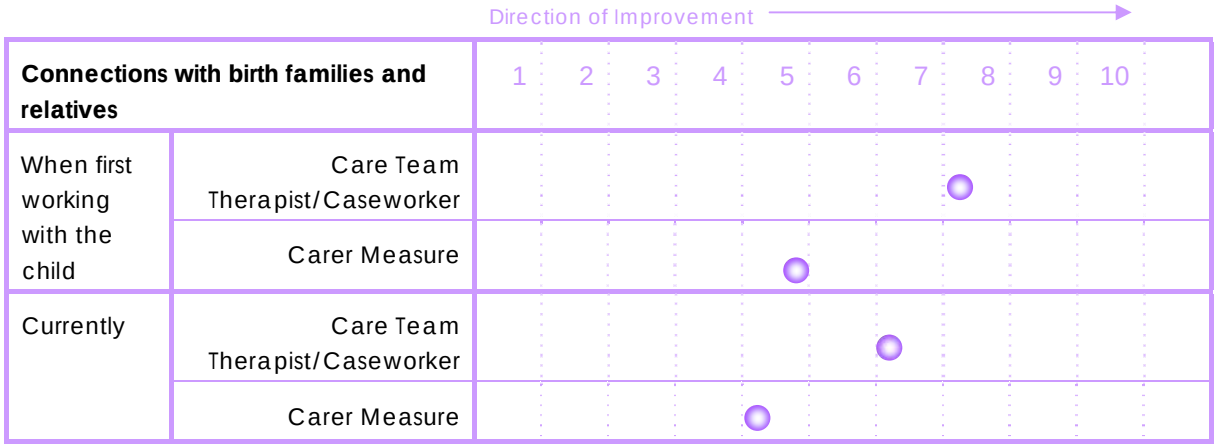


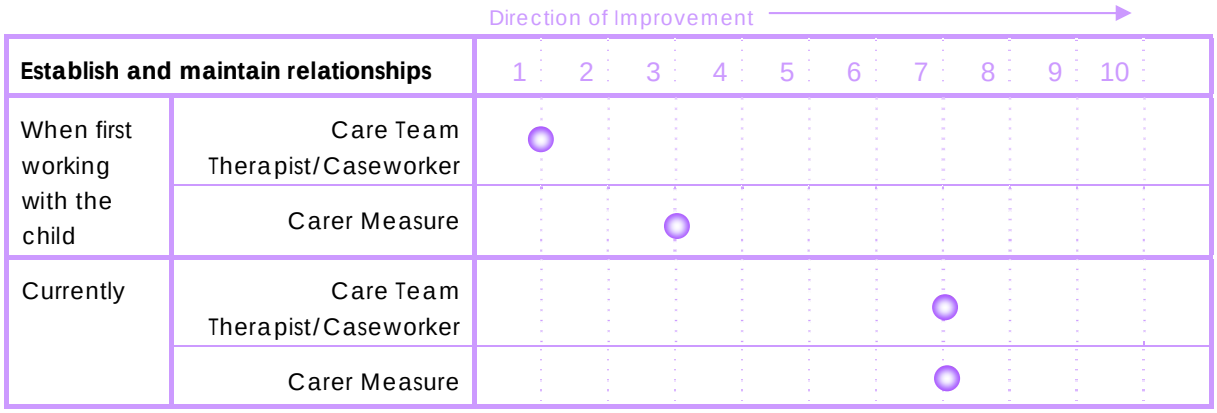


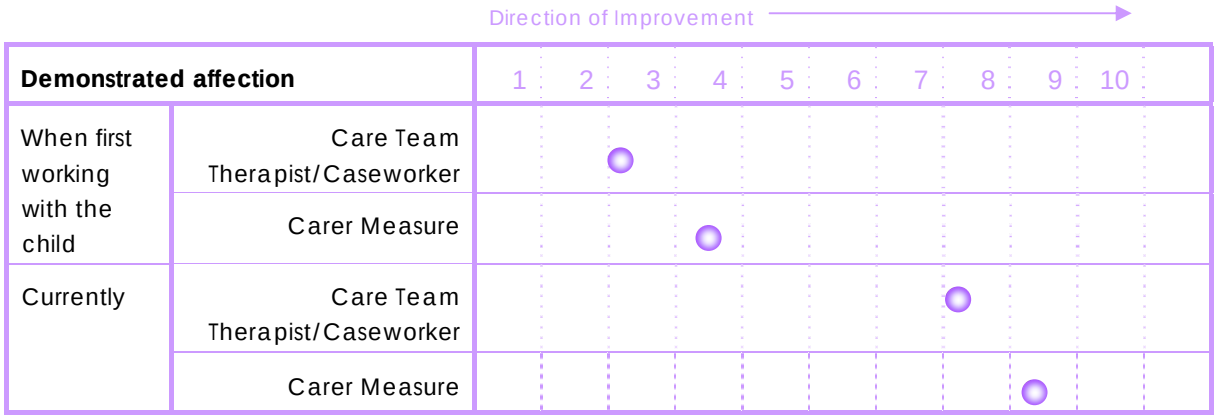

Direction of Improvement
General Health
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Sleeping Difficulties
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Eating Problems/Disorders
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Connections with birth families and relatives
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Establish and maintain relationships
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Demonstrated affection
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure

Direction of Improvement →

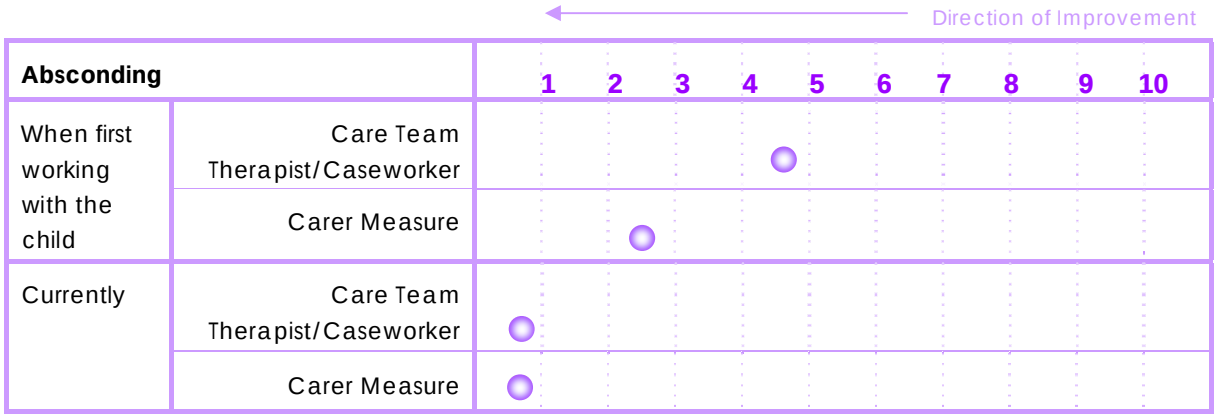
Participation in class activities		1	2	3	4	5	6	7	8	9	10
When first working with the child	Care Team Therapist/Caseworker			●							
	Carer Measure					●					
Currently	Care Team Therapist/Caseworker							●			
	Carer Measure							●			

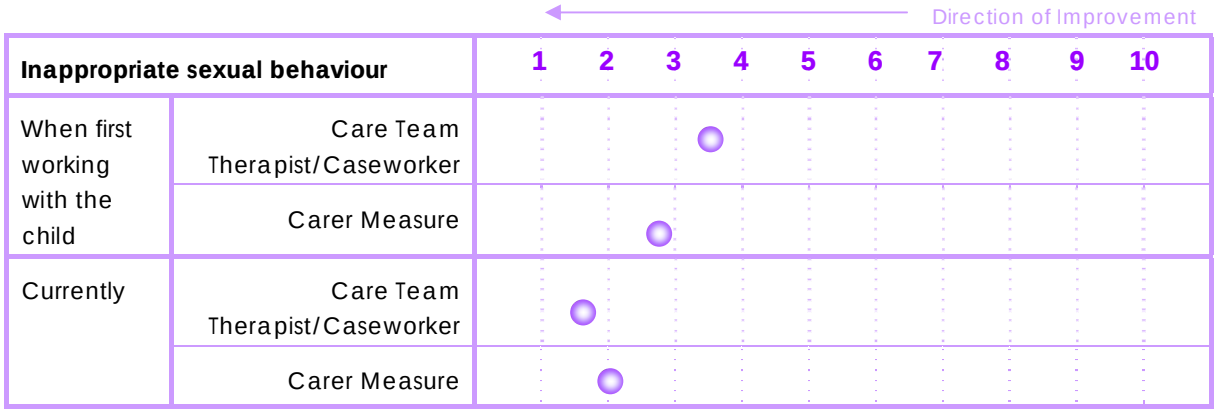
Direction of Improvement →

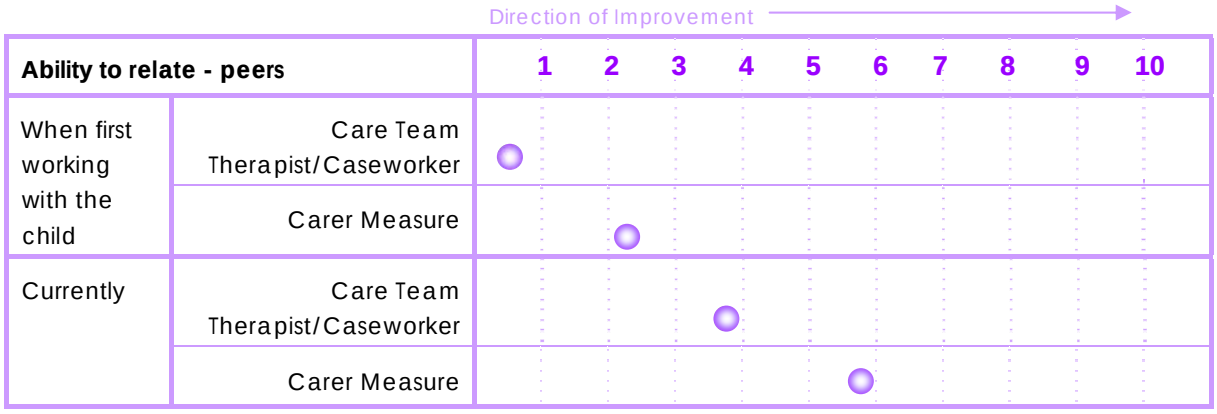
Social interaction with peers		1	2	3	4	5	6	7	8	9	10
When first working with the child	Care Team Therapist/Caseworker	●									
	Carer Measure			●							
Currently	Care Team Therapist/Caseworker				●						
	Carer Measure						●				

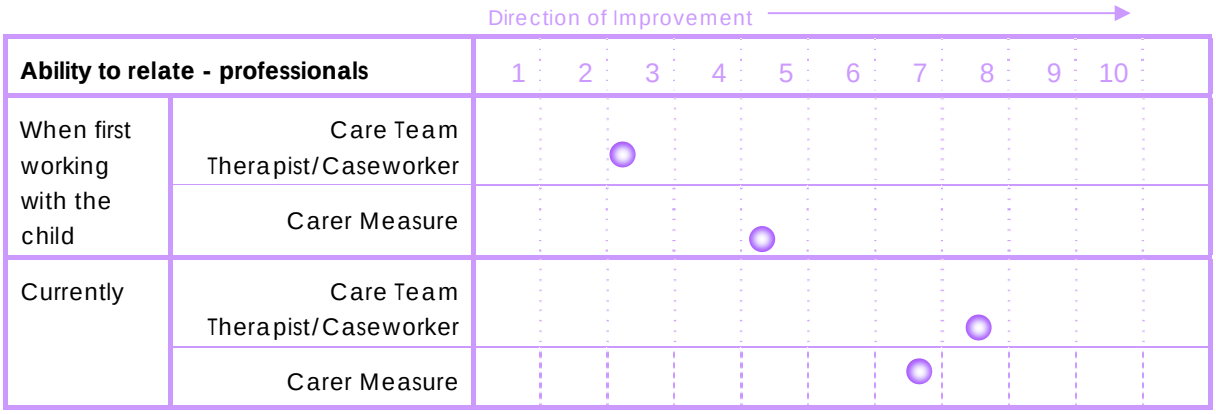
← Direction of Improvement

Mental health issues		1	2	3	4	5	6	7	8	9	10
When first working with the child	Care Team Therapist/Caseworker							●			
	Carer Measure							●			
Currently	Care Team Therapist/Caseworker				●						
	Carer Measure			●							


Direction of Improvement
Absconding
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Inappropriate sexual behaviour
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Ability to relate - peers
1 2 3 4 5 6 7 8 9 10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure


Direction of Improvement
Ability to relate - professionals
1
2
3
4
5
6
7
8
9
10
When first working with the child
Care Team Therapist/Caseworker
Carer Measure
Currently
Care Team Therapist/Caseworker
Carer Measure

Appendix 3: General Theoretical and Practice Context

This chapter provides a theoretical context for the TrACK Program from international and national research.

A3.1 International Research

Internationally, there has been very little empirical research on the efficacy of foster care programs for children and adolescents with challenging behaviours (Smith & Fox, May 2003: 7).

USA Programs – Foster Care for Children with Challenging Behaviours

Studies in the USA have limited applicability to Australian foster care programs, since the liability-related pathologising of children's behaviour and mandated screening at pre-school entry has seen some USA studies identify up to twenty five per cent of pre-school children as having 'externalising behaviour problems' (Powell, Fixsen & Dunlap; May 2003). Other American researchers have defined 'challenging behaviour' as 'any repeated pattern of behaviour, or *perception of behaviour*, that interferes with … *optimal* learning or engagement in pro-social interactions with peers and adults' (Smith & Fox, May 2003:5). This is a definition that may draw in children less psycho-socially dysfunctional than those served in the TrACK Program. For this reason, Magnuson (1997) and Curtis et al (2001) warn that service-commissioned USA evaluation studies should be viewed cautiously (DHS June 2003: 11-13).

Nevertheless, some learning's from the USA Foster Family-Based Treatment Association research programs are of value to Australian program planners. Hodges and Chamberlain highlight the need for brokers of services to be familiar with evidence-based research on interventions which actually produce healing in highly traumatised children (Hodges and Chamberlain July 2002). Dore (2002) speculates that 'treatment foster care' (TFC) is more likely to be efficacious for children 'who are referred to TFC shortly after entering state custody, before embarking on a series of placement failures' that 'aggravate' existing trauma.

While acknowledging 'the limited research that has been conducted to determine whether children's improvements in TFC are sustained', Steib concludes that

sustained behavioural change is promoted by involving the child's post-discharge carers in treatment and transition from TFC processes and by the continued provision of identified support needs (Steib, July 2002). Kogan's study of the critical factors supporting placement stability, found that 'the first 6 months of placement is the most vulnerable period and child welfare workers should provide a substantial support to foster family homes in this period' (Kogan, July 2002).

The USA Department of Education funds The Center for Evidence–Based Practice: Young Children with Challenging Behaviour (CEPYCCB). In May 2003 CEPYCCB researchers, Smith and Fox, found that there was 'little empirical research' available, but identified some critical components of programs that reported positive outcomes for children. They found that effective services facilitate and support the delivery of a comprehensive array of approaches; that services should be individualised to the needs of the child and take account of cultural and linguistic factors; that in the absence of one comprehensive delivery system, services must be developed from 'interlocking and interconnected services and programs into a system of care' (Smith & Fox, May 2003: 8-9).

UK Programs – Impact of Carer Training on Behaviours of Children

Researchers in the United Kingdom use definitions of 'challenging behaviours' closer to those used in Australia. Between 1999 and 2001 Andrew Pithouse and others at the Cardiff University School of Social Sciences trained fifty three experienced out of home carers of children with challenging behaviours with a view to assessing whether training of carers improved outcomes for children. A control group of similarly experienced carers were not given the specified training.

The strengths based training program focused on positive behaviour, rather than on the punishment and extinguishment of existing conduct, and on 'coping' by foster carers rather than 'curing' the conduct disorder. Attention was paid to the meaning carers put on challenging behaviours and the likely impact of that signification (Pithouse et al 2002 a: 206). The study found that the training was perceived by carers as moderating their attitudes and responses to challenging behaviours, even though on objective statistical scales, no changes were measurable. The researchers regarded 'the lack of measurable impact of the intervention' as 'disappointing' and as producing 'no consistent pattern of change ... in children's behaviours' (Pithouse et al 2002 a: 211). They note a similar study by Minnis and Devine (2001) which also found no significant changes in behaviours of either carers or children as a result of carer group training (Pithouse et al 2002 a: 209-212). In contrast, this evaluation does

find significant behavioural changes occurring with children who have participated in the TrACK Program.

Carers' own perception of their ability to cope is not without significance. As Pithouse and others observe, 'carers' ability to cope is fundamental to placement maintenance or breakdown, regardless of behavioural change' (Pithouse et al 2002 a: 212). One finding of their study was that foster care placements for children with challenging behaviours are more likely to be sustainable if carers perceive that they are supported by networks and structures that includes training, but is not limited to training (Pithouse et al 2002 a: 213). Pithouse tentatively suggests that changes in carer perceptions of the meaning and causes of challenging behaviours may produce positive effects beyond the time frame of the short-term study, producing reciprocal changes in children's behaviours. He also posits that 'training' may be more efficacious when closely focused on the specific needs of an individual child rather than on the generic needs of children with challenging behaviours, and might *look* more like support than training as such. This study, one of the very few international studies that have focused on the out of home care needs of children with challenging behaviours, supports the approach taken by the TrACK Program.

Therapeutic Foster Care

Therapeutic foster care continues to be associated, in the USA, UK and Scandinavia, with juvenile post-release or detention diversion programs and with therapeutic residential care for children and adolescents with 'pronounced special needs' for whom family-based out of home care is not feasible. Features of these models are:

- High staff/child ratios;
- Small, purpose built units with a maximum of six residents to enable a 'family-like' milieu to be created;
- Well trained staff supported by a multi-disciplinary team of professionals;
- Clear protocols for staff and residents;
- Continuous monitoring of processes and outcomes against specified outcome measures;
- Clear therapeutic paradigm and programs;
- Diagnostic intake assessment procedures and parameters;
- Individual case management including post-placement planning;

- Maintenance of meaningful connections with family of origin; and
- An educational component (DHS June 2001:16).

Because of the intersecting populations of children with challenging behaviours in foster care and juvenile detention, programs developed in juvenile justice frameworks may have learning's that are relevant to 'therapeutic foster care'.

A3.2 South Australian Review of Alternative Care 2001 (Semple Report)

In 1997, 1999 and 2001, the South Australian government undertook reviews and evaluations of care services for children. The reviews grew out of the recognition that the 'alternative care' system was dogged by a high incidence of multiple placement breakdowns and by ongoing difficulties in providing appropriate and integrated services for children in care with high and complex needs.

Researchers Tomison and Stanley found that there is little literature addressing the development of support for children with challenging behaviours and their foster carers or on placement support and the tailoring of support packages. They also found an almost complete absence of literature on models of care for younger children with challenging behaviours (Tomison & Stanley, South Australian DHS Briefing Paper 11: 183) They found that much of what is available in respect of adolescent programs in general 'relates to what support services should be in place, rather than reporting on services that are in place'.

An outcome of the South Australian reviews was the piloting of a Special Placement Service to provide 'intensively supported family-based care for thirteen to seventeen year olds' (Semple 2001:18). Although funding was not continued beyond the pilot stage, the pilot demonstrated that family-based foster care placement can be successful for high-risk adolescents if an integrated support system is built around the child and their carer, comprising:

- Quality case management which is intensive, innovative and individualised;
- Careful matching of the carer to the young person;
- The full inclusion of carers and young person as key stakeholders;
- Pre-placement preparation for the child and the foster carer and her/his family, including foster siblings;

- Intensive carer support services;
- Daily programming and structured lifestyle coaching for the young person;
- Support and involvement of the child's school community;
- A high level of collaboration and shared expertise;
- Immediate access to expert support services;
- Staff and carers who are trained, have access to supervision and debriefing, have regular and adequate time off and receive payment that reflects the level of skill and experience they bring to the child's wellbeing; and
- Access to at least one person who provides unconditional regard and support and who provides a nurturing relationship (Tomison & Stanley SADHS Briefing Paper 11; 185 following Butler 1999).

In place of a dedicated program for children with challenging behaviours, South Australia now funds Individual Support Packages (ISPs) that broker services identified in case planning for children and young people in care with complex needs (Semple 2001: 33, 37). Semple found that specialised support services are not always able to be accessed even when brokerage funds are available through ISPs because services are purchased in a competitive public access market. Semple called for priority access to government services to be provided to children in care and for brokerage to be expanded (Semple 2001: 34, 37).

A3.3 DHS Victoria Review of Home-Based Foster Care

In 2002, DHS undertook a major review of home-based care in Victoria. Amongst the recommendations in the *Public Parenting* report was a call for the introduction of therapeutic foster care and improved availability of therapeutic services (DHS June 2003:5).

In June 2003 DHS briefly reviewed local and international 'therapeutic', 'professional' or 'treatment' foster care models and their application in Australian settings. It found (after Delfabbo and Barber) that while planned placement changes may be necessary in the first twelve months of care in order to match the child to 'the right carer', positive outcomes require stability by the end of the first year (DHS June 2003: 8). In this respect the work of Antonio Mallucio in articulating the principles and practices underpinning Permanency Planning can be seen in this review. Mallucio was brought to Victoria in the late 1980's by DHS with the view to influencing Victorian

practice and legislation. The current legislative changes in Victorian child protection legislation continue earlier ideas. For children and adolescents with challenging behaviours, the 2003 Review identified the need for 'a separate subsystem with specific treatment focuses delivered in a home-based, normalising foster care setting' (DHS June 2003: 8).

Like Tomison and Stanley in South Australia, DHS's paper reviewed a number of USA 'treatment foster care' (TFC) programs that have been in operation for up to fifteen years. Treatment foster care in the USA is the focus of 'enormous political interest and investment' but, as noted above, few services have been independently evaluated. Few programs serve the needs of very young children with serious sexual behaviours (DHS June 2003:13).

The DHS review of Home Based Foster Care (2002-3) identified a number of critical factors that have been incorporated into TrACK. These include:

- Maintenance of respect for and contact with the family of origin where this does not contribute to placement breakdown;
- The need to ensure that carers have timely access to 'integrated care' support services and are not required to compete with other community members for services. TrACK facilitates this by bringing the professionals who provide mental health support, counselling, educational support, supervision and social support services for children and their carers into the care team;
- Provision of prompt and appropriate crisis support and respite;
- Ability to retain competent, well-trained carers and staff. The DHS study envisioned that this can be achieved through a combination of increased payments, support and professional recognition;
- Involvement of carers in decisions affecting the child in their care; and
- Certification of carer training (DHS June 2003: 24-5).

A3.4 Summary

There is very little empirical research on the efficacy of foster care programs serving a population comparable to that of the TrACK Program. Nevertheless learnings from international programs emphasise:

- the need for work with these children to be based on evidence-based healing approaches;
- the need for programs with traumatised children with challenging behaviours to be initiated as early as possible after entry to the out of home care system, before placement breakdowns reinforce trauma;
- programs should be individualised for the specific needs of the individual child, and that programs should bring integrated, coordinated services to address the whole range of the child's needs; and
- the importance of addressing the needs of carers.

The TrACK Program regards the child and their carer as key stakeholders. Researchers shows that carers' perceptions of the meaning of challenging behaviours, of their own ability to cope, and of themselves as valued members of a professional team are closely associated with placement stability. The move towards professional foster care, involving higher levels of reimbursement linked to the challenge of the placement and required levels of skill, and accredited training, is crucial to supporting these carers.

A limited number of local and international foster care programs have been identified but few have been formally evaluated and do not appear to have a fully integrated holistic approach which seems to be essential for the levels of care required for the children involved in the TrACK Program.

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