OPEN Symposium 2025

Collaborative Practice: Working in Partnership with Children and Families

Selected Conference Reports

Centre for Excellence in Child and Family Welfare

OPEN Outcomes Practice Evidence Network Child and Family Services

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The Centre acknowledges the Traditional Custodians of the lands on which we live and work, the Palawa of Lutruwita and the Wurundjeri peoples of the Kulin Nations. We pay our respects to Elders past and present and we honour their enduring strength and aspirations for the future of their young people, communities and lands.

Artwork by Nakia Cadd, Gunditjmara, Yorta Yorta, Dja Dja Wurrung, Bunitj, Boon Wurrung, Taungurung woman

OPEN Symposium 2025

OPEN Symposium 2025 was held online on 21 and 22 October 2025. It brought together over 200 researchers, practitioners and policy makers from across Australia to share learnings and knowledge to support better outcomes for children, young people and families.

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OPEN Symposium 2025: What makes for effective collaborative practice?

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Introduction

The annual OPEN Symposium, delivered by the Centre for Excellence in Child and Family Welfare (the Centre), brings together practitioners, researchers and policy makers to share learnings. At its core, the Symposium creates the space to bring together and share different forms of knowledge to improve practice and, over the longer term, support better outcomes for children and families.

The Symposium is one of the ways that the Centre's Outcomes, Practice and Evidence Network (OPEN) delivers on its broader purpose, strengthening how knowledge is shared and used in practice and building the capability of the child and family services sector to apply evidence and learning to improve outcomes.

The OPEN Symposium 2025, held online on 21 and 22 October 2025, brought together over 200 people from across Australia, with the theme of 'Collaborative practice: Working in partnership with children and families'.

Children and families who come in contact with the child and family services often experience multiple, intersecting challenges, including family violence, mental health challenges, housing instability and financial pressure. These are not discrete issues, and they are not experienced in isolation. Yet services are often structured in ways that require families to navigate multiple systems, retell their stories many times and bridge gaps between services and other supports.

No single service, discipline or organisation can respond alone to this complexity. Collaboration is therefore not an 'add-on' to good practice, it is fundamental to achieving better outcomes. Working across organisational and system boundaries reduces duplication, eases the burden on families and supports more coordinated care. This must also extend beyond services to include children, families and people with lived experience, recognising their expertise and shaping responses accordingly.

The presentations

OPEN Symposium 2025 showcased the ways in which organisations are working in partnership with each other, researchers, people with a lived experience of the service system and allied services to improve access, support and outcomes. Across the Symposium program, presentations highlighted practice approaches to reduce fragmentation, strengthen shared understanding across workforces and build more connected systems of support.

Over the course of 2 days, attendees heard 18 presentations from 23 organisations and researchers from across Australia, including from our keynote speakers and sponsors.

The presentations reflected a wide range of contexts, approaches and stages of maturity, from emerging partnerships to more established system-level collaborations. Despite the diversity of topics across the presentations, strong and consistent themes emerged about the importance of collaboration and what is required to support meaningful and sustained change for children, young people and families in complex service environments.

Themes included:

- *Effective collaboration is relational, adaptive and grounded in local context* – requiring trust, shared learning and flexible partnerships that can respond to complexity and evolving needs over time.
- *Collaboration is a core mechanism for addressing complex and intersecting needs,* rather than an 'add-on' to the existing siloed service system. Cross-sector responses need to be integrated and coordinated around the whole child, young person and family.
- *Lived experience, cultural authority and community expertise are invaluable components of collaborative practice*, reflecting a shift towards more participatory approaches to governance, design, implementation and evaluation, and moving beyond consultation towards more genuine power sharing.
- *Sustaining collaboration requires more than individual relationships or short-term projects; it requires the embedding of collaboration within organisational systems,* while also acknowledging challenges created by funding, compliance culture and organisational boundaries.
- *Collaboration is a critical systems capability that enables sectors and communities to learn, adapt and work relationally* to support prevention, early intervention and more responsive support for children and families.

Together, the OPEN Symposium 2025 presentations demonstrated that while collaboration is complex and challenging, it is both possible and essential. The reports presented in this special issue provide practical and transferable insights for strengthening more connected, responsive and learning-oriented systems to improve outcomes for children and families.

Keynote addresses

Dr Penny Hagen and Angie Tangaere's opening keynote address, 'Activating our collective learning capacity for shared outcomes', set the scene for the Symposium. Tapping into their work in the Auckland Co-design Lab, they introduced the Niho Taniwha Framework, a place-based learning system approach that brings together policy, community values, cultural knowledges and lived experience to connect local practice with system-level change. The framework emphasises collaboration across the system, positioning stakeholders as active contributors while acknowledging power dynamics and structural constraints. Grounded in trauma-informed, values-led practice and traditional knowledge, it offers a practical approach to working in partnerships with communities.

Professor Alina Morawska's keynote, 'Childhood screen use: Challenges and supports for families', explored the growing public health concern of childhood screen use and the challenges families face in managing it. Drawing on current evidence, she highlighted the need for coordinated responses across families, schools and communities, with shared language, responsibility and practical strategies to support children's wellbeing.

The keynotes were followed by sector-led presentations, a sample of which form this special issue of *Children Australia.* These Symposium Reports are written by professionals from small, medium and larger child and family organisations and Aboriginal Community Controlled Organisations, metro and regional organisations and a university. They are grouped by theme: place-based partnerships; Aboriginal-led approaches; prevention and early intervention programs; embedding lived experiences; and integrated responses to complex needs.

Place-based partnerships

Goulding et al. (2026) describe the success of a cross-sector partnership between the City of Ballarat, Grampians Health and Uniting Victoria (Ballarat) in response to gaps in the local child and family services sector: a monthly professional development and networking series titled 'Ballarat's Children: Collaborating for Systems Improvement Sessions' that aimed to strengthen system literacy, enhance collaboration and create a predictable, high-quality learning environment for practitioners across the region.

Aboriginal-led approaches

In their report, Navez d'Aubremont and Arnold-Rendell (2026) present the lessons learned from early implementation of the Victorian Aboriginal Child and Community Agency's (VACCA) redesigned residential care program – Gamadji Balit, which provides therapeutic care and support for Aboriginal children who are unable to live with their parents.

Prevention and early intervention programs

Reports in this section highlight the achievements of prevention and early intervention programs, including: Quantum Support Services' 'Adolescent Building Connections' (ABC) program, an evidence-based, trauma-informed program developed to provide the skills and understanding to encourage adolescents aged 12–17 years to form healthy and positive connections in their lives (Hancock, 2026); Anchor's 'Young Voices. Big Impact', an initiative that arose in response to a chronic lack of child-centred, trauma-informed homelessness supports (MacMull & Nicholson, 2026); Jesuit Social Services' 'What's ok? Australia', an online early intervention service for young people who have engaged in, or who may be at risk of engaging in, harmful sexual behaviours (Bateman, 2026); and Upper Murray Family Care's 'I Am Me', a family violence prevention program designed for children in 4-year-old kindergarten (Cousins & Klein, 2026).

Embedding lived experience

Brave Foundation's 'Supporting Expecting and Parenting Teens' (SEPT) program provides an example of centring young people's voices. In this program, parents' voices, choices and strengths drive service design and delivery, and outcomes extend beyond program metrics to transform systems and challenge entrenched inequities (Wilson et al., 2026).

Integrated responses to complex needs

Gauntlet et al. (2026) describe an integrated service–research model, the 'Steps to Confident Parenting' program, which uses a strengths-based, tailored approach that combines intensive parenting support with family services and a rigorous research component to address over-representation of parents with intellectual disability or cognitive delay in child protection interventions.

Millet et al. (2026) present a collaboration between Australian Childhood Foundation and Karla Kuliny Aboriginal Corporation, with input from young people, to divert young people away from the youth justice system in the equine-assisted program, 'Equestrian Youth Engagement Service' (EYES).

Symonds et al. (2026) illustrate how, in the face of system and sector failures and gaps (particularly for children with disability), Berry Street Yooralla is working to build and advocate for an integrated approach that sees the whole child and their relational context – bringing trauma-informed and disability-informed practice and services together, rather than expecting families to navigate multiple disconnected systems.

Conclusions

The reports in this special issue provide excellent examples of the many and varied ways in which practitioners and organisations across the child and family services sector partner and collaborate to improve outcomes for children and families. Improving outcomes 'takes a village' and requires real innovation. The willingness of contributors to share their work and insights not only reflects this commitment but also strengthens the broader learning system and supports more connected and collaborative practices across the system.

These reports represent a sample of the presentations from the OPEN Symposium 2025. To see recordings of the full program, visit https://outcomes.org.au/open-symposium-2025-recordings or scan the QR code.

The Centre extends our thanks to the generous sponsors of the OPEN Symposium 2025: VACCA; Anglicare Victoria; Australian Childhood Trauma Group; Berry Street Yooralla; Family Life; and CSNet. We also thank all of the presenters and attendees and everyone who submitted an expression of interest for their generosity in sharing their knowledge. Finally, we acknowledge the Victorian Government for its continued support of OPEN. We look forward to the next OPEN Symposium.

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Place-based partnerships in the child and family services sector: A case of emergence

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Background

The City of Ballarat, Grampians Health and Uniting Vic.Tas (Ballarat) formed a cross-sector partnership in response to identified gaps in the local child and family services sector. Sector-wide consultation revealed that services often operated in parallel, resulting in limited visibility and collaboration across agencies and inconsistent knowledge of referral pathways. These gaps were experienced as missed opportunities for comprehensive and coordinated support for children and families in Ballarat, Victoria.

The partnership sought to address these issues by building shared knowledge and understanding, strengthening professional networks and improving system navigation across the health, education, early childhood and community sectors. In shaping its approach, the partnership drew on established evidence around collaborative practice, collective impact and systems improvement, as well as local insights from practitioners and community needs assessments, to design and deliver a monthly professional development and networking series.

In this way, the partnership was anchored in clear strategic intent, a defined theory of change and shared governance mechanisms. It also drew on conceptual thinking about living systems, collaboration and the ARACY Nest Framework (ARACY, 2014). Importantly, however, it also enabled emergent ideas and practitioner-led responses to inform the design of next steps in both the partnership and the development of the information sessions, which provided the key deliverables of the collaboration.

Shared principles including fidelity to action, joint decision-making, equal resource contribution, flexibility and responsiveness and ongoing evaluation guided the partnership model. These principles provided a strong foundation for a coordinated and locally driven solution.

Strategic co-design and implementation

The partners co-designed 'Ballarat's children: Collaborating for systems improvement sessions', a monthly professional development and networking series. The design was intentionally strategic: it sought to strengthen system literacy, enhance collaboration and create a predictable, high-quality learning environment for practitioners across the region.

Sessions incorporate a blend of structured learning, facilitated activities and relationship-focused networking. The information sessions were shaped around each of the Nest domains, and panel members were drawn from across child and family services organisations that provide parenting programs, mental health and wellbeing services, schools, local government and a raft of other services.

As the program progressed, its evolution reflected a balance between strategic planning and emergent adaptation, with activities such as speed networking introduced in response to participant feedback.

The sessions attracted attendees from health services, allied health, early childhood (including maternal child health), education, community organisations and family support services. The 2-hour sessions typically included a panel discussion, with panel members representing local services and organisations and, where relevant, a keynote speaker started the session. Attendees could participate and workshop ideas after the panel presentation at most of the sessions.

Over the initial 12-month period, participation was broad and grew steadily as practitioners recognised the value of cross-sector connection. The initial evaluation period covered 12 months, with sessions continuing beyond the original partnership structure as the model evolved.

Measuring success

Across the 12-month implementation period, the program attracted nearly 300 attendees, including approximately 30 practitioners per session, demonstrating strong and sustained engagement. Across the 2 years of the sessions, more than 30 organisations have been represented among the attendees.

A mixed-methods evaluation framework was embedded from the outset to assess both immediate and longitudinal impacts on practitioner knowledge, network development and system coordination.

Success was measured through survey instruments including pre/post measures of system knowledge, referral pathway understanding and professional networks. Session feedback loops also informed iterative refinement of session design and content.

Evaluation outcomes

The evaluation demonstrated measurable impact across the local child and family services ecosystem. Over the 12-month period, practitioners reported significant gains in their understanding of the local service ecosystem, including a 21% increase in overall service sector knowledge and a 25% increase in referral pathway knowledge.

These quantitative improvements were reinforced by qualitative findings showing strengthened network density, more confident and consistent collaborative behaviour and increased resource sharing between agencies. Participants also described clearer and more efficient referral processes, alongside more open and productive interagency communication, which contributed to enhanced trust and deeper professional relationships. The sessions were consistently experienced as being valuable, with positive practitioner feedback highlighting both the quality of the content and the opportunities for meaningful cross-sector connection.

> *Such good information on other services that relate to my work, and I have never heard of before.* (Session participant)
>
> *Expanded knowledge of services.* (Session participant)
>
> *Follow-up referrals to services I didn't know existed.* (Session participant)

Combined, these findings demonstrate measurable system-level change and were interpreted as strong indicators of both program impact and partnership effectiveness, with the success of the partnership inferred from the evaluation results for the sessions. The significance of these outcomes was further recognised through the '2024 Victorian Early Years Award for Collaborative Partnerships', and the continuation of the sessions beyond the original formal partnership structure illustrates sustained practitioner ownership and enduring local relevance.

Lessons learned

Participants consistently valued opportunities for connection, shared learning and insight into other services' roles and limitations. The sessions helped to break down silos and provided a trusted space for troubleshooting shared challenges.

As the project evolved, attendees gravitated toward more informal discussion and relational connection. This shift led to the inclusion of unstructured networking time and increased emphasis on peer relationships – demonstrating emergence (Goldstein, 1999) as practitioners shaped the direction of the initiative themselves.

Challenges

Several challenges shaped the implementation and evolution of the partnership. Coordinating contributions and time commitments across the partner agencies could be complex, particularly given competing organisational priorities. As the partnership matured, shifts in organisational roles and responsibilities introduced further complexity, making it necessary to continually recalibrate expectations with more limited capacity, and still sustain momentum. These challenges highlight the need for flexible governance arrangements and a shared commitment to purpose across partners.

Practice insights

Despite these challenges, the initiative generated important insights into place-based systems change. Responsive and iterative planning – supported by real-time evaluation – proved essential, enabling the sessions to evolve in ways that were both evidence-informed and aligned with practitioner needs. The principle of emergence (Goldstein, 1999) became particularly visible as coherent patterns of practice developed organically through strengthened relationships and cross-agency collaboration. The work demonstrated that a cross-sector partnership can significantly shift a local service ecosystem when grounded in shared principles, clear purpose and ongoing feedback loops. Embedding evaluation from the outset ensured that adaptation was meaningful and strategically aligned, reinforcing the value of an approach that is both deliberate and adaptive within complex systems.

Conclusions and considerations

This partnership demonstrates the transformative potential of strategically designed, place-based, cross-sector collaboration in strengthening outcomes for children and families. By bringing together local government, state government and not-for-profit community services, the initiative created a shared platform for practitioners to deepen their understanding of the service ecosystem, build trust and develop more collaborative approaches to supporting families.

The work exemplifies partnership approaches that position children and families at the centre. The initiative also functions as a place-based model, grounded in local context and designed to respond to the specific challenges and opportunities present within the Ballarat services system.

Finally, the collaboration illustrates the value of sector–government partnerships, showing how shared governance, pooled resources, shared perspectives and collective commitment can improve service integration and produce sustained community benefit.

As systems continue to evolve, this case offers important considerations for future work. Successful place-based partnerships require deliberate structures that support: adaptive, emergent practice; mechanisms for continuous, embedded evaluation; and shared principles that hold partners steady through shifting priorities. When these elements are in place, cross-sector collaborations can not only improve coordination and referral pathways but also reshape the service landscape in ways that meaningfully enhance outcomes for children and families.

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Reimagining residential care: Using developmental evaluation to refine Gamadji Balit, an Aboriginal model of residential care

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Background/Issue

The Victorian Aboriginal Child and Community Agency (VACCA) is a leading Aboriginal Community Controlled Organisation that has supported Aboriginal and Torres Strait Islander children, families and communities since 1977. Within its out-of-home care services, VACCA has provided residential care since the 1980s, beginning with the Family Group Home model (VACCA, 2025a).

Children and young people are referred to VACCA's residential care program by the Department of Families, Fairness and Housing, typically following a Child Protection decision, or when the broader system is under strain and there are no other available options. VACCA's broader aims are to prevent Aboriginal children from entering care, and to reduce time in care, through family finding, strong case planning and cultural connection.

Residential care remains a deeply complex space, shaped by historical trauma and systemic interventions with intergenerational impacts (SNAICC, 2024). Many Aboriginal families continue to experience harm from systems intended to support them – reinforcing barriers to reducing over-representation of Aboriginal children in care.

In response, VACCA has redesigned its residential care program to develop an Aboriginal-led model where culture is foundational to practice. This Report shares part of that journey: a developmental evaluation conducted to trial and adapt the model and trial culturally appropriate data collection tools during early implementation.

Action/Response

Gamadji Balit, meaning 'Emerge Strong' in Wurundjeri–Woiwurrung language, is VACCA's culturally grounded model of residential care, designed to improve outcomes for Aboriginal children, young people and their families. Developed through community consultation and a literature review, the model centres culture as a source of healing and wellbeing, and the design process prioritised the voices of those with lived experience.

A Governance Group of senior Aboriginal leaders and a Yarning Group of Aboriginal technical specialists guided the design and evaluation, drawing on expertise from related programs such as Nugel and Lakidjeka (VACCA, 2025b, 2025c). Their ongoing involvement ensured cultural safety, practical relevance and Aboriginal leadership throughout the evaluation.

VACCA's new model aligns with broader reforms, including the legislative reform under Section 18 of the *Child, Youth & Families Act 2005 (Vic),* which transfers child protection responsibilities related to Aboriginal children to Aboriginal Community Controlled Organisations (Department of Human Services, 2005). This alignment supports the delivery of an Aboriginal model of care and challenges negative perceptions of residential care – critical for attracting and retaining passionate, especially Aboriginal, practitioners. Staff wellbeing, recruitment

and retention were key considerations in the model's development, recognising the potential for residential care to be a space of transformative impact.

VACCA adopted a developmental evaluation approach to support adaptability and responsiveness. Embedding the Yarning and Governance Groups into feedback loops ensured continuous refinement and upheld cultural integrity.

Evaluation methods

- *Yarning circles* with residential care staff across Victoria (three one-hour sessions per home, 6–12 participants each).
- *Surveys* with staff and young people.
- *Cultural Coolamons* in each house to document cultural engagement opportunities, supporting healing and connection.
- *Education Journey documentation*, completed by education specialists, tracked attendance, supports and barriers, and informed advocacy to address systemic challenges.

Key deliverables

- *Gamadji Balit Program Logic* – a two-page summary and eight visual graphics to support communication and engagement.
- *Gamadji Balit Data Plan* – a framework to build an Aboriginal evidence base using culturally appropriate tools to measure program outcomes.
- *Developmental Evaluation Report* – addressing four key evaluation questions and guiding future implementation and advocacy.

Lessons learned

Aboriginal-led evaluation

A key lesson from the Gamadji Balit design, implementation and evaluation has been the importance of engaging Aboriginal staff from the outset. To embed Aboriginal ways of knowing, being and doing, VACCA continued to involve a Yarning Group and a Governance Group, both predominantly including Aboriginal VACCA staff. These groups shaped data collection, guided interpretation and ensured cultural relevance and integrity throughout the evaluation.

Their involvement went beyond oversight – they reviewed project materials, identified barriers and helped translate findings into actionable strategies. This approach aligned with the AIATSIS Code of Ethics and the Universal Declaration of the Rights of Indigenous People, ensuring Aboriginal communities shaped the design principles, priorities and methods (AIATSIS, 2020; United Nations, 2007). The relational nature of these meetings reflected' the Mob way of doing business', where change is fostered through connection and collective decision making.

Rather than a transactional process, data were interpreted collaboratively, maintaining cultural integrity and disrupting colonial patterns of disempowerment.

Culturally safe data design

All data collection was conducted alongside Aboriginal senior staff, creating culturally safe environments and modelling leadership. Tools were reviewed to ensure respectful language and relevance, affirming that Aboriginal voices must lead key processes.

Strengths-based and relational evaluation approach

The evaluation was conducted with a strengths-based lens, focusing on resilience and cultural strengths. The developmental evaluation model supported flexibility and responsiveness to diverse voices – from leadership to frontline staff and young people.

Yarning methods were central, prioritising deep listening and relationship building over Western, quantitative-only approaches. Three 1-hour yarning circles were held at each home (6–12 participants), engaging therapeutic care workers closest to young people. This approach avoided over-burdening young people while still capturing their perspectives through trusted relationships.

A collaborative yarning style, co-facilitated by an Aboriginal senior leader, enabled:

- Regular communication with frontline staff;
- A platform for staff to influence the model's development; and
- A sense of ownership, reducing perceptions of external imposition.

Policy and practice implications

The evaluation highlights the value of embedding Aboriginal leadership, relational methods and culturally grounded tools in residential care reform, program design, implementation and evaluation.

Key implications include:

- Continued investment in Aboriginal-led design and evaluation;
- Practical guidance to support implementation;
- Resourcing aligned with recommendations; and
- Ongoing reflection to keep the model dynamic and responsive.

Next steps

The next phase involves further implementation of Gamadji Balit, supported by refined data tools embedded in practice. Aligning the Program Manual with the revised model and shifting resources to support recommendations will be critical. Without practical guidance, resourcing and ongoing reflection, the model risks remaining theoretical. The goal is to ensure Gamadji Balit continues to grow as a living, culturally grounded model of care.

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Adolescent Building Connections (ABC): Positive connections building thriving futures

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Background

Family violence continues to be significant issue for individuals, families and communities in Australia. This is of increasing concern in regional areas, with current overall family violence rates in Victoria reporting an 84% higher incidence of family violence incidents in regional areas compared with metropolitan areas (Crime Statistics Agency Victoria, 2025).

This is not only confined to adults' experience of family violence but extends to our young people in both an intimate partner violence context and incidences of young people using family violence within the home. The 'Growing Up in Australia' study conducted by the Australian Institute of Family Studies in 2023 reported that 30% of young people surveyed aged 18–19 years identified experiences of intimate partner violence (O'Donnell et al., 2023). Evidence has shown that where young people have a lived experience or are exposed to family violence in their formative years, they are more likely to exhibit unsafe and harmful behaviours themselves, perpetuating the intergenerational transmission of family violence (AIHW, 2025).

The impacts of family violence are not isolated to any single life domain, extending instead across all areas of life – impacting educational outcomes and achievements, intimate and familial relationships and physical and mental health – and there are also financial costs to the victim–survivors and broader community. To have sustained change and address the intergenerational impact of family violence, it is necessary that we intervene early and often, combining a response that traverses prevention, early intervention and response.

Action/Response

In response, Quantum Support Services developed the Adolescent Building Connections (ABC) program. This is an evidence-based, trauma-informed program developed to provide the skills and understanding to encourage adolescents aged 12–17 years to form healthy and positive connections in their lives.

The program was developed in response to gaps in supports for this cohort, with a predominately prevention and early intervention approach for young people who are using or at risk of using violence in the home, acknowledging that the majority of these young people have lived experience as victim–survivors in their own right.

The ABC program combines interactive activities specifically designed to meet the needs of adolescents, providing an open and safe discussion space to encourage peer connection and wider thinking outside what the young person may have experienced.

The program has expanded since its inception in 2016 and is now being delivered in partnership across 16 secondary schools in the Gippsland area, Victoria.

The aims of the program are to provide learning and development opportunities for young people to understand their own experiences and make positive choices for themselves moving forward underpinned by four key concepts:

1. Healthy relationships and interactions;
2. Emotional regulation and intelligence;
3. Education on impacts of family violence and gender inequality; and
4. Conflict management and positive communication.

The ABC program is unique in that delivery can be utilised to support a prevention, early intervention and/or response intervention, dependent on need.

By investing in the continued provision of this program, we position our young people to be able to break the cycle of violence and improve their connection to family, peers and the wider community while building capacity to maintain strong, connected, positive relationships in their life.

The program strengths are its partnerships and connections with education providers and approaching the support of young people through a connection-before-correction approach. This allows for open and safe discussion led by facilitators and driven by participants.

This approach further supports young people to explore their own individual journey of emotional and behavioural discovery. Facilitators provide opportunities and knowledge to support the young person to build their own individual toolbox. This, in turn, builds resilience and feelings of improved belonging and self worth.

Building on the foundations of the Respectful Relationships program currently undertaken in schools, the ABC program provides a safe space for young people to expand and deepen their understanding, particularly for those who may need additional support because of their own life experience or understanding of relationships. It also provides an additional resource for education providers to engage when necessary.

Lessons learned

The ABC program has undergone four independent evaluations and a cost–benefit analysis since inception, with the latest evaluation completed in December 2022. Each evaluation and the cost–benefit analysis consistently recognised the benefit of the program to young people, their families and the community. These evaluations highlighted the program's success in promoting strong and connected lives for young people, supporting improved emotional regulation skills, resilience and understanding of healthy and safe relationships. The cost–benefit analysis (completed by Ernst Young in 2022) identified a $4 benefit to community overall for every dollar invested in the program, including:

- A reduction in youth homelessness;
- Improved mental health outcomes; and
- Decreased family breakdown, with families remaining strong and connected.

Participants of the program have self reported the following program outcomes:

- Improved understanding of healthy and positive relationships;
- Improved mental health through maintaining positive and connected relationship; and
- Improved attendance and engagement in education.

Key learnings from the delivery of the program include the importance of the relationship between education providers and program staff, the need to work collaboratively to keep the young person at the centre of thinking and meeting the young person where they are at.

Evaluation data show 85% of young people believe the program has helped them to understand the impact of their choices, and between 79% and 85% of young people consistently report a positive experience of the program.

As with many programs across the sector, the main challenges or barriers to delivery of the program have been centred around securing sustainable funding and workforce capacity.

Next on the horizon for the ABC program is the exploration of a training model to allow expansion of the program, the possibility to adapt the program to meet the needs of additional cohorts, and the scope for application of the program to expand to education providers across the state and nationally.

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Young Voices. Big Impact. Disrupting the trajectory of homelessness: The role of early intervention and prevention with children and families

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Background/Issue

Anchor Community Care is a Victorian not-for-profit organisation providing homelessness support, family and youth services and tailored interventions for vulnerable children. The organisation is committed to ensuring that children and young people are given sufficient spotlight to ensure their experiences are not invisible within the system or broader society. Within this mission, Anchor identified a significant gap in service provision for children experiencing homelessness.

The 'Young Voices. Big Impact' initiative arose in response to a chronic lack of child-centred, trauma-informed supports within the Eastern Metropolitan Region of Melbourne, Victoria. While many homelessness services address parental needs, such as housing, case management and financial stress, children's developmental, social and educational needs are often overlooked. At the time of program design, 119 children were accessing Anchor's homelessness service, with little access to psychological support or therapeutic engagement.

Evidence demonstrates that homelessness disrupts children's education, social networks and emotional wellbeing. Children in housing crisis report lower school attendance, difficulty maintaining friendships, diminished self-esteem and a heightened risk of poor mental health and intergenerational homelessness.

Anchor's program drew from prior practice experience and existing frameworks, such as the Statewide Children's Resource Program (2024), and current Australian research on resilience, belonging and psychosocial recovery. The underlying theory of change proposed that embedding a specialist child-focused practitioner within crisis response teams could mitigate trauma impacts, strengthen family relationships and foster resilience and school engagement.

Action/Response

Young Voices. Big Impact was piloted as a Specialist Homeless Children's Practitioner Project, employing a therapeutic practitioner trained in trauma-informed and child-centred practice. The role involved individual and, occasionally, group work with children and parents within homelessness services, focusing on psychosocial support, skill building and advocacy within schools and community networks.

Program design was informed by current research compiled within Anchor's evaluation matrix. The matrix had seven components: school belonging; self-care skills; resiliency; goal setting; self-esteem; academic performance; and friendship development. Each was underpinned by peer-reviewed evidence. For instance, research from the Australian Institute of Family Studies (Daraganova & Joss, 2019) and the National Children's Bureau (National Children's Bureau, 2024) highlights how positive peer relationships and school

belonging improve wellbeing and academic confidence, particularly for children facing instability. Other referenced studies, such as Coates and Mason (2025), support the application of trauma-informed and activity-based interventions to strengthen emotional regulation and resilience.

Three complementary instruments were employed.

1. Parent Survey: Capturing parents' perspectives on communication, support and observed changes in their child's learning, confidence, and friendships.
2. Client (Child/Young Person) Survey: Age appropriate, assessing children's feelings about school, friendships, safety and self-belief before and after participation.
3. Practitioner Rubric: A structured assessment covering seven constructs, from school belonging to self-esteem. Each construct included clear descriptors (from 'Not yet met' to 'Outstanding'), ensuring a consistent practice framework and data comparability.

This triangulated approach blended quantitative and qualitative data to provide a rounded picture. The practitioner recorded baseline and endline measures, supported by parent and child feedback, allowing observation of both direct emotional change and indirect gains (e.g. school attendance and peer connection).

The pilot engaged children living in transitional or crisis housing within the Outer East of Melbourne, Victoria. Families were primarily referred internally by Anchor homelessness practitioners. Participation remained voluntary to ensure authentic, child-centred consent. Across the initial evaluation window, data were collected from clients, parents and the practitioner over several months of consistent engagement, including outreach and onsite sessions at schools, homes or scheduled outings.

Success measures aligned to Anchor's Outcomes and Impact Framework, with improvements in resilience, academic participation, friendships and emotional self-care. Quantitatively, practitioner records indicated an average improvement of % across constructs, with notable gains in resiliency (+30%) and goal setting (+28%). Qualitative themes echoed these results: parents described greater confidence supporting their children; children reported feeling 'happier at school' and more able to 'bounce back after setbacks'. Parent surveys rated clarity, relevance and safety of the program at averages above 4.5 on a 5-point scale, underscoring the program's accessibility and therapeutic rapport.

Lessons learned

Children responded positively to the opportunity for individual attention and creativity in sessions. They valued consistent relationships with the practitioner, especially in environments marked by frequent change. Parents expressed that the program not only supported their children but improved their own confidence to nurture learning routines and emotional safety at home.

Successes include:

- Clear evidence of improved resilience, self-esteem and goal orientation among participants;
- Strengthened parent–child relationships through guided involvement and communication strategies;
- Enhanced collaboration with schools, enabling smoother student transitions and attendance improvements; and
- Practitioners reported better integration of trauma knowledge across Anchor's staff team, improving consistency of child-focused practice in homelessness contexts.

Challenges to be addressed include:

- Recruitment and retention can be difficult amid families' frequent housing changes and competing priorities;
- Limited duration of the pilot constrained deeper longitudinal insights; and
- The reliance on one specialist practitioner highlighted the need for broader workforce training to sustain impact across caseloads.

Next steps

Anchor sees opportunities to expand the Young Voices. Big Impact model by:

- Building partnerships with local communities to ensure continuity of support through effective transitions and addressing systemic barriers;
- Embedding training modules for frontline workers to increase confidence in engaging one on one with children and strengthening parental capacity; and
- Seeking additional funding to scale the child-focused therapeutic role across regions and build upon the evidence base.

The evaluation demonstrates that when homelessness responses explicitly centre children's voices, through structured assessment, relational practice and evidence-based design, tangible progress occurs in learning engagement, emotional resilience and family stability. The Young Voices. Big Impact project provides an adaptable blueprint for community organisations seeking to integrate child development frameworks into homelessness and family services.

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The Worried About Sex and Pornography Project: The role of a national online early intervention service (What's ok? Australia) in responding to the growing prevalence of harmful sexual behaviour by young people

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Background/Issue

Child sexual abuse is a major public health issue with profound and lasting impacts on victims, their families and communities (McKibbin & Humphreys, 2020). Beyond the significant health and social consequences, it also creates considerable economic and societal costs (Blakemore et al., 2017; Kezelman et al., 2015).

Although public attention often focuses on adults who perpetrate abuse, child sexual abuse can also be perpetrated by young people (Quadara et al., 2015). Findings from the Australian Childhood Maltreatment Study show that, among participants aged 16–24 years, more than half of reported child sexual abuse involved a young person, with adolescent boys more likely to be responsible for the behaviour (Mathews et al., 2024).

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the lack of a coordinated national policy to address problematic and harmful sexual behaviours among children and young people and identified a critical need for greater attention on prevention (The Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

Although an online early intervention service for adults exists in Australia (Stop It Now! Australia; JSS, 2026), and several well-established therapeutic services provide support after harmful sexual behaviour has occurred, there is currently no online early intervention service designed specifically for young people who are concerned about their sexual thoughts or behaviours.

This gap is significant given the increasing prevalence of problematic and harmful sexual behaviours among young people (Haslam et al., 2023) and what young people themselves have shared about the kinds of support that could have helped them avoid harm and build respectful, responsible and fulfilling lives.

To address this need, Jesuit Social Services partnered with the University of Melbourne on the 'Worried About Sex and Pornography Project (WASAPP)'. The project's goal is to use targeted research to co-design 'What's ok? Australia', an online early intervention service for young people who have engaged in, or who may be at risk of engaging in, harmful sexual behaviours.

Action/Response

Work carried out as part of WASAPP has included:

- A systematic review examining pathways that lead to harmful sexual behaviours;
- Interviews with young people who have displayed harmful sexual behaviours;
- A workshop with Australian experts in the field;

- Interviews with local and international experts who work in the area of harmful sexual behaviour; and
- Consultation with national and international practitioners who provide intervention services for young people displaying harmful sexual behaviours.

Young people have provided guidance on the design and content of the website and helpline. They strongly emphasised the need for anonymity, noting that a prominent '100% Anonymous' message should feature on the website and across all promotional materials to help them feel safe accessing the service. They also highlighted the value of an 'I need help now' tab and an easily accessible search function.

Young people expressed a desire for accessible information on social rules, consent, relevant laws and the impacts of pornography. Many described the importance of being able to speak directly with a practitioner when they were worried about their sexual thoughts or behaviours.

Young people also reflected that information about problematic and harmful sexual behaviours should be provided earlier than what they had experienced. They reported that their sex education did not address these issues and was delivered too late to be useful.

Key features of the proposed service include:

- A national, anonymous and free-to-access model;
- Availability to young people concerned about their own or someone else's sexual thoughts or behaviours, as well as to parents, carers and professionals seeking guidance regarding a young person's concerning or harmful sexual behaviour;
- Multiple access points, including:
    - A helpline (via live chat, phone and other accessible modes)
    - A website with links to specialised support and response services and also offering educational content on topics such as addressing: concerning sexual thoughts or attraction to younger children; pornography use; illegal online behaviours including accessing child sexual abuse material; sex and the law; healthy sexual development; consent and respectful relationships; and developmentally appropriate, problematic and harmful sexual behaviours.

In establishing an Australian service for young people concerned about their sexual thoughts and behaviours, the service would aim to:

- Provide education, information and advice to young people about sexual development, sexual behaviours and pornography, supporting healthy decision making and preventing problematic or harmful behaviours;
- Offer parents, carers and professionals accessible information, practical guidance and support to help them understand and appropriately respond to concerns about a young person's sexual behaviour;
- Enable young people at risk of harming others to seek timely help through online resources and a helpline, to prevent the onset or recurrence of problematic or harmful sexual behaviours; and
- Address problematic and harmful sexual behaviour through a holistic public health approach raising awareness of warning signs, promoting protective skills and strengthening the capacity of individuals, families and communities to keep young people safe.

Next steps

The social and economic rationale for establishing this service is compelling. Since the Royal Commission into Institutional Responses to Child Sexual Abuse (2017), ongoing prevention efforts and emerging research have created the conditions for such a service to be delivered both effectively and efficiently. With pornography becoming increasingly violent and easily accessible, and technology-assisted sexual harm continuing to rise, the development of the proposed online service is both timely and essential.

This service would strengthen and expand the existing support system for young people who are worried about their sexual thoughts or behaviours, helping them build respectful, responsible and fulfilling lives free from problematic or harmful sexual behaviours.

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'I Am Me': Early childhood violence prevention through body safety and gender equality education

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Background/Issue

Upper Murray Family Care (UMFC) is a Community Services Organisation supporting the communities across north-eastern Victoria and into southern New South Wales. The Family Violence Child Safety Team, part of UMFC's Child and Family Services, works to bring children at the forefront when looking at family violence.

Our work spans three areas. First, direct support to children and families through a consultative process with Family Services. Second, training and education including delivery of training on the Safe & Together Model and supporting the model's ongoing implementation. And third, a focus on prevention and community development activities, with the 'I Am Me' program being our major piece of work in this space.

The Family Violence Child Safety Team delivers services across seven local government areas – Mansfield, Benalla, Wangaratta, Alpine, Indigo, Wodonga and Towong. Within this region, there are more than 90 funded 4-year-old kindergarten programs, each with differing sizes, unique community contexts and levels of need.

In 2024, we started exploring a children's program focused on body safety and gender equality. The work that we were doing on a daily basis, combined with statistics that showed reported family-violence incidents increased by18.5% across the Ovens Murray region between 2018/19 and 2022/23, reinforced an already strongly held belief: we cannot wait until children are impacted by violence before talking with them about safety, respect and equality. Prevention has to begin early.

As we reviewed existing resources and programs, a clear and pressing gap emerged: the need for a free, accessible, sustainable and developmentally appropriate prevention program that could be delivered consistently across diverse kindergarten settings, regardless of location or size. The 'I Am Me' program was developed to fill this gap.

Action/Response

I Am Me is a family violence prevention program designed for children in 4-year-old kindergarten. It introduces body safety, gender equality and respectful relationships through playful, developmentally informed learning experiences.

Program structure

The program consists of four sessions.

Session 1 is a parent and educator session. This session provides information on the importance of teaching these topics in the early-years space, an introduction to programs content and information on practical ways families can reinforce these messages at home.

The next three sessions are delivered as weekly interactive 30-minute sessions with the children in the kindergarten. Each session is designed to capture the attention of young children through engaging and age-appropriate tools such as puppets, songs, illustrated storybooks and colourful visual aids.

To extend the program's impact beyond the initial sessions, each kindergarten receives a resource pack containing storybooks, posters and visual prompts. These resources support educators to embed the messages into everyday learning environments and reinforce them consistently over time – an aspect that is crucial for lasting impact.

In addition, every child is provided with a take-home goodie bag, containing resources and activities for both children and parents. This supports learning at home and encourages ongoing family conversations about body safety, respect and equality.

Core concepts taught

- Emotional literacy and body signals: recognising emotions, identifying 'safe' and 'unsafe' feelings and understanding natural fight/flight/freeze responses.
- Body safety:
  - Body ownership and consent
  - Anatomically correct names for body parts
  - Necessary versus unnecessary touch
  - Identifying safe adults
  - The difference between secrets and surprises
- Gender equality: challenging stereotypes, promoting equal opportunities, valuing individual strengths, and celebrating uniqueness.

Reach and implementation

Since its creation, I Am Me has been delivered to nearly 30 kindergarten groups across the region. Recruitment occurs through existing partnerships, presentations at network meetings and direct outreach.

Lessons learned

Significant insights have shaped program refinement.

Flexibility is essential

Every kindergarten group is different; facilitators adapt sessions for attention spans, movement needs and engagement styles.

Puppets are powerful

Initially planned for one session, puppets now feature throughout, being the program's strongest engagement tool. Their presence now threads through every session, improving attention, participation and emotional safety.

Hands-on activities beat posters

Interactive, sensory and movement-based activities consistently produced deeper engagement than static visuals. As a result, the program has shifted toward more hands-on experiences.

One-facilitator delivery is more sustainable

Although originally designed for two facilitators, we learned that a single-facilitator model is both feasible and necessary. It makes the program scalable without overburdening staff, who often have dual roles.

Educator involvement is critical

Sessions were significantly more successful when regular educators actively participated, supporting transitions, reinforcing expectations and modelling engagement. Clear communication prior to visits is now a routine part of the program.

Parent engagement needs fresh approaches

Attendance at live parent sessions was low. To improve accessibility and maintain program reach, we are developing video-based content for parents.

Feedback reflects strong impact

Consistent themes emerged from participant feedback.

- Resources: educators valued having high-quality materials without personal cost.
- Increased educator confidence: staff reported greater ability, language and comfort engaging children in conversations about safety and equality.
- Child engagement: children across diverse settings, including those with high rates of trauma exposure, were able to meaningfully participate.
- Parent knowledge: parents reported learning new ways to support body safety and gender equality at home and, in one case, a parent identified concerning behaviours after attending the session.

Conclusion

The early years provide a pivotal window to shape lifelong beliefs about respect, equality, consent and safety. I Am Me demonstrates that young children can – and do – engage deeply with these concepts when supported through play-based, sensitive, strengths-focused education.

By teaching equality, empathy and safety early, we hope to help build a future where children grow up in communities free from violence, where every child can say with confidence: I Am Me, and I am safe, valued and respected.

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Partnership approaches that put children and families at the centre: Addressing adultism and empowering young parents

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Background/Issue

Young parenthood is often accompanied by stigma, which research identifies as a major barrier to engagement with essential supports and services (Corney et al., 2022). This stigma manifests in assumptions about incompetence and irresponsibility, leading to practices that undermine autonomy and erode trust. While service providers may intend to be youth-friendly, adultism, defined as attitudes and behaviours that privilege adult perspectives and diminish youth agencies, often persist in subtle forms (Bell, 1995; Kennedy, 2019). Adultism is reinforced through institutional structures, deficit-based language and tokenistic consultation, all of which limit young parents' influence over decisions affecting their lives.

Kennedy (2019) argued that adultism operates at attitudinal, institutional and internalised levels, shaping interactions and organisational culture. Marginalised young parents are particularly vulnerable, because these dynamics compound existing social disadvantage and can negatively impact self-efficacy and identity formation. Despite evidence that authentic youth–adult partnerships improve outcomes, adults frequently struggle to share power and foster genuine collaboration (Hall, 2019). This challenge is amplified in complex service ecosystems where time pressures and risk aversion lead professionals to override youth decision making 'for their own good'.

Action/Response

Brave Foundation's Supporting Expecting and Parenting Teens (SEPT) program exemplifies a relational, autonomy-supportive approach designed to counter adultism and centre young parents' voices. Brave, a national organisation founded, designed and led by individuals with lived experience of young parenthood, operates within a multi-sector environment encompassing health, education, housing and social services. Its Model of Mentoring positions mentors as allies, advocates and system navigators, roles that prioritise trust building, co-created goals and supported decision making designed to build autonomy in young parents.

Key strategies include:

- Relational, trauma-informed practice: mentors engage in non-judgmental listening, validate lived experience and co-design action plans that reflect parents' aspirations (Bruce & Bridgeland, 2023; Raposa et al., 2019);
- System navigation and advocacy: mentors help young parents interpret service systems, advocate for their needs and build confidence to engage independently;
- Cross-sector collaboration: Brave partners with schools, maternal health services, housing providers and youth agencies to align responses and reduce duplication; and

- Evaluation and learning: guided by theory-driven (Donaldson, 2021) and utilisation-focused principles (Patton & Campbell-Patton, 2022), Brave co-develops Theories of Change with young parents and frontline staff to ensure monitoring and evaluation frameworks reflect lived realities.

Evidence supports mentoring as a protective factor against isolation and a catalyst for social–emotional development. Brave embeds mentoring within a holistic, wraparound model that integrates service coordination and governance practices, emphasising shared control with young parents.

Lessons learned

The following lessons emerged from Brave's experience in implementing youth-centred partnership approaches.

- Adultism hides in plain sight. Even well-intentioned professionals can perpetuate adultist norms through deficit framing, overprotection and privileging professional expertise over lived experience.
- Language and power matter. Shifting from deficit-based narratives to strengths-based language signals respect and fosters agency.
- Authentic partnership demands structural change. Organisations must redesign governance and decision-making processes to distribute, not merely delegate, power.
- Mentoring is most effective when integrated. Embedding mentoring within coordinated service ecosystems enhances continuity of care and amplifies impact.
- Evaluation should centre lived experience. Brave's MEL framework operationalises participatory evaluation, ensuring measures of success reflect what matters most to young parents (Brave Foundation, 2023).

Ultimately, partnership approaches that place young parents at the centre are not optional; they are essential for meaningful, sustainable change. When young parents' voices, choices and strengths drive service design and delivery, outcomes extend beyond program metrics to transform systems and challenge entrenched inequities.

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Steps to Confident Parenting: An integrated service–research model

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Introduction

Parents with an intellectual disability (ID) or cognitive delay face unique challenges in navigating parenting responsibilities, often compounded by systemic bias and inadequate support (Varcoe et al., 2021). These factors contribute to their over-representation in child protection interventions. The Steps to Confident Parenting (STCP) program in the Barwon and Western Metropolitan regions of Victoria addresses this gap through a strengths-based, tailored approach that combines intensive parenting support with family services and a rigorous research component.

Program development

The program originated in 2017, when Meli (then Barwon Child Youth & Family) and Gateways Support Services identified high rates of child protection involvement among parents with ID in the Barwon region. They launched Supporting Parents with an Intellectual Disability (SPID), integrating family services with home-based parenting support.

Key milestones include:

- *2018*: Tweddle Child and Family Health Service joined, focusing on families with children under 4 years. Deakin University began developing an evaluation framework.
- *2021*: Adoption under the Victorian Department of Families, Fairness and Housing disability support strategy; cohealth joined, expanding delivery to Western Melbourne. Deakin secured research funding, including a dedicated research role at Meli.
- *2022–2023*: Formation of a research governance group; program renamed Steps to Confident Parenting.
- *2025*: Gateways concluded involvement; Meli and cohealth introduced internal Parenting Coach roles.

Steps to Confident Parenting Program

The STCP program is designed to support parents in safely caring for their children while addressing their developmental needs. It focuses on building sustainable care arrangements during critical life transitions and facilitating access to long-term supports to minimise future reliance on services. The program also assists parents in navigating the National Disability Insurance Scheme (NDIS) and advocating for parenting-related supports. A key objective is to maintain strong parent–child relationships, even when care services are involved. Additionally, STCP seeks to identify effective interventions and service gaps to inform future practices and enhance outcomes. Strengthening referral pathways for parents with suspected cognitive impairment and fostering cross-agency collaboration to support these parents are also central to STCP.

Integrated service model

Under the current model, each family is supported by a Family Services practitioner (Meli or cohealth), who provides flexible support and uses the North Carolina Family Assessment Scale (NCFAS) to assess family functioning, and an STCP practitioner (Meli or cohealth Parenting Coach for families with children over 4 years of age, or a Tweddle practitioner for families with children under 4 years of age), delivering an intensive, 8–12 week home-based parenting support tailored to cognitive needs.

Research component

Deakin University leads a Prospective Cohort Study targeting 100 parents over 3 years. Assessments independent of the care team occur at intake, 6 months and 12 months, measuring: family functioning; parental self-regulation; parental self-efficacy; and child mood and behaviour. Data are collected using an ecological systems approach (Bronfenbrenner, 1992), obtaining data from the parent, clinician and child protection services. The primary outcome variable of the study is statutory child removal at 12 months post intervention.

To date, the study has recruited 52 parents into the STCP evaluation, with 24 having completed their 6-month follow up, and two completing all study elements. Preliminary findings suggest that STCP leads to improvements in self-reported parenting ability, parenting confidence and perceived social support, and small reductions in child behavioural difficulties. In addition, clinician-reported outcomes suggest meaningful improvements in the coached behaviour, and data obtained from Child Protection Services suggest that engaging in SCTP may lead to reductions in statutory child removal.

Governance and collaboration

The collaboration is sustained through interagency operational meetings focused on program delivery and research governance meetings, ensuring the integrity of the evaluation. This structure supports transparency, rapid problem-solving and alignment with client and practitioner needs. Referral pathways have been refined to integrate research into service delivery and the research design has similarly been developed to ensure it aligns with clinical realities.

Benefits beyond the study

In addition to the primary evaluation, the established partnership between organisations has led to a number of additional benefits. Of note, the partnership has provided fertile soil for two doctoral level investigations into the provision of care to parents with additional cognitive needs: one exploring the impact of parent mental health on the provision of family service interventions; and the other exploring the impact of intergenerational disability on parents. In addition, the development of the partnership model has increased the organisational capacity for research by upskilling staff and developing feedback mechanisms to ensure research learnings are shared with practitioners. When taken together, these benefits work to provide opportunities for inter-agency training and greater sector-wide adoption of evidence-based approaches.

Looking forward

It is our goal to use the basis of this collaborative partnership to expand both up and out. We will continue to recruit and develop the STCP evaluation cohort, including the establishment of a comparison cohort, and plan to provide greater access to the STCP program by altering referral pathways and through developing sector-wide training in the STCP model. In parallel, we will use the partnership to expand the evidence-based practice approach to clinical care and begin to evaluate other intervention programs to ensure that we are providing the highest quality care. It is our goal to advocate for sustainable access to STCP and to develop a scalable model for the evaluation and implementation of evidence-based interventions.

Conclusion

Steps to Confident Parenting demonstrates the potential of integrated service and research models to address systemic gaps, improve outcomes for vulnerable families and build a robust evidence base for future practice. By combining practical support with rigorous evaluation, this collaboration is leading the way toward more effective approaches to supporting parents with intellectual disability and their children.

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Reins for change: A collaborative model integrating equine-assisted learning, mentoring, cultural support and employment pathways to empower justice-involved young people to re-imagine their lives

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Background

Young people in the youth justice system can be particularly disadvantaged. Many have been exposed to developmental traumas, including child abuse, family violence, homelessness, poverty, parent's mental ill-health/substance use and parental incarceration. A significant percentage have had involvement in the out-of-home-care system (Baidawi & Sheehan, 2019). These children frequently grow up in environments marked by poverty, neglect and unsafe conditions, contributing to criminalisation and continued marginalisation (Simmons-Horton, 2021). Aboriginal children are over-represented in this group of young people. In the June quarter of 2023, the disproportionate positioning of Indigenous Australian children was evidenced by an incarceration rate 27 times higher than that of non-Indigenous Australians (Australian Institute of Health and Welfare (AIHW), 2024).

Action/Response

A collaboration between Australian Childhood Foundation and Karla Kuliny Aboriginal Corporation designed the Equestrian Youth Engagement Service (EYES) with input from young people to divert young people away from the youth justice system.

Australian Childhood Foundation ('the Foundation') is a national social purpose organisation with a vision to end the trauma of abuse, exploitation and neglect suffered by children and young people. The Foundation has more than 20 years of national experience in delivering therapeutic models of out-of-home care, including foster care services WA – providing children and young people with safe, supportive home environments. The Foundation delivers a range of youth-at-risk/diversion services around Australia involving therapeutic case management and assertive outreach to young people with complex needs and trauma.

Karla Kuliny is an Aboriginal Community Controlled Organisation on Noongar country, established by Glenda Kickett, a First Nations social worker with over 30 years' experience in Child Protection. Karla Kuliny provides cultural oversight, supervision for work with First Nations young people and access to Noongar Elders and structured cultural activities for participants in the program.

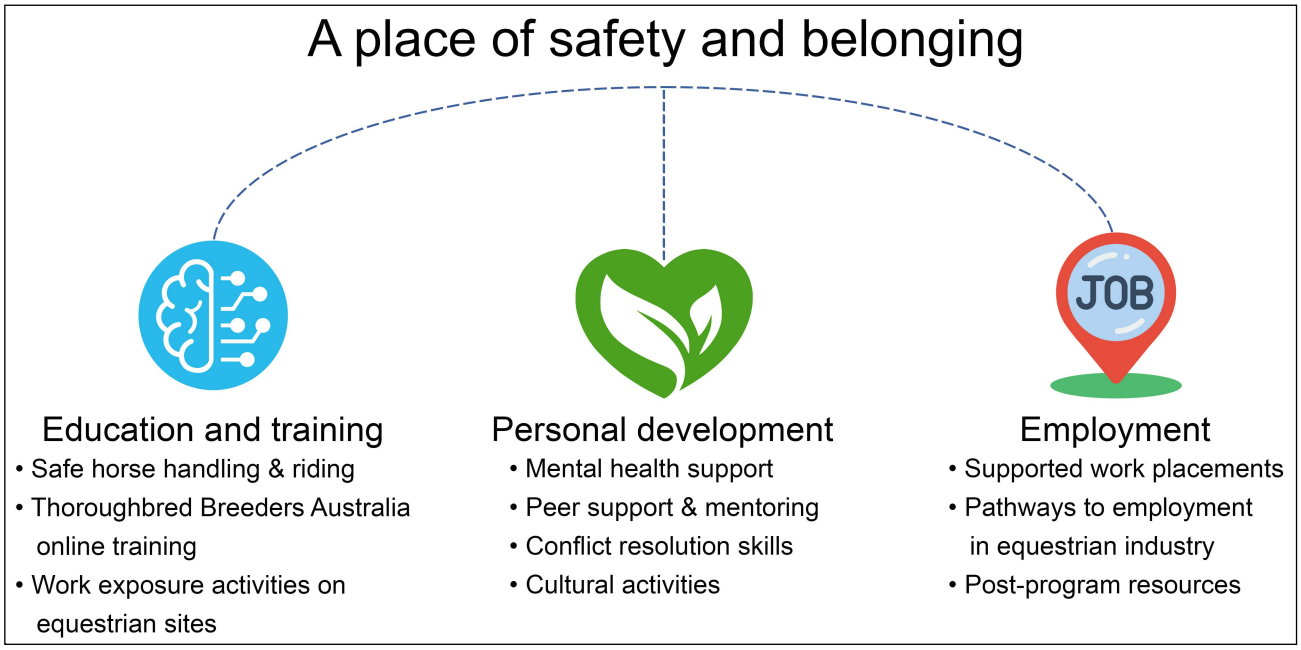
EYES provides a life-changing opportunity for highly at-risk young people aged 14–17 years to change a negative life trajectory and navigate new vocational pathways.

The program uses the intimate connection with horses for young people to: move past 'stuck behaviours'; improve mental health; build trust and emotional regulation; develop key relationships and social skills; and support re-engagement with education, employment and training. Participants receive practical training and exposure across the equestrian industry. They are supported in work placements with the prospect of real employment at the end.

The program provides justice-involved young people with a circuit breaker to avoid a cycle of ongoing involvement in offending behaviour and stepping stones towards a more inclusive, connected and successful future.

EYES builds on a successful 18-month prototype with highly at-risk young people of age 15–17 years. This trial ('Off and Racing Youth Support Service') was given one-off funding to test the approach with homeless young people (15–18 years) in 2022–2023. A Service Impact Review by the Youth Affairs Council of Western Australia found the trial increased engagement in education/work-readiness, improved social/life-skills, decreased anti-social behaviour and led to work. Using an understanding of the evidence on what works with at-risk young people, the program moves through discrete phases (Figure 1).

Figure 1. The discrete phases of the Equestrian Youth Engagement Service (EYES) program.



Lessons learned

Based on the three pilot cohorts and a completed program with young people in the youth-justice system, we have gathered feedback from participants, families and external support workers to begin to understand the impact of the program on young people's lives. Young people tell us what is working and how they have begun to make positive changes.

> *Joining the EYES program was really exciting for me, and it has honestly met all my expectations – it's been really good and very therapeutic. I've felt part of a community and have met amazing people. The workers treat me with respect, and I like the team we have. We all help each other.* (Program Participant 1)

> *I've learnt so much about horsemanship, especially the importance of keeping a horse happy and comfortable. I've also started to understand my own emotions better – when I regulate myself, my horse responds differently, and that's been really powerful to see. My riding skills have improved heaps too.* (Program Participant 2)

> *Being part of this program has helped my confidence and mental health in a big way. When I'm riding, I stop thinking about all the other stuff that's bothering me. It also keeps me out of trouble when I'm bored – now that I lease a horse, I spend my time doing something I love. The EYES program helped make that possible.* (Program Participant 3)

What worked?

- Flexibility of staff to meet client needs (pick-ups, drop-offs).
- Providing breakfast before sessions to ensure young people are fed before physical activity – particularly beneficial as a distraction on bus journeys to Beverley, Western Australia.
- Involving support staff, particularly during early stages, to help clients feel comfortable in the group.
- Incorporating activity days throughout the program to build and develop group dynamic and to reward for engagement.
- Structured program modules, including Equus, RDA and industry visits, which supported engagement and skill development.
- Text message check-ins (as opposed to phones calls) outside of program days.
- Two blocks of riding lessons for young people, reinforcing practical skills, engagement and confidence.
- Strong partnerships and holistic case support are essential for sustained engagement.
- Flexibility in program delivery increases participant retention and outcomes.
- Ongoing family engagement strategies are needed to support participants at risk of disengaging.

Opportunities for improvement

- Introduce online theory modules at the start of the program (Weeks 2 and 3) to solidify the educational/theory aspect of the program;
- Include a Cultural Day program earlier in future groups to strengthen cultural engagement and learning;
- Clearly outline rider weight restrictions at the program's outset to prevent disengagement due to unmet expectations; and
- Changes to transport, using two cars instead of a bus to mitigate anti-social behaviours.

The Foundation has partnered with the Centre for Social Impact (University of Western Australia) to develop a social impact evaluation plan designed to measure and understand the effects of the program. This includes setting clear evaluation goals/objectives and a 'theory of change', program logic and an evaluation plan developing indicators, metrics and data collection methods.

Measures will be taken at service commencement, and after each cohort of service delivery. A series of short, medium and long-term outcomes that align with individual, organisational and government priorities have been developed and a series of evaluation indicators that are measured by various means, including young person self-report, carer and external worker observations, attendance data, self-reported employment and recidivism status.

EYES appears to show promising early signs of making a significant difference for young people who face barriers to education, employment and social engagement. While participant attrition highlights the importance of addressing external factors, such as family support and health barriers, the program's transformative impact on engaged participants underscores its value. By harnessing the power of equine-assisted learning and fostering strong partnerships, EYES offers a sustainable model for changing the negative life circumstances for young people in the justice system.

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Responding to trauma and disability in practice: Seeing the whole child – and their family

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Background and issues

Across Australia, the lives of children who experience trauma, adversity and disability are profoundly interconnected – but our service systems often treat these issues as if they occur in isolation. Child protection, disability, education, health and mental health all include the goal of improving children's wellbeing, yet their frameworks, funding models, diagnostic rules and accountability mechanisms remain separate. The result is that the children with the highest levels of need across multiple domains are too often the least well served.

The scale of overlap

Research consistently shows that disability is dramatically over-represented among children known to child protection and placed in out-of-home care (e.g. Hatzikiriakidis et al., 2023). While around 10% of Australian children have a disability, studies report prevalence rates of 30–67% among children in out-of-home care. For example, the Victorian Commission for Children and Young People (CCYP, 2020) found that 67% of young people aged 15+ years in residential care had a diagnosed disability, most commonly cognitive, psychosocial or speech and language impairments. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) similarly reported that over 40% of children in care have a disability – a number likely understated due to diagnostic barriers.

These national findings mirror what Berry Street Yooralla sees every day, with the following snapshot of children with a diagnosed disability in the child, youth and family sector:

- 60% of students at our school;
- 50% of children in residential care;
- 57% of young people in Intensive Case Management Services; and
- 40% of children in foster care.

Trauma as both cause and consequence

The overlap of trauma and disability is not coincidental. Trauma and adversity, including neglect, can profoundly affect brain development, emotional regulation, language, executive functioning and learning. Decades of research – including the Adverse Childhood Experiences (ACE) studies – demonstrate that early adversity can shape lifelong developmental and health outcomes (Anda et al., 2006; Felitti et al., 1998).

Key findings about trauma and disability from research include the following.

- Trauma is widespread among Australian children, beginning in early childhood (Haslam et al., 2023
- Developmental vulnerability is rising in Australia and

children experiencing composite adversities are particularly vulnerable (Department of Education, 2025).
- Preschool children are the age group most exposed to family violence (Phillips & McGuinness, 2020) and most likely to appear in substantiated child protection reports (AIHW, 2020).
- Children with disabilities are at increased risk of being victims of trauma including abuse and/or neglect (e.g. Choudhary, 2025; Nyberg et al., 2022; Schüssler-Fiorenza Rose et al., 2025) and are more likely to experience domestic and family violence (Octoman et al., 2022).
- Trauma can mimic or mask disability, or be overshadowed by a disability, and can compound developmental challenges especially in the early years (e.g. Ford, 2023; Jackson & Waters, 2015; Stavropoulos et al., 2018; Vervoort-Schel et al., 2021).
- Children with disability often have additional barriers in disclosing trauma and being believed (e.g. Friedman-Hauser & Katz, 2025).
- Children who are neurodivergent, such as being diagnosed with autism or attention deficit hyperactivity disorder (ADHD), and exposed to trauma may be more significantly impacted than their peers (Li et al., 2024).
- Developmental delay and disability may be both a symptom of trauma and a factor that increases vulnerability to further harm (Gregory et al., 2024; Jackson & Waters, 2015).

Examples where children with disability have been found to be at heightened risk of having suffered different types of trauma and other adversities include:

- Sexual abuse (e.g. Euser et al., 2015; Friedman-Hauser & Katz, 2025; McMinn et al., 2024);
- Physical abuse (e.g. Jensen et al., 2021);
- Neglect (e.g. Barber & Delfabbro, 2009; Jackson, 2023);
- Domestic and family violence (Octoman et al., 2022; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023);
- Sexual exploitation (e.g. Franklin & Smeaton, 2017; McMinn et al., 2024),
- Criminal exploitation (e.g. Baidawi et al., 2020; Barlow et al., 2022; Lambert et al., 2024); and
- Youth justice custodial sentences (Baidawi et al, 2022; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023).

Without developmental assessments that consider family environment, relational health, history and caregiving quality, children at already heightened vulnerability risk being misdiagnosed, misunderstood, not believed and unsupported. An intersectional approach to understanding trauma and disability place them in the context of other areas of marginalisation and structural disadvantage.

Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander peoples experience significantly higher rates of disability, early adversity and involvement with statutory systems (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). They are 11 times more likely to be in out-of-home care and more likely to experience intergenerational trauma and structural racism, while simultaneously having less access to culturally-led supports (Australian Institute of Health and Welfare, 2025). Although Aboriginal children are over-represented in child protection and reported to have higher rates of disability than the general community, there are indicators of higher amounts of undiagnosed disabilities especially for those in out-of-home care (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023). This reflects social and systemic inequities and barriers that require structural reform and strong self-determination frameworks.

Parents with disability

The intersection of disability and trauma also extends to parents. One in five adults with intellectual disability aged 15–44 years is a parent (Australian Institute of Health and Welfare, 2024). Nonetheless, the National Disability Insurance Scheme (NDIS) does not consider parenting an activity of daily living. As a result, many parents struggle to access the programs that evidence shows can improve outcomes for their children (Mazzucchelli et al., 2023b). This is part of what has been called 'the NDIS parent problem' – a structural oversight that contributes to family stress and, in some cases, child protection involvement (Mazzucchelli et al., 2023a).

Fragmented systems create fragmented care

Berry Street Yooralla is currently undertaking a literature review of public inquiries conducted in the past decade relevant to disability, trauma and both and have found 67 such inquiries. Across the board, the message is consistent: service systems are not designed for children with complex, overlapping needs such as trauma and disability. Key gaps include:

- Inconsistent NDIS access for children in care due to diagnostic delays, unclear guardianship and frequent placement changes;
- Insufficient system and services responses to Aboriginal children with disability and their families, thereby increasing marginalisation;
- Siloed therapeutic responses, where speech therapy, behavioural work, education supports and trauma therapy occur separately, without a shared plan;
- Systems designed for 'simpler' circumstances – such as the NDIS model of individual choice and control – which do not align with the lived realities of children in care; and
- Workforces that lack shared expertise across disability, attachment, trauma and child development.

These system failures result in children moving between placements, providers and diagnoses with little continuity and, too often, gaps in history. Many children with clear developmental vulnerabilities receive no formal diagnosis, no sustained intervention for them or their families and carers and no tailored educational support. The consequences are lifelong.

Action/Response – What we are doing

Berry Street Yooralla is working to build and advocate for an integrated approach that genuinely sees the whole child – and the context in which they grow. This means bringing trauma-informed and disability-informed practice and services together, rather than expecting families to navigate multiple disconnected systems.

Building stronger universal services

Universal settings – early learning, primary schools, community health – are critical because they are where developmental and relational needs first become visible. We advocate for an investment in strengthened universal services that can:

- Identify concerns early;
- Respond in a developmentally informed way; and
- Link families to additional supports quickly and smoothly.

Drawing on evidence (e.g. Goldfeld & Harman-Smith, 2025; Oberklaid et al., 2013; O'Connell, 2025), we endorse a 'stacked support' model, where universal settings are linked to multidisciplinary teams offering allied health, parenting programs and family or family violence services. This creates an ecosystem of support calibrated to each child's needs rather than a single intervention applied in isolation.

Supporting the child by optimising their relationships

Our therapeutic programs emphasise the core principle that children heal in the context of relationships. Evidence-based interventions such as Child–Parent Psychotherapy (Lieberman et al., 2015) and Multisystemic Therapy (Henggeler & Schaeffer, 2016) support the children and caregivers simultaneously. Socio-ecological models such as these that map the child's context, promote safety and target the disruptive legacy of trauma on children's development and caregiving relationships can facilitate powerful change (Ishikawa et al., 2022; Lieberman et al., 2015; van Ee & Meuleman, 2024; Vogel 2024). These holistic models recognise that a child's healing from trauma and child and parenting development draw upon the foundational stability and capability of their caregiving and community environment.

Connecting sectors: The Bridges Program

One of our most significant achievements is the Bridges Program, the culmination of a 4-year partnership between Berry Street Yooralla and Anglicare Victoria. This program brings together specialist disability support coordination, psychology and positive behaviour support for children in out-of-home care. More than 150 referrals have been received from residential care teams.

The outcomes speak for themselves:

- 33% increase in NDIS access;
- 95% increase in total NDIS funding for referred children;
- Measurable improvements in staff confidence; and
- Reduced occupational violence across placements.

These outcomes are not accidental – they are the result of a deliberate, integrated model that treats disability and trauma as interconnected, responds flexibly to placement instability, and fills system gaps with multidisciplinary expertise.

Lessons learned and future directions

The evidence from both our practice and national research points clearly to what needs to change.

1. Complexity is normal; systems must adapt

Children in out-of-home care rarely present with a single issue. Disability and trauma are intertwined, and assessments should assume this intersection until proven otherwise. Diagnostic caution, especially in the preschool years, is essential. Practitioners must consider adversity, caregiving quality and trauma alongside developmental profiles.

2. Families and relationships need to be at the centre

Children flourish when their caregivers are supported. Parenting programs designed for parents with disability must become accessible through the NDIS and other systems. Early help for parents reduces stress, prevents escalation and promotes family preservation and child wellbeing. Where caregiving relationships have been impacted by trauma, therapies targeting the relational context are essential for optimising child and parent healing and development.

3. We need integrated, not parallel, systems

Fragmented responsibilities lead to fragmented care. Better outcomes depend on:

- Joint planning;
- Collaborative funding arrangements;
- Teams that include child protection, disability, education, health and mental health.

The Bridges model offers a blueprint for what integrated practice can achieve.

4. Workforce capability must change

Practitioners across all sectors need training in both disability and trauma. Disability workers must understand attachment and behaviour as communication; child protection workers and associated fields must understand the functional impacts of cognitive and developmental disability. A shared professional language is needed.

5. Children need continuity, regardless of placement

Therapeutic, disability and allied health supports should continue even if a child moves placements or schools. Systems must be robust enough to follow the child – not restart the process with each move.

6. Culturally led responses are essential

For Aboriginal and Torres Strait Islander children, healing is inseparable from culture, community and self-determination. Integrated systems must be grounded in cultural safety and community control, not simply adapted versions of mainstream practice.

7. Foundational supports must be fully implemented

Emerging reforms – such as foundational supports and simpler NDIS pathways for high-risk children – must be designed with this cohort front of mind. Faster access, fewer diagnostic hurdles and multidisciplinary support teams will make a profound difference.

Conclusion

Disability and trauma do not exist in separate parts of children's lives – and our systems must stop responding as if they do. Children involved with child protection are among the most vulnerable in our community. Without integrated, developmentally informed and culturally grounded systems, we risk compounding the harms they have already experienced.

But the solutions are within reach. By strengthening universal services, building stacked supports, centring safe enriched relationships, scaling multidisciplinary models like the Bridges Program, and prioritising families and culture, we can create a system that genuinely sees the whole child – and acts accordingly.

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