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# Managing Risk and Child Participation in Out-Of-Home Care: Practitioner Perspectives

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## ABSTRACT

Children and young people living in out-of-home care (OOHC) in Australia have a right, established in policy and State-based legislation, to participate in decisions that impact their day-to-day lives. Despite many positive impacts of participation, there is substantial evidence that children are inconsistently engaged in participatory practices. The risks of re-traumatising children who are likely to have already experienced considerable trauma is a persistent concern in OOHC practice. The dominance of a risk-aversive approach in child protection systems is well established; however, there is little research exploring how caseworker understandings of risk may influence children's opportunities for participation. To better understand how risk constructions influence participation, seven in-depth interviews were conducted with OOHC caseworkers in the Australian Capital Territory. Through thematic analysis of interviews, findings reveal that destabilising a child's placement or their physical and emotional wellbeing were viewed as central risks arising from participation. When caseworkers identified concerns about instability, they would often exclude or delay participatory practices to mitigate these perceived risks. This study provides insight into the nuanced considerations of participatory practice with children in OOHC and explores how critically reflexive interpretations of risk and trauma may be effective in strengthening children's participation.

## IMPLICATIONS

- Despite agreement that child participatory practice is essential in out-of-home care (OOHC), findings from this study suggest participation is inconsistent especially for multiply traumatised children.
- Frontline OOHC caseworkers consider risks to placement stability and children's physical and emotional wellbeing in determining whether to delay information sharing, include or exclude children from participatory practices.
- Organisations need to adopt a systemic approach to participation and proactively centre partnerships between children and caseworkers.

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Children in out-of-home care (OOHC) are unable to live at home due to child safety concerns (Australian Institute of Health and Welfare, 2025). Child participation in OOHC is a legal and ethical obligation enshrined in international agreements (United Nations General Assembly, 1989) and national- and state-based legislation, and evidence for its benefits is well established (van Bijleveld et al., 2015). Participation is a valuable approach in strengthening decision making, improving child safety and outcomes for children postcare (Grace et al., 2018; van Bijleveld et al., 2015). Children say they want to be heard in matters impacting them, *and* they want to have choice about what their participation looks like (Shuttleworth, 2023; van Bijleveld et al., 2021). Despite this, there is consistent evidence that participatory opportunities for children living in OOHC are "nearly non-existent" (Toros, 2021, p. 371; Stafford et al., 2022). Opportunities to participate are either inconsistently offered or not at all in significant decisions like parental contact and placement changes (Chambers et al., 2020). A gap between the professed valuing of participation and actual practice persists. Literature suggests that this gap may, in part, stem from conceptualisations of "risk", which dictate how professionals make sense of complex practice situations (Stafford et al., 2021; Woodman et al., 2018). This research study explored decision making by individual caseworkers who, while operating within a highly complex and risk-oriented system, played a central role in facilitating child participation (Keddell, 2023a; Zeijlmans et al., 2019). We consider the literature on children's participation with an emphasis on caseworker decision making and decision variability, constructions of "risk" and the ethics of participatory practices.

Several barriers to child participation in the OOHC system have been identified. A systematic review by Toros (2021, p. 371) identified two main categories of reasons for a lack of participation: (i) organisational factors, including "high workload", and (ii) individual caseworker factors, particularly citing a "lack of skills" in communicating with children. First, we consider organisational and systemic factors. The neo-liberal context of child protection systems is well established (Grace et al., 2018; Morley et al., 2022). Neo-liberalism has resulted in organisations prioritising economic efficiency, with high caseloads, limitations on time caseworkers can spend with children, a focus on performance management, and a high turnover of staff, further compounding the challenges of relationship building between child and caseworker (Morley et al., 2022; Stafford et al., 2021). Neo-liberalism has led to an increased emphasis on practice standardisation and technique-driven ways of working, which prioritise the assessment of risk and, subsequently, the avoidance of risk and its escalation (Keddell, 2023a; Morley et al., 2022). Despite the drive for standardised decision making, decision variability in child protection and OOHC practices continues (Keddell, 2023a).

The relationship between individual caseworkers and the system in which they operate is complex. Caseworkers act as "street-level bureaucrats" (Lipsky, 1980) who interpret, shape, and are shaped by organisational policy and accepted practices (Keddell, 2023a, p. 9). Caseworkers navigate highly complex practice situations where they often are expected to predict future outcomes based on assessment of risk (Morley et al., 2022), yet uncertainty abounds with many outcomes "unknowable, or at least highly situated and contingent" (Keddell, 2023a, pp. 6–7). While workers exist within a milieu of social expectations and structural constraints, they can and do exercise discretion and professional, ethical judgement (Banks, 2016; Keddell, 2023a), although these choices are limited by structural challenges. A central aspect of professional judgement concerns

the definition of participation—a concept that continues to be variably defined both in the literature and in practice (Arbeiter & Toros, 2017; Skauge et al., 2021). Participation is not interchangeable with decision making and can include information sharing, conversation, and supportive relationships between children and workers (Huseby-Lie et al., 2024, p. 3). This study sought to further explore caseworkers' understandings of the possibilities for participation within a risk-centric system.

In the context of systemic challenges, there are a range of caseworker-level factors that shape child participatory practices. Caseworkers can adopt protectionist, risk-focused positions that influence how they define, manage, and assess participation (Alfandari, 2017; Nadan & Roer-Strier, 2020). Protectionist approaches can be grounded in western developmental perspectives that view children as "vulnerable" and "need[ing] to be protected" (van Bijleveld et al., 2015, p. 130). Caseworkers adopting this perspective may feel that participation could expose children to inappropriate information and overburden them with adult-like responsibilities, both of which may threaten the notion of "childhood being a time of innocence" (Toros, 2020, p. 405; Morley et al., 2022).

Worker concern for overburdening children may be more significant where they have experienced trauma; as Keddell (2023b, p. 2) argued, children engaged with the child protection system are constructed as "hyper-vulnerable" where they have survived neglect, abuse, or other harm. Caseworkers responsible for upholding children's right to participate must manage children's exposure to potentially distressing information, as well as manage the burden that this information or the access to decision-making processes may create (Keddell, 2023b, p. 2). A Norwegian study found that 18% of OOHC social workers exclude children from conversations about contact visits with their birth families if it could cause children distress (Huseby-Lie et al., 2024). Workers said signs of post-conversation distress included "retraumatisation", "regression in development", and "reduced functioning over time", suggesting that social workers can prioritise the avoidance of perceived harm to children's everyday functioning and development over their right to participate (Huseby-Lie et al., 2024, p. 6).

Scholars argue for the importance of turning the lens back onto individual practitioners, to consider the caseworker's identity, values, beliefs, and constructions when it comes to child participation—essentially, for the individual to practise critical reflection (Huseby-Lie et al., 2024; Morley et al., 2022). In the context of Australia, a settler-colony, not only is practice undertaken on the lands of Sovereign Indigenous Nations, but the colonial foundations and structures of the OOHC system continue to perpetrate significant harm against Aboriginal and Torres Strait Islander children, their families, and communities (Davis, 2019). Thus, critical reflection on the self and the knowledges that inform practice must consider relationships of race, privilege, and power in the context of colonisation (Russ-Smith & Wheeler, 2021; Walters & Baltra-Ulloa, 2019). This includes the dominance of White, western knowledges, which hold great power to define concepts such as "risk", "safety", and children's "best interests" (Keddell, 2023b).

Measurement of risk tends to focus on individual client factors, as opposed to the risks inherent in organisations or systems (Russ-Smith et al., 2023). As involuntary clients in the OOHC system, children are subjected to a range of problems or "risks"—such as "victimisation, exploitation, educational disruption and placement instability", which have "rarely, if ever, been conceptually linked to participation or agency more broadly"

(Equit & Purtell, 2023, p. 186). In the pursuit of certainty and practice standardisation, the core relational element of helping practice can be sidelined (Morley et al., 2022). Children's right to participate, to be informed, consulted or offered support in key decisions that impact their everyday lives is far from guaranteed. Since colonisation began and Australian governments sanctioned forced child removal policies in "an attempt to eradicate Indigenous cultures" (Newton, 2020, p. 815), Aboriginal families and children have been subject to disempowerment, distress, and trauma from interactions with the OOHC system and its representatives (Davis, 2019; Russ-Smith & Wheeler, 2021). There is limited research into how risk and protection discourses influence the experiences and daily decisions of frontline workers specifically, who, through their role, are largely responsible for actualising children's participatory rights in practice (Kosher & Ben-Arieh, 2020; Stafford et al., 2021; Toros, 2021). Furthermore, there is limited research to suggest how practitioners construct "risk" in practice, and how those constructions shape the possibilities for children's participation.

This study explored the following research question: How do practitioners' understandings of "risk" inform decisions around the participation of children and young people in out-of-home care? The study aimed to gain a better understanding of how risk constructions influence participation, and to identify strategies to strengthen participatory practices in the context of the risk-focused OOHC system.

## Methodology

### Research Design

A qualitative approach was utilised to explore the nuances that impact how practitioners approach participation (Rahman, 2016). Given the aim of understanding practitioner perspectives, semistructured interviews were employed to enable sharing of detailed casework examples as well as insights into everyday practices and decision making.

### Sample and Recruitment

Seven OOHC case managers from an Australian Capital Territory–based nongovernment agency participated in semistructured interviews. Participants were invited to a presentation about the research and to email the Lead Researcher to express interest. An advertisement was circulated via email with the Participant Information Letter attached. Recruitment targeted practitioners with at least six months' experience in frontline OOHC case management roles, allowing interviews to explore practice complexities.

All but one participant held case management roles at the time of interview. The remaining participant had recently transitioned from a frontline role to a management position. Time employed in case-management roles ranged from six months to five years. Education ranged from diploma level qualifications in youth work, community services or similar, through to bachelor's and master's degrees in social work. Some had degrees from other fields prior to their social work qualification. Two participants were currently studying social work. All but one of the participants identified as female, with the remaining participant identifying as male.

## Data Collection

Semistructured interviews were conducted in-person from May to June 2023, with interviews ranging between 30 minutes and one hour. After some demographic questions, case managers were asked what participation meant to them, and how it is enacted in their practice. Interviews then explored the challenges and concerns practitioners encounter when seeking to support children's participation and how these concerns influenced their approach. Prompting questions were used throughout to draw out specific practice examples and explore how practitioners conceptualised and navigated risk alongside participation.

## Data Analysis

The data were thematically analysed using Braun and Clarke's (2006; 2013) six-step process to identify key themes. Data familiarisation was achieved by transcribing, cleaning, and uploading transcripts to data analysis software NVivo14. Deep immersion in the data then commenced via an inductive approach whereby data was coded line by line and grouped into initial themes. Through numerous discussions among the research team, initial themes were refined to form overarching themes and subthemes.

## Ethical Considerations

This research was approved by the Australian Catholic University's Human Research Ethics Committee (2022-2809EAP). To ensure informed consent, participants were provided with an information letter explaining the study's purpose as well as their right to withdraw consent at any point. To maintain anonymity, cleaned transcripts were de-identified with names replaced with pseudonyms and identifying features removed or generalised. Given the small jurisdiction and single organisation for recruitment, care has been taken to limit potentially identifiable information in reporting and dissemination. All data was secured on a password-protected computer and stored on the host University's secure OneDrive platform.

## Researcher-author Positionality

The researchers are three white, settler authors who have lived experience working as frontline case managers in out-of-home care systems, in both Australia and the United Kingdom. Having lived experience as OOHC practitioners and researchers has allowed for a unique analysis of the data through an insider-outsider positionality lens (Kham, 2024). We acknowledge the systemic racism that persists within the Australian OOHC system and how whiteness is a location of structural privilege within a system we have directly contributed to (Krakouer, 2023). We stand against white supremacy in social work and advocate for decolonising social work research through deconstructing dominant Western perspectives (Russ-Smith et al., 2023).

    The lead author completed this study as part of her Honours program, supervised by the other two authors. After data collection was completed, the lead author undertook an educational placement in the same organisational setting, later securing a case

management position. This researcher's insider-outsider positionality allowed for a nuanced and rich interpretation of the data. It was important, however, to be mindful of potential conflicts of interest and confidentiality (Bukamal, 2022). A reflective journal and regular debriefing with the research team were utilised to maintain reflexivity and monitor the researcher's subjective position in the data collection and analysis processes (Ide & Beddoe, 2023).

# Findings

Three interconnected themes were generated, outlining factors that informed participants' decision making around child participatory practice: (1) defining participation and risk, which included participants' own definitions of child participation and the risks that interact with participatory decisions; (2) stability, which included discussions of children's emotional and physical stability, as well as the stability of their foster placement; and (3) decisions regarding participation, where participants discussed how they approach children's participation in situations with risk.

## Defining Participation and Risk

### Defining Participation

Participants provided various definitions of participation and, thus, described different applications in practice. Some participants regarded children's participation more formally through young people partaking in annual reviews, "care team" meetings or "review of arrangements" meetings. For others, child participation was evidenced informally through home visits, activities, phone calls or texts between children and case managers, or indirectly through conversations with carers. All participants recognised that, at a minimum, participation involves children exchanging information about their lives with their case manager. Most participant definitions included actively seeking the views and wishes of children about what they would like to happen in their lives. Only a minority of participants went further to explicitly include meaningfully acting on children's voices in practice: "participation means having their voice heard but not only for their voice to be heard, but for it to actually mean something … and for people to take that seriously" (Participant F).

### Risk as Threats to Stability

When considering risks, worries or concerns regarding children's participation, most participants viewed their role as having to preempt and, where possible, mitigate certain outcomes from occurring. For Participant E, considering risks meant weighing up "the chance of something going wrong versus the protective factors in place". By its very nature, risk has elements of uncertainty. As Participant D described: "risk is a lot of 'what ifs'". Despite this uncertainty, there was clear convergence across interviews regarding the primary concerns of practitioners. Practitioners consistently framed the purpose of their work as supporting children to feel "settled" and to experience "stability", including physical and emotional wellbeing, and a stable placement, with appropriate attachments to carers as well as a good rapport with their case manager. Risks were

commonly defined as anything which could threaten or undermine these central purposes.

## Stability

### *Stability as Physical and Emotional Wellbeing*

For most participants, anything that might disrupt a child's emotional and physical wellbeing and therefore children's internal sense of stability was viewed as a significant risk, to be minimised where possible. Sharing information with children, though essential for effective participation, was understood to present risks: "sometimes sharing information might be mentally detrimental for their wellbeing" (Participant E). Practitioners discussed their concerns in sharing information around transitional periods such as contact with birth families, relaying communication from family members, the beginning or end of therapeutic services, permanency decisions, school changes, and if carers were planning on separating or relocating. Raising and discussing such topics with children could require them to "relive situations" and "trauma" (Participant F). As another participant discussed: "everything we ask them, it's going to trigger that trauma no matter what, right? … We need to approach anything with a trauma-informed lens and be attentive of how it can impact them" (Participant G).

Participants noted that sharing information to support children to participate in decision making can trigger "regressive behaviours" (Participant B) such as "soiling the bed" (Participant B), "violent escalations" (Participant B), and "sexualised behaviours" (Participant C). Conversations around contact with birth families were highlighted as particularly concerning. Practitioners were concerned about the potential of these conversations to "unsettle" (Participant C) or "destabilise" (Participant E) children's day-to-day life, including impacts on their conduct at school. When considering whether, when, and how information should be shared with children, concerns about potential trauma-related responses, and how these might destabilise them, were at the front of most practitioners' minds.

### *Placement Stability*

Alongside children's physical and emotional wellbeing, placement stability was recognised as a central concern for many practitioners, with significant implications for children's participation. Practitioners were mindful of involving children in conversations where their reaction, be that emotional or physical, could risk placement breakdown or self-placement (where a child or young person leaves their current placement against the advice of the care team into an unapproved care arrangement). Some participants expressed that "regressive behaviours" (Participant B), for example, could jeopardise the stability of a placement, as "by telling the child something that could really escalate them, then you're risking that they won't have somewhere to live" (Participant C). The potential for placement breakdown and self-placement presented specific risks. Risk of placement destabilisation, as described by Participant D, necessitated constant consideration of the potential impacts of information sharing: "you have to be the person that makes those little decisions about what to tell, what not to tell … it's a lot of 'will this break the placement?'". The complexity of determining potential impacts of sharing information with children—an essential component of participation—was

identified by most participants as something they weighed up when determining whether they would engage children in participatory practices or not.

## Decisions Regarding Participation

### *Excluding Children From Participation*

A minority of participants identified situations where they felt safety concerns outweighed children's rights to participate. One participant described a circumstance where including a child in discussions about a birth parent was seen to risk the resurfacing of "regressive", "sexualised" behaviours that were not deemed to be in the "best interests" of the child at that time. Therefore, the decision to prevent contact with that birth parent was made by the case manager and therapeutic team, with no input from the child.

In another case example, a child's age, combined with concerns related to suicidal ideation, were deemed "bigger than [what the child] should be responsible for" (Participant F). The child, as a result, was not involved in safety planning. This participant concluded:

> … whilst we want them to have a say. If it's not appropriate, and we feel that it will do more harm than good, we will just leave it [the decision] to the adults around him … that would be the same for every child. (Participant F)

For this and several other participants, there were situations where children's participation is "trumped by the need for them to be safe". A minority of practitioners in the study seemed to conceptualise participation and risk management as competing obligations, and prioritised safety where necessary.

### *Delay Sharing Information*

A more common response to concerns about children's stability was to delay sharing information with the child. Delay could range from waiting until the end of a car trip to avoid an outburst and traffic accident, through to waiting months until attachments had been established in a new placement. Practitioners commonly mentioned delaying information sharing and participatory activities on Friday afternoons or before weekend respite, or contact. When it came to placement changes, particularly following a recent placement breakdown, practitioners discussed waiting until they observed a "period of stability" (Participant C) in the child's life to share information. Some practitioners suggested that building attachments to new people should be prioritised over participation in these situations:

> Bringing in their decisions and making them feel unstable when they're really focusing on building attachment … is just not an appropriate time for big decisions to be made and if possible they should be moved until there is appropriate attachment built or people probably need to make the decision for the child. (Participant C)

Participants explained that at times decisions to delay information sharing came not from practitioners themselves, but rather from upper management within the agency or government child protection authority. This could raise ethical conflicts, as the following participant described:

… as a social worker, you have your own feeling, your own belief systems, whereas you have … a system or a process which you need to follow. The system is structured in a way that will not always allow you to work as a human. (Participant E)

This participant was not alone in highlighting systemic barriers. Participant D discussed the "hard lines" imposed by hierarchical systems that frequently prevent information sharing and undermine participation. They went further to discuss their role in "fighting" against a system where "everyone is too busy … to talk about what [the child] wants in real life". Another participant underscored the personal toll that such activities bring:

It can be really tiring being an advocate for children … it is so challenging … it's a lot of work and you have to be very motivated to be able to get there because there is a lot of push back … (Participant C)

While some decisions to delay or limit children's participation are led by caseworkers, these findings suggests that caseworkers can find such decisions imposed on them.

### Engaging Children in Participation

While all participants recognised extensive risks, a few identified pathways to facilitate participation despite complex circumstances. One practitioner was driven to support participation after witnessing the less-recognised risks that stem from consistently withholding participation: "you can see the impacts of people not letting kids participate … It gives [a] perspective of what that can do to young people" (Participant D). More commonly, practitioners discussed the vital importance of positive relationships with children on their caseloads. Practitioners expressed that a good rapport increases children's willingness to engage in participatory practice, while easing the process of having tough conversations. Practitioners discussed how a good rapport with children better equipped them to predict and support potentially challenging behavioural responses. Several participants underscored the importance of working together with children and collaborating with creativity and curiosity. For one participant, such partnerships required workers to face their own fears, and "normalise" reactive and emotional responses:

There is always going to be fear of how this child is going to behave, how they're going to react. But that's just a normal response. If you tell me any bad news, I'm going to react. Really, that's pretty normal. (Participant G)

Such a perspective raises questions about the extent to which a focus on risk, underpinned by practitioners' fears of negative outcomes, may be driving practice. In any case, it is clear that strong relationships can provide a foundation for practitioners to engage in and navigate difficult, even distressing conversations in ways that children find constructive and supportive. Participants were equally clear, however, that caseworker turnover, high and changing caseloads, along with other systemic challenges, constrained their ability to build strong relationships.

## Discussion

This study explored how risk constructions influenced worker decision making about participation, and how to strengthen participatory practices within OOHC systems.

The findings of this study confirm research demonstrating that OOHC workers can prioritise the avoidance of perceived harm to children's everyday functioning and development over their rights to participate (Huseby-Lie et al., 2024). This study found evidence that practitioner concerns regarding risks to children is a contributing factor to the inconsistent or nonexistent participatory opportunities (Stafford et al., 2021; Woodman et al., 2018). Risks were understood as the likely outcomes of participatory practice (including information sharing) that could destabilise placements, including the risks of children having trauma-related responses or engaging in behaviours challenging to carers, school staff, or caseworkers themselves. The complex process of risk prediction and a weighing up of likely outcomes of participation evidenced by participants in this study is a prime example of "ethics work" (Banks, 2016)—the work practitioners do to rationalise, justify, or explain the reasoning behind their decision making.

"Stability", defined as stability in the placement, and stability in children's emotional and physical wellbeing, was found to be a decisive factor and a prerequisite for some practitioners to engage children in participatory practice. In certain situations, particularly where children were younger or exhibiting behaviours deemed "challenging" to adults (suicidality, sexualised behaviours), some participants would choose to delay participation, or to exclude children from participating altogether. We propose that the children most likely to exhibit behaviours that challenge adults, alternatively framed as traumatised responses, are those children who are considered "too vulnerable to be exposed to certain types of knowledge" (Keddell, 2023b, p. 2; see also Huseby-Lie et al., 2024)—namely, multiply marginalised children who may have a substantial trauma history. These are, arguably, likely to be the same children subjected to hegemonies of race, culture, class, and ability that can be further disenfranchised in the OOHC context (Keddell, 2023b, p. 9). While we recognise that distress and placement breakdowns can have significant impacts on children, these findings highlighted the significant risks that workers and systems can create when stability or attachment relationships are prioritised over children's rights. An overemphasis on the risks of destabilisation can serve to pathologise children, constructing them as representations of their trauma without holding space for their own preferences or rights to self-expression (see Keddell, 2023b). This could mean that children determined as "unstable" may never be offered opportunities for meaningful participation.

Findings confirm a range of systems-level barriers in actualising children's participation, particularly the neo-liberal environment that limits time for relationship building and creates pressures on worker relationships with children and carers (Morley et al., 2022; Toros, 2021). Participants were acutely aware of organisational priorities that highlighted risk avoidance, painting a complex picture of how they navigated risk at an individual level while attending to organisationally defined risks. A minority of participants named the exclusion of children from participatory practices as a risk. Several participants referenced the importance of "fighting" the system and advocating to include children, while reflecting on the personal toll such resistance can take. Some practitioners conceptualised participation and risk as competing priorities and erred on the side of protectionist approaches (Alfandari, 2017; Nadan & Roer-Strier, 2020). In contrast, participants in this study who wanted to navigate a pathway to meaningful participation found the system most challenging. Findings suggested a cultural centralisation of risk,

as well as a recognition that managing risk is the driving concern in OOHC. What is less evident is a weighing up of short-term risks, like placement destabilisation or emotional distress, with longer-term risks of disenfranchisement of children. Findings demonstrated a minimal emphasis on risks such as placement instability and victimisation that the OOHC system itself poses to children's wellbeing and agency (Equit & Purtell, 2023).

We join existing calls for a cultural and organisational overhaul of the OOHC system, that moves away from risk-centric, neo-liberal approaches and towards a decolonising, rights-based framework (Davis, 2019; Krakouer, 2023). For meaningful child participation to be actualised, systems and organisational cultures must recognise children as rights holders and actively support practitioners to maintain empowering, rights-based partnerships with children at the heart of their work (Toros, 2021). The lack of current, reliable data to understand how organisations and systems evaluate participation and its meaningfulness to children requires further investigation. Future research could focus on how to equip practitioners with skills and resources to navigate these challenging areas of practice and to identify pathways for meaningful participation amidst risk. Action research involving codesigned training on child participatory practice for OOHC workers, alongside research on how training is embedded into practice over time, and longitudinal data exploring children's and worker's experiences of actualising participation are recommended.

## Limitations

This study comprised data from seven participants, situated in a single organisational context and geographical location. Participants self-selected into the study and may have had a particular interest in, or commitment to, child participation, although findings suggest they held a range of understandings of the practice of participation and its relationship with risk. Participants self-reported on their practices with children, which reflected a representation of their work. In the absence of accounts by children, an understanding of actual practices is limited. Despite these limitations, this research contributes to the argument that "risk" and what this means for child participation in the OOHC context needs to be critically and reflectively reinterpreted at practitioner, policy, and systemic levels.

## Conclusion

This study provided a nuanced contribution to existing literature regarding how constructions of risk influence frontline practitioners' daily decisions regarding child participation in OOHC. Findings emphasised the importance of managing risk alongside participation, rather than viewing stability as a prerequisite for participation. Findings showed the importance of practitioners and organisations owning the "risk" that their own constructions and unexamined protectionist beliefs can create. A trauma-informed approach that does not include a commitment to critical reflexivity, alongside a consideration of who holds the power to construct and assess risk and from what cultural lens, is likely to further entrench children's marginalisation.

## Acknowledgements

## Disclosure Statement

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