

Evaluation of the Treatment and Care for Kids Program (TrACK)

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Executive Summary

The Treatment and Care for Kids (TrACK) program is a therapeutic home-based care program providing intensive intervention for children and young people with complex needs. TrACK is implemented as a partnership between the Australian Childhood Foundation and Anglicare Victoria and funded by the Eastern Division of the Department of Health and Human Services, Victoria. Its original ambition was to provide an evidence-informed and cost effective alternative pathway to entering into or moving out of residential care for children and young people with complex needs and challenging behavior. As a program pioneering therapeutic practice with children in out-of-home care in Victoria, it is informed by research and theory pertaining to interpersonal neurobiology and trauma theory. TrACK has operated since 2002.

Evaluation questions

This evaluation was commissioned to investigate how effective the TrACK program has been (and continues to be) in improving the developmental outcomes for children and young people who had experienced severe trauma, exhibited complex behavior, and as a result had extensive histories of placement disruption. It examined the outcomes for children and young people as a result of the support and care provided to them in the TrACK program. The evaluation of the program sought to answer the following two questions:

1. Is TrACK an effective program to create stability?
2. Does TrACK positively impact on children's projected life trajectory?

The evaluation used a mixed method approach incorporating a qualitative and quantitative design. Client file data from two agencies spanning 15 years was interrogated. In-depth individual interviews with foster care staff and care leavers were conducted, and focus group interviews with carers and staff were undertaken to ensure the stories of young people, carers and other professionals were documented and included in this important research. Ethics approval to conduct the evaluation was granted by both Southern Cross University and Anglicare Victoria.

Key findings

There is compelling evidence to suggest that TrACK is a program worth investing in.

The findings of this evaluation demonstrate that TrACK produces tangible and lasting results for children. Children who had experienced many placements and years of threat and deprivation before they entered TrACK were almost always able to achieve stability as a result of TrACK.

Clearly, TrACK can prevent young people from entering residential care, or as an alternative pathway supporting young people to leave residential care, and to be looked after in family-based care.

The program showed key positive outcomes in the following areas: **placement stability, educational stability, emotional regulation and recovery, and caregiver relationship stability** as summarised below:

- Children entered the TrACK program with highly complex trauma histories including multiple placements throughout their short lives. Almost all of those children who came to TrACK remained in stable care. A total of 48 children have now experienced the program over the past 15 years. In that time there have only been six children whose placements ended in an unplanned manner.
- Most children accepted into the program had experienced significant educational disruption and disadvantage prior to entering the TrACK program. All the children currently in the TrACK program are participating in full-time school.
- Every child who has experienced the TrACK program (n=48), including those who did not complete the TrACK program in a planned manner, was reported to have made gains in their capacity to self-regulate and ability to use relationships to support effective decision making, especially in relation to future-planning and addressing areas of risk in their behaviour.
- The nature and quality of the caregiver–child relationship was consistently identified as the critical ingredient for healing and change. There was clear evidence that as a result of TrACK, children were able to develop warm and trusting relationships with their carers, which contributed to their safety, stability and well-being.

These findings are even more significant given the profiles of the young people, which reflect known histories of significant and pervasive adverse experiences throughout their childhood.

Each of the 48 children accepted into TrACK were profiled as having either been in residential care (n=19) or at risk of being placed in residential care in light of their challenging, trauma-based behaviours.

TrACK has achieved stabilisation for children who had witnessed murder, attempted suicide, endured torture—including severe sexual exploitation at the hand of paedophile rings—and experienced extreme and inhumane deprivation.

Analysis

Three dominant themes characterise the outcomes achieved by the TrACK program and are described in turn below.

From instability to stability

Children who had experienced the instability of multiple placements were almost always able to achieve stability in TrACK. Forty-eight children have participated in TrACK over 15 years. In that time just six children have exited the program early, whilst the remaining 26 former clients have exited their placement successfully and in a planned manner. Almost half of these children remained with their carers until the age of 18 years. Currently, 16 children are in the TrACK program experiencing a secure, therapeutic family environment, in full-time school, and becoming connected to their local communities. They are all reported to be stabilising emotionally.

Predicted trajectory versus outcomes

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

This evaluation found that this risk has been averted by TrACK. In fact, after more than 15 years of operating the TrACK program, and having an opportunity to examine the life trajectory of children placed in this program, the dominant theme is one of being stable and settled as they approach adulthood. The term ‘stability’ here refers not only to placement. It involves stable and secure relationships within a family environment and stability in knowing the long-term connection to an extended family. It includes stability of ‘place’ and connections to their local community based on the hobbies and interests of the child and family. It involves stability of informed professionals who form a team around the child. It involves knowing and being known by the school, and being a stable and active participant in learning and friendships. It involves having hopes, dreams and aspirations for the future without concern or fears about basic survival.

From stability to integration

Children aging out of the foster care system are at a much higher risk of experiencing homelessness, an over-representation in the criminal justice system, unemployment, having poor social skills, and low literacy levels (Philip & Pamela, 2016). In light of these challenges it was remarkable to hear stories of young adults and children being ‘claimed’ by their families even after they aged out of care. At least three former TrACK clients continue to live with ‘their’ families as young adults. They know they have a home: a place to belong and a family to love them and support them until they are ready to be on their own—or not. ‘Claiming the child’ is a phrase used by the care team in the TrACK program to illustrate the process of the carer internalising the child. The process through which the child has also developed enough trust to internalise the carer is the ultimate indication of integration.

These findings show that carers who have developed a sense of permanence with their child from childhood through to young adulthood continued to show explicit commitment to them beyond 18 years when foster caring officially ends. Engaging with children and young people in this way future-orientates the relationships. This appears to create the foundations for developing the essential sense of worthiness and belonging that children need for internal stability.

The child essentially becomes part of and belongs to a family that is not biologically theirs, but one that has loved them deeply, accepted them, cared for them and wholly welcomed them to be a part of the family unit. Based on these results and our analysis, we argue unequivocally that the TrACK program has demonstrated clear evidence of positively affecting the children’s projected life trajectories. This process is seen as pivotal in these outcomes, which went beyond longevity of placement and amelioration of problem behaviours. Higher order outcomes for young people who demonstrated this deep sense of belonging included the modelling of the value base that was held by the family and the demonstration of empathy and kindness toward others.

Critical elements influencing the success of the TrACK program include:

- Experienced, capable carers who were prepared to commit to the long-term care and healing of children who had experienced significant adversity.
- The value of a specific type of collective decision making as implemented by a care team that shared a commitment to the sustained focus on the child's needs and the child-carer relationship. Carers consistently reported that they were not alone, that they had a long-standing relationship with other team members and that they knew that they had 'round-the-clock' support. The working, non-hierarchical partnership was identified as a source of strength.
- The value of a clear theoretical and evidence-informed model of practice, which was conveyed, primarily by the therapeutic specialist, in a practical and accessible manner in response to the unique needs of each child. Practice models, which were based on the neurobiology of attachment (Baylin & Hughes, 2017), were familiar to professionals and carers, who were able to communicate the child's needs using shared language and conceptual frameworks. This included an understanding of the need to plan for and work with children in the long term to ensure that relationships were reparative.
- The value of manageable caseloads for foster care professionals and therapeutic specialists which enabled time and space for reflective holistic practice.
- The importance of discretionary funding to enable carers to provide for children in ways that may enhance their development and healing.

Recommendations

The strong recommendation, in the context of the evidence of success, is that the TrACK program is one which should be resourced to scale and implemented far more widely as a viable alternative to residential care for children and young people who are traumatised, challenging and difficult to place.

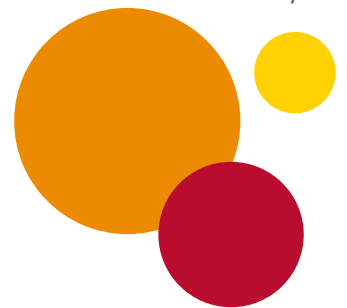
Due to the stability of the children placed in TrACK, opportunities rarely become available for new referrals. As such, it is a program which should be expanded and extended.

No particular gaps or deficiencies were identified in what could be described as a theoretically robust program operating with a high level of fidelity. That being said, there are areas of program implementation that are worthy of consideration in relation to possible improvement.

Practice considerations

- **Cultural considerations**

Almost all of the children who have experienced the TrACK program are of Anglo-Australian backgrounds. This evaluation was not able to determine how sensitive the program is to issues of diversity, including the promotion and strengthening of children's cultural identities. A strengthening and continuous review of the way in which each of the TrACK partners are currently trained and equipped to work with diversity is recommended.



- **Enhancing the child’s capacity to form healthy peer relationships**

This issue continued to be an area of difficulty for many of the children currently placed in the TrACK program, even where there had been considerable gains in other areas. One of the most significant difficulties that children face is navigating friendships that are outside the secure base of the carer family. Further consideration of the ways in which young people can be supported to make and maintain friends is recommended.

- **Sibling relationships**

Whilst the placement of siblings is recognised to be a case planning issue, the relationship and connectedness between the TrACK child and their siblings is within the remit of the care team. These relationships were found to be variable both in terms of actual contact, living arrangements and the quality of the sibling connection. Further consideration by care teams into the way in which healthy sibling relationships can be supported and maintained is recommended.

Program implementation considerations

- **Extending Care to 21 years**

This evaluation has identified the resounding success of a long-term program designed to offer children a family and future, as opposed to a time-limited placement. There was considerable evidence to suggest that young people in the TrACK program continued to require support and therapeutic intervention beyond the arbitrary age of 18 years. In recognition of this need, some carers have continued to offer care without the requisite financial or therapeutic support. It is unequivocally recommended that the TrACK program is extended to enable support for the young person to continue until the age of 21 years.

- **Extending the reach of the Treatment and Care for Kids program.**

The TrACK program has produced demonstrated outcomes for children who would otherwise, in most instances, have been placed or remained in a residential care placement. As such, it is a viable alternative to residential care in Victoria, enabling a new narrative about what is possible for ‘difficult and challenging’ children in the out-of-home care system. It is recommended that consideration be given to extending the program to cater for a greater number of children with complex needs and challenging behaviours.

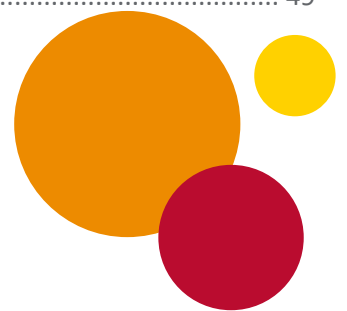
Conclusion

In summary, the TrACK program shows evidence of meeting and surpassing the identified objectives, which include ‘stabilising the children’s stress response system, reconfiguring their base line arousal levels, integrating their memory functioning and building connections with the important network of adults in their life’ (Australian Childhood Foundation, 2017). The application of an evidence-informed, theoretical framework enables a ‘comprehensive understanding of interpersonal neurobiology, child development, and attachment’ (Australian Childhood Foundation, 2017).

This program, if funded to operate more widely, could see an extensive reduction in the long-term cost to government. The trajectories of children in out-of-home care would potentially be shifted away from experiencing severe mental health concerns, overrepresentation in the criminal justice system and homelessness to that of better health, literacy, stability, belongingness and overall productivity to family, community and society.

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1. Introduction

1.1 The context for the TrACK Program

For many children who have been traumatised through abuse, violence and neglect, their experiences of living away from their family for their own protection can be accompanied by disruption and uncertainty. The out-of-home care system is under enormous strain. Local and international research has highlighted the need to address a range of entrenched problems in out-of-home care including placement instability, a lack of coordination and access to specialist services, and limited or inadequate models of care. Yet, achieving such reform has arguably proven elusive in all but small degrees across Australian jurisdictions (Mitchell, 2008).

When asked, children and young people can clearly articulate what they want and need from care, with themes of normality, connection, belonging, respect and ‘having a voice’ dominating their descriptions (Mitchell, 2008).

Although foster care aims to provide a safe and nurturing environment for abused and neglected children, it has less commonly been conceptualised as a form of therapeutic resource through which children are helped to recover from their emotional difficulties and supported to modify any challenging behavioural patterns (Sinclair et al., 2005; Wilson, 2006). Many have long argued that foster care should be viewed as ‘active intervention’ (Ruff et al., 1990), with foster parents conceptualised as appropriate and capable therapeutic agents of change and recovery for children (Christiansen & Fine, 1979).

The role of carers is viewed as critical to the achievement of placement stability and successful outcomes for children in care. As such, foster parents require adequate recognition, respect, support and training so that they are sufficiently resourced to perform this role. Research has shown that strategies to address these needs must be supported by theoretical frameworks, principles and processes that ensure all carers and key stakeholders are respected and arrive at a shared ethos and approach to understanding and responding to the needs of traumatised children and young people in care (Mitchell, 2008).

Children and young people coming into care need to experience safety, security, stability and support, provided through caring relationships. Research strongly suggests that given the appropriate parenting experiences, children can recover, or at least significantly improve, from even the most severe early adversity and trauma caused by abuse and neglect (Rutter, 2000; Sinclair et al., 2005).

Developed in 2002, the TrACK program is an intensive therapeutic foster care program now providing 18 placement targets for significantly traumatised children and young people who present with a range of complex needs and challenging behaviours. Developed and delivered in partnership by the Australian Childhood Foundation and Anglicare Victoria, the program was borne out of limitations within the existing placement and support system and sought to provide an alternative for children and young people living in residential care who were otherwise considered too ‘difficult’ or ‘challenging’ to be successfully accommodated in foster care. It has been funded by the Eastern Division of the Department of Health and Human Services, Victoria.

In 2002, under the original name ‘Catalyst’, the TrACK program successfully pioneered therapeutic foster care placements in Australia for young people who were engaging in problem sexual behaviour and were previously living in residential care. Following its success, the program was renamed ‘TrACK’ in 2003, and program eligibility extended to include children and young people with a range of complex and challenging trauma-based behaviours who had been living in residential care or living in high-cost individualised placements.

An early independent evaluation of the TrACK program undertaken by Success Works (2005) noted that the TrACK program is underpinned by

“...theoretical frameworks including the neurobiology of abuse related trauma and attachment in understanding disrupted developmental pathways for chronically traumatised children and its impact on emotional, psychological and behavioural functioning. Children’s experiences of trauma are privileged as a means of understanding their complex matrix of needs and responding to their behaviour... (p. 3)”.

Success Works (2005) identified that for all children there were significant changes in critical areas of emotional, psychological and social function, including self-esteem, ability to verbalise fears and worries, and ability to establish and maintain relationships with carers and demonstrate affection. There was substantial improvement across a range of behaviours commonly referred to as ‘challenging’ in the care environment. The program was seen to act as a catalyst for reducing placement breakdowns and unplanned changes—a characteristic of this group of children prior to their entry into the program. Success Works concluded that

“...the TrACK program effectively demonstrates the essential components of ‘therapeutic foster care’, marrying the contribution of trauma and attachment theories to practices within a home-based care setting. The centrality of the carer’s role in care planning and treatment further confirms the program’s adherence to current best practice standards in therapeutic fostering. The training and secondary consultation provided by the program coupled with the intensive casework and support are clearly essential in maintaining placement stability and are highly valued by foster carers....(p. 4)”.

At the time of its establishment, the TrACK program was the only therapeutic foster care program in Australia. The model was subsequently used as the basis for models of therapeutic foster care in South Australia and the Australian Capital Territory. The key elements of the model also formed the basis of the development of *Circle Therapeutic Foster Care Program* that was implemented across Victoria by the Victorian Government.

1.2 Rationale for the current evaluation

The Victorian Government is currently pursuing an active agenda to reduce the number of young people being placed in residential care, with the hope of significantly enhancing their developmental outcomes. The TrACK program has already been shown to deliver such outcomes (Success Works, 2005). Given the period of time since this previous evaluation, the opportunity was identified to undertake a follow-up evaluation in relation to children and young people who have been supported through the program. The current evaluation was supported by the Victorian Community Fund. Its aim is to provide clear evidence for the extent and longevity of the impact of the program with a larger cohort of children and young people than was possible at the time of the previous evaluation.

1.3 Structure of the report

This report is divided into the following sections, reflecting the activities undertaken as part of the evaluation. Firstly, the outcomes of the literature review set the context for the evaluation. Next, the methodology applied in the study is detailed. A summary of the results that were identified is then described. Finally, an analysis of the key outcomes is discussed, leading to a series of recommendations.

2. Literature Review

A scoping review was conducted to identify literature pertaining to: experiences of children and young people who find themselves in foster care and therapeutic foster care; outcomes for those who experience childhood trauma and adverse experiences typical of those who end up in foster care; and findings on therapeutic foster care programs. With respect to the latter part of this review, search terms including ‘therapeutic foster care’, ‘treatment foster care’, ‘specialist foster care’ and ‘intensive foster care’ were used—reflecting that programs adopting these different descriptors cater to similar populations. A range of literature was included in the review, extending from unpublished reports and evaluations on foster care programs through to peer-reviewed articles. Given the small amount of information on outcomes particularly pertaining to children who have been in therapeutic foster care, there were few exclusion criteria applied. No literature was excluded on the basis of the methodology applied by the research it discusses.

The overall purpose of the review was to understand the ongoing needs of children in out-of-home care, how best to support them, and what therapeutic forms of care offer children with these needs.

2.1 The needs of children in care

There is considerable evidence to suggest that children who are placed in care have experienced greater levels of adversity compared to those in the general population (Turney & Wildeman, 2017). By comparing those children in foster care in the US to a nationally representative sample, Turney and Wildeman (2017) recently found that they were more likely to have experienced parental divorce or separation, the death or incarceration of a parent, abuse by a parent, exposure to violence, and a family member having mental illness and/or misusing substances.

Other studies indicate that children in foster care are more likely to have experienced negative psychological and health effects related to their exposure to adverse circumstances. Oswald, Heil and Goldbeck (2010) found in an international literature survey spanning ten years that, in general, foster children demonstrate an array of complex developmental and mental health problems. A UK study found that individuals who grew up in local authority care are four times more likely than other people to use mental health services, seven times more likely to engage in substance abuse, sixty times more likely to end up homeless, and fifty times more likely to be incarcerated (Jackson & Simon, 2005. See also Ford, Vostanis, Meltzer & Goodman 2007). Seiler, Kohler, Ruf-Leuschner and Landolt (2016), in a study in Chile, found that a small sample of girls living in foster care were not only more likely to have been abused or exposed to danger than an age-matched sample, but also to have high rates of post-traumatic stress disorder, behavioral and emotional problems, and a lower health related quality of life.

Jamora et al. (2009) found that those children referred to treatment foster care as opposed to standard foster care are likely to have experienced adverse circumstances that are especially negative. Looking at a sample of children in urban settings in the US, researchers found that children in treatment foster care had an average of five adverse childhood experiences (ACEs), compared to just under four ACEs for those children who were placed in standard care. They were twice as likely to have experienced acts of violence in the home, four times more likely to have experienced the death of a parent or caregiver, and twice as likely to have been abandoned. These children were also more likely than children placed in standard foster care to have a range of mental disorders; in particular, oppositional defiance disorder and bipolar disorder.



Stressors encountered by children in foster care include separation from parents and community, changes in caseworkers and foster care placements, changes in schools, frequently changing timelines for reunification, and meeting expectations of foster parents which may be different to what they are used to (Forkey & Szilagy, 2014; Committee on Early Childhood, Adoption and Dependent Care, 2000).

2.2 Implications of high ACE score for children in out-of-home care

Childhood adversity not only impacts the sufferer at the time of its occurrence, its effects can continue to be felt right across their lifespan. The negative impacts of childhood adversity are considerable and can be considered from psychological, emotional, social and behavioural perspectives. The work of a number of researchers is focused on identifying the neuronal changes with which these are correlated.

2.2.1 Neuropsychological outcomes

Whilst, as McLean (2016) notes, research pertaining to the neuropsychological effects of early abuse is conceptually and methodologically underdeveloped, there is an emerging consensus regarding the impacts of trauma on neural structure and function. Trauma is known to cause dysregulation of the hypothalamic-pituitary-adrenal axis, a main system associated with the stress response, and its secretion of chemicals such as cortisol. Trauma can cause both hypo- and hyper-arousal of this system (McLaughlin, Sheridan & Lambert, 2014; McLean, 2016; Kalmakis, Meyer, Chiodo & Leung, 2015). Trauma can also affect the function of the sympathetic-adrenal-medullary (SAM) axis and its release of neurotransmitters such as dopamine and adrenaline. Changes in the action of dopamine are understood to have significant effects on motivation and attention, as well as mood and psychomotor state.

Chronic activation of these stress systems can cause cascading effects within interconnected biological systems. Changes in how these stress systems operate can eventually impact the structure of the brain by causing atrophy or hypertrophy in parts of the brain (Tarullo & Gunnar, 2006; Rogosch, Dacksis & Cicchetti, 2011). Areas of the brain understood to be most frequently affected include the hippocampus, amygdala, and corpus callosum (Hart & Rubia, 2012). These brain areas are key, variously, to memory, emotional interpretation and regulation, and higher level cognitive processing, and are implicated in a range of psychological and social problems. The dysregulation can also cause wear and tear on other organs of the body (Shonkoff & Garner 2012), which can lead to a range of health problems as discussed below.

Minimal research has looked at the neurobiological functioning of children in foster care or residential care. One study, however, by Pears and Fisher (2005), focused on the neuropsychological functioning of a small cohort of preschool-aged children, found that foster children experienced deficits in visuospatial processing, had poorer memory and language skills, and scored lower on intelligence tests, indicating compromised functioning in a range of brain areas.

2.2.2 Psychological outcomes

A number of researchers have found that children who have experienced significant adverse circumstances are more likely than others to fall prey to depressive disorders, anxiety disorders and other mental health issues across their lifespan (Schilling, Aseltine & Gore, 2007). In a meta-review, Teicher and Samson (2013) found that individuals with a history of child abuse experience psychiatric problems differently to those who do not have a history of maltreatment. They have an earlier age of onset of their condition, greater severity of symptoms, and a greater rate of comorbidity. They also have a higher risk of suicide and a poorer response to treatment compared to those who were not subject to abuse. Other researchers have linked childhood trauma with psychosis in adults (Bendall, Jackson, Hulbert & McGorry, 2011).

With respect to children who have been in care, ‘diagnoses of attention deficit hyperactivity disorder, oppositional defiant disorder, anxiety, and depression are common, and more than 25% of adolescents leaving foster care have post-traumatic stress disorder’ (Forkey & Szilagyi, 2014). An Australian study conducted in 2005 found that behaviour reported for 61% of a sample of 326 children and adolescents living in foster care was above the cut-off for problem behaviour. Over 50% of their caregivers (53.4%) reported that the young people for whom they were responsible needed help for their mental health problems (Sawyer, Carbone, Searle & Robinson 2007). Tarren-Sweeney and Hazell (2006) also found that children in foster and kinship care have much worse mental health compared to the rest of the population. Other research has found that children and young people in foster care experience compromised quality of life as a result of mental health difficulties (Damjanovic, Lakic, Stevanovic & Jovanovic, 2011).

2.2.3 Physical Health Outcomes

Children who have experienced childhood adversity also face a range of physical health problems, including higher risk of lung cancer (only partly caused by smoking) (Brown et al., 2010), obesity (Fuemmeler et al., 2009), liver disease, poor dental health (Shonkoff & Garner, 2012), chronic obstructive pulmonary disease (Yao & Rahman, 2009) and autoimmune diseases (Dube et al., 2009). Flaherty and colleagues (2006) found, in an examination of data collected on over 1,000 children for a longitudinal study, that exposure to one type of adverse experience—whether a type of direct abuse or parental dysfunction—doubled a child’s risk of overall poor health, where four such experiences tripled their risk of having an illness that required medical attention.

Drug addiction, which can have a range of negative physical health implications, is also experienced at a higher rate amongst those who have experienced abuse than in the general population. Brown and colleagues, examining data collected for the original ACE study found that those with high ACE scores (more than 6) died, on average, 20 years earlier than others (Brown et al., 2009). Forkey and Szilagyi (2014) comment specifically on the poor health of those who have spent time in foster care, stating that they have much higher rates of acute and chronic illness than other children their age. Common problems include high rates of infection, asthma and obesity. They state that where some physical problems are the result of physical trauma, other problems—those related to dysregulation of the immune response and chronic inflammation—are related to psychological trauma. A number of other reviews, such as that undertaken by Deutsch and Fortin (2015), have found that children in foster care suffer worse health than other populations, and emphasise the relationship between health and other developmental outcomes.

2.2.4 Social outcomes

D’Andrea and colleagues (2012) refer to a range of behaviours and interpersonal challenges commonly experienced by children who have experienced interpersonal trauma. These include ‘disrupted attachment styles, difficulty trusting people, fewer social skills, difficulty with seeing others’ perspectives, an expectation of harm from others and poor understanding of boundaries’ (p. 190). Shonkoff and Garner (2012) assert that many of the social problems confronted by those who had significant adverse childhood experiences—such as difficulty with maintaining supportive networks—are related to risk-taking behaviour they have engaged in as coping mechanisms.

Various research projects have found that young people who are in foster care struggle more in their social relationships than those who have never been in foster care. In an Australian study, Osborn and Delfabbro (2006) found that a majority of children they studied who had been in foster care were more likely to have conduct disorder problems as well as peer functioning problems. Long and colleagues

(2017), in a large-scale study in Wales that used a cross-sectional design, found that those in foster care were more likely to report poorer relationships with peers, and experiences with bullying and dating violence.

2.2.5 Cognitive attentional outcomes

Trauma has been found to affect cognitive functioning in a range of ways. Hart and Rubia (2012), in a review of current evidence, found that children who have been abused experience problems related to their IQ, general memory, working memory and attention (see also Porter, Lawson & Bigler, 2005.) Several researchers report that children who have experienced abuse are also more likely to find that their executive functioning—their capacities for planning and decision-making—is compromised (Nikulina & Widom, 2013). A number of studies have also found that children who have experienced abuse have IQs that are negatively correlated with level of abuse (Prasad, Kramer & Ewing-Cobbs, 2005; Koenen et al., 2003). Another problem related to a history of abuse is negative cognitive bias. Those such as Ayoub and colleagues (2006) have demonstrated that children exposed to violence can be biased towards information and narratives with a negative character, as well as having a reduced capacity to recall information that has positive salience.

Children who have experienced trauma also have poorer educational outcomes. In a longitudinal study, Goodman, Miller and West-Olanunji (2011) found that a sample of Grade 5 students who had experienced traumatic stress performed poorly on a range of measures compared to their peers. Children who have been in foster care have also been found to struggle in school. CREATE Foundation (2006) found that those young people in care are less likely to continue with their education past the age at which they can drop out, are likely to be older than those in their year level, attend more schools than others, and miss significant amounts of school as a result of changes in placements.

2.3 Specialist therapeutic programs

2.3.1 What are the benefits of therapeutic forms of foster care?

In June 2015, 43,400 Australian children were living in out-of-home care. This represents an increase of just under 6,000 since 2011 (when there were 37,648) (AIHW, 2016, p. 58). Therapeutic foster care (TFC)—which is also known as enhanced foster care, treatment foster care, specialist or specialised foster care, intensive foster care, and professional foster care (Child Protection Development, 2011a; Frederico et al., 2017)—is that model of care in which foster parents have undergone training to support children who have experienced a high level of trauma and/or considerable emotional, psychological, behavioural and social challenge. Models of TFC have developed as a result of an increased complexity in the issues with which children are coming to foster care (Oosterman et al., 2007), together with improved recognition of the level of care that children with histories of high adversity require.

There is also an economic rationale underpinning its development and establishment (Robst et al., 2011). Assisting the carer to become the main source of therapeutic contact for the child incurs a lower cost than provision of foster care in addition to frequent appointments or contact with mental health specialists (Farmer et al., 2010). TFC has also gone some way towards addressing the concerns of the poor outcomes of children leaving foster care, which include lower educational attainment, levels of employment and wage-earning potential, as well as increased chances of imprisonment (Hook & Courtney, 2011; Corrales, 2015). These outcomes may be considered the product of both the experiences of young people prior to reaching foster care and shortcomings in the foster care system itself (Townsend, 2012; Bruskas & Tessin, 2013).

The main difference between regular foster care and therapeutic foster care relates to the role of the carer. In the latter context, the carer does not merely provide for a child's material and social needs but also actively works with the child or young person to shift the way they process and express emotion. This is to say that they are no lesser a provider of therapy than are the professional support persons to whom the young person in foster care has access.

Similarities across models of TFC include foster carers being provided intensive training and ongoing high-level support from the agency through which the placement has occurred. Others identify close supervision of the child or young person, and setting rules and boundaries as an element common to all TFC programs (Association of Children's Welfare Agencies, 2016; Philpot & Thomas, 2009.)

Programs vary in terms of the eligibility of children for therapeutic foster care and the type of support that foster carers are provided over time (McLean, Price-Robertson & Robinson, 2011). Australian programs can also be distinguished on the basis of their philosophies and models of care, categories of professionals offering care and those in care support, their staffing arrangements, and the contents of training provided to staff (Association of Children's Welfare Agencies, 2016).

Challenges faced by programs are similar across models; the most common and significant of which is difficulty with finding appropriately skilled carers (Delfabbro, King & Barber, 2010). Some foster carers also experience difficulties translating theoretical learning into practice, or retaining a consistent approach in their care (Murray, Southerland, Farmer & Ballentine, 2010). General determinants of positive outcomes in therapeutic foster care identified by Murray and Southerland (2010) include supportive relationships between TFC supervisors and foster parents, the consistent application of behavioural management strategies employed by foster parents, and, most importantly, strong, supportive relationships between foster parents and the young people in their care. Other elements identified by Child Protection Development (2011a) include a care team approach with a 'central role for the carer in the team' (p. 16), the child having a therapist, and a limit of one or two children per placement. Wilson (2006) has also pointed to the importance of carers being able to provide child-centred placements.

2.3.2 What forms of therapeutic care have been implemented and evaluated internationally?

Models of therapeutic foster care range from those that are more behaviourally based through to those with a more humanistic orientation and those that emphasise the relationship between carer and child. The most well-known program is the Multidimensional Treatment Foster Care (MTFC), also known as Treatment Foster Care Oregon, or TFCO, which was developed in Oregon, USA. This program is based on learning theory and emphasises the need for structure and routine in the lives of the young people in care and reinforcement of positive behaviours. The underpinning belief is that better psychological, emotional and life outcomes are a consequence of acquiring prosocial behaviour. Three comparable programs have been developed under this model for those of different age groups: 3–6 years, 7–11 years and 12–16 years.

Foster parents, children and young people in an MTFC program are provided multi-professional support, and program staff have regular if not daily contact with parents and children or young people in the program. All young people are provided a behaviour management program that is relevant to their age and can be consistently adjusted to suit the individual's needs and development. A system operates where points awarded for positive behaviour earn privileges. Related to the TFCO program is the (O)EIFC

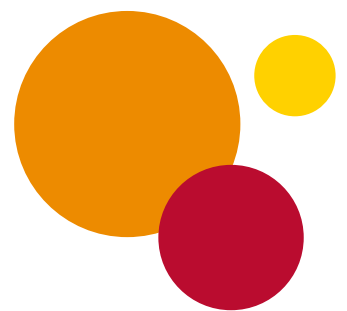
program, an early intervention program for pre-school children. Although this program has the same theoretical bases as the TFCO program, there is more emphasis here on the relationship between the foster carer and child.

Other programs similarly influenced by learning theory include Park's Parenting Program in the UK. In this program carers are 'encouraged to think about challenging behaviour as a result of patterns of learning and reinforcement' (Davies, Webber & Briskman, 2015, p. 6). Foster carers are encouraged to keep a diary detailing the behaviour and progression of the young person in their care whilst reflecting on 'how to describe the antecedents of this behaviour' (p. 6).

With a considerably different philosophical and practice orientation is the relatively new program Multi-disciplinary Intervention Service Torfaen (MIST), established in 2004 by Action for Children in Torfaen (Wales) for young people aged 11–21. The program, like other therapeutic foster care programs, provides training and subsequent 24-hour support for carers, and multidisciplinary support for young people placed. As well as supporting the main relationship between foster carer and young person, the program draws on therapies that are based in drama, music and art and provides 'practical, befriending and learning support' (Street, 2008, p. 13). The program is underpinned by three theoretical orientations: humanistic psychology, child development theories and ecological theory. It is perhaps this third emphasis that sets it apart from the other just discussed. The team working with a young person will be aware of and focused—with its interest in systems—on how families, care systems and organisations can support young people.

Other programs explicitly conceptualise the relationship between the carer and the child as of central importance to the recovery and growth of the child. One such model is the Secure Base model. Whilst the model was developed in England in the early 2000s, it has been adopted by agencies from Spain to the Ukraine and Iraq. The model is based on attachment and resilience theories (Schofield, 2002), and relies on the creation of a sense of a child belonging to a family for its therapeutic effect. It stresses five dimensions of caregiving as important ingredients for secure attachment. They include availability, which assists the child in developing trust; sensitivity, which pertains to helping a child or young person manage their feelings; acceptance, a core criterion for helping a child build their self-esteem; co-operation, which allows the child to feel they are contributing, that they are efficacious; and family membership, which provides a sense of identity and stability to the child.

There are a handful of programs internationally that emphasise the importance of culture. One of the more enduring is the Progress Life Centre Foster Care model. This program, which caters to a large number of African American children, was developed in 1983 by the Progressive Life Centre, a non-profit organisation in Washington DC, and continues today. The program is informed by 'an ancient African worldview' that is 'nurtured through African American culture' together with humanistic psychology (Gregory & Phillips, 2014, p. 335). The program also has a spiritual dimension which stresses positive energy and unity. The program's therapeutic work is based, also, on the concepts of balance, harmony, interconnectedness and authenticity (Gregory & Phillips, 2014).



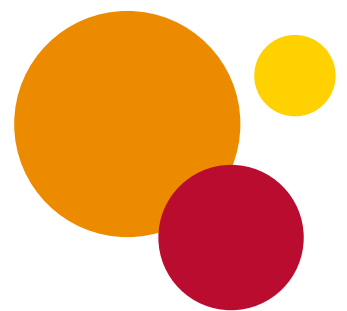
2.3.3 What forms of therapeutic care programs have been implemented and evaluated in Australia?

Therapeutic foster care initiatives may also be considered in terms of their relationship to broader social apparatuses and the extent to which they comprise discrete or distinct models, as with TrACK. The Queensland intensive foster care scheme is a broad-based initiative under which non-government organisations are contracted by the state government to find carers to provide a specified number of placements to children and young people. The non-government organisations are required to train and support carers and support young persons placed. However, all prospective carers need to apply, in the first instance, through the Department of Communities and complete a Department training module.

As for nearly all other therapeutic foster care initiatives, carers within this scheme are supported by teams of experts and offered out-of-home support. The type and level of support that is offered by each agency supporting intensive foster care varies considerably depending on the ‘funding levels and geographical location’ of agencies as well as other services they have access to, the ‘strengths and needs of children placed, and strengths and needs of the carer’ (Child Protection Development, 2011a, p. 25). More broadly, the program models also vary according to the size of services and the philosophy and culture of the organisation (Child Protection Development, 2011b).

Comparable to this scheme is the NSW intensive foster care program which was provided in 2014 by 23 non-government agencies. Agencies involved in the scheme vary in terms of the theories they draw on and (thus) their practice approaches. All agencies tend to be influenced by trauma theory; but other theories that inform the work of different agencies range from Bruce Perry’s Neurosequential Model of Therapeutics, to the CARE framework, to strengths-based approaches and Team Parenting Framework (McHugh, 2014).

Constituting one of the few clearly delineated programs, as distinct from a broad-based scheme, is Circle Therapeutic Foster Care, a Victorian initiative. It is an early intervention program designed to provide emotional and practical support for the child in care and to reduce the number of placements the child is likely to require. The program draws on resilience theory and trauma-informed principles and is child-centred. Prior to being accredited, carers are required to undergo intensive and highly specific training related to working with young people who have experienced trauma. They are also offered comprehensive ongoing training opportunities (Department of Human Services, 2009). Learning from one’s peers is also an important aspect of the program; thus training is always undertaken in groups, and carers are linked to others in a peer support group (Department of Human Services, 2009). This is in addition to the support the carers receive, comparable to those in other programs, from a range of child and family and mental health professionals.



2.3.4 What impact have therapeutic forms of care offered children and young people?

With the exception of the MTFC and OEIFC programs, few therapeutic foster care programs have been subject to rigorous evaluation. Various evaluations have found that MTC has been effective at improving the stability of placements for adolescents (Chamberlain, 1990; Chamberlain et al., 2012) and the behaviour and levels of attachment of preschool-age children (Fisher & Kim, 2007). Neurobiological evidence for the program's effectiveness at reducing emotional dysregulation has been found by Bruce and Pears (2006) and others (cited in Fisher & Gillam, 2012). However, not all research findings have been positive. A significant study conducted by Biehal, Ellison and Sinclair (2012) found that young people who had committed offences and were subsequently placed in MTFC foster care reduced their offending behaviour, but that this effect was not sustained beyond the time they were in foster care. This indicated that prosocial behaviour had not been 'internalised'. One of the few studies employing a randomised trial also found that the MTFC model did not provide superior outcomes for a group of young people at risk when compared to those of the region's standard foster care (Green et al., 2014).

OEIFC is also reasonably well supported. Fisher, Burraston and Pears (2005) found, in a randomised clinical trial, that children in the EIFC program had fewer placements that failed compared to those children in a standard foster care group. Australian therapeutic foster care programs are particularly under-studied. One of the few to be evaluated is the Circle Program. This evaluation found that children placed with the program were significantly less likely to experience an unplanned exit compared to those who were in a comparative general foster care program. They were also more likely to reunify with their families or enter kinship care (Frederico et al., 2017).

3. Evaluation Design and Methodology

3.1 Aims and research questions

This study aimed to establish whether ‘trauma-informed’ interventions, which form the basis of TrACK, make a difference to the life trajectory for children and young people who experience this program. It investigated children and young people’s experiences of the TrACK program, with a focus on demonstrated outcomes for the growing child.

Based on the literature review and the commissioning agency requirement, the following two evaluation questions were proposed for exploration and analysis:

1. Is TrACK an effective program to create stability?
2. Does TrACK positively impact on children’s projected life trajectory?

3.1.1 Significance

This evaluation sought to contribute to the understanding of the nature of effective human service practice and programs and their outcomes for vulnerable children. It examines the extent to which those outcomes make a difference to the life trajectory for children and young people placed in the TrACK program. The evaluation aims to build knowledge and develop deeper understandings about how best to meet the needs of vulnerable children and adolescents who enter the therapeutic foster care system. This evidence may be used to inform policy, practice and service provision of therapeutic foster care services. As a result of this evaluation, the social, emotional and health outcomes for children and young people who are in a foster care placement may be improved as the impact of adverse childhood experiences are ameliorated.

3.1.2 Evaluation design

The literature review and evaluation questions had indicated the need for a methodology which could provide detailed, practical insights about the experience of therapeutic care that may not be available in the existing research. The evaluation design is informed by a mixed method approach, based on qualitative and quantitative paradigms. Client file data from 2003 to 2017 was sought to offer an overview of each of the 48 children and young people who had experienced TrACK. In-depth individual and focus group interviews were used as a means of capturing detailed stories and to ensure that the voices of young people, carers and other professionals were captured appropriately.

3.1.3 Narrative inquiry

Narrative inquiry in research essentially involves the examination of stories about life events as expressed by those individuals who have had the experiences. The use of narrative inquiry as a research method emphasises capturing and analysing stories (Bold, 2012). The benefits of narrative inquiry to this research specifically include the capacity to provide an account of the human life experience, capturing key events that mark development and growth and change. Narrative inquiry as a research method has been identified as having particular appeal in ‘its capacity to deal with the issues of human centeredness and complexity in a holistic and sensitive manner’ (Webster & Mertova, 2007, p. 24).

The term ‘narrative’ has a number of meanings, usually implying personal ‘story’ in the human sciences, which might be obtained in the course of a single or several interviews. Consistent with the requirements of this study, narrative research recognises ‘that meanings are socially constructed, and human actions and agency are contingent upon socio-cultural, historical and political influences’ (Gill & Goodson, 2001, in Liamputtong, 2013, p. 120). Narrative inquiry in research essentially involves the examination of stories about life events as expressed by those individuals who have had the lived experiences. It is an approach which endeavours to ensure that the ‘voices’ of the participants in this study are heard and privileged.

The use of narrative inquiry as a research method emphasises capturing and analysing subjective stories. In light of the dearth of research exploring the lived experience of children and young people in foster care, narrative inquiry presents as an approach which is not restricted by preconceived ideas about what should be analysed. The analysis in this study was governed by what was observed in the data collection phase, allowing for unanticipated material to be explored, and leads to be followed as they emerged. Practitioners, rather than the researchers, were considered to be the sources of knowledge, rather than simply the ‘subjects’ of the research (Ospina & Dodge, 2005).

What follows is an overview of the four-phased approach to guide the study, including data collection methods and an overview of the approach taken to the data analysis.

3.2 Phases of research design

3.2.1 Phase 1 - Literature review

A review of international scholarship in the area was completed to identify contemporary peer-reviewed research pertaining to child abuse and neglect, and the complex trauma experienced by children as a result. It also sought to identify an evidence base for treatment and care approaches for children removed from home under these circumstances.

3.2.2 Phase 2 - Data collection

File data

Data was collected directly and indirectly from client files from the Australian Childhood Foundation and Anglicare Victoria. All available files were sought by the research team in order to develop a ‘conceptual map’ of the 48 children and young people who had experienced the TrACK program from 2002 to 2017. Informed by the literature review, file data was used to identify, as far as possible, the nature and number of adverse childhood experiences (ACE) prior to the TrACK program referral. In addition, the number of placements that children and young people had experienced prior to TrACK were identified. This historical data was sought to provide a baseline upon which to assess any progress in relation to the identified domains. Finally, files were interrogated for evidence of change in relation to each of the identified domains.

Individual interviews and focus groups

Potential participants were purposively identified as including:

- Former service users who are now adults and were identified as successfully ‘graduating’ from the TrACK program were invited to participate in individual interviews. This purposive sample enabled the research team to explore the views and stories of those young people who had been TrACK program

participants and was consequently seen as an invaluable source of data. However, given that the participants approached were to be those who have 'succeeded', it was not expected to assist in understanding the limitations or weaknesses of the TrACK program. A 'balanced' account of client outcomes was sought via the file reviews and carer and professional focus group interviews. It was not considered an ethical or appropriate strategy to seek to interview young adults who, if they have not experienced success in the TrACK program, may currently be highly vulnerable.

- TrACK carers were invited to participate in a focus group interview. The primary purpose of this group discussion was to learn about carers' experiences of the TrACK program and to describe the outcomes for the children and young people in their care.
- Professional staff involved in the TrACK program, including therapeutic specialists and foster care social workers, were also invited to participate in a focus group. Here the research team sought the professionals' perspectives about the strengths and limitations of the TrACK program, and invited them also to share detail in relation to outcomes.

3.2.3 Phase 3 - Data analysis

This involved analysing the extent to which therapeutic foster care impacts on developmental outcomes for children and young people who have experienced adverse events. The following domains were examined before placement in therapeutic foster care, throughout placement and, where possible, following placement:

- Placement stability
- Educational outcomes
- Peer and adult relationships
- Arousal and self-regulation
- Well-being and belonging.

On the basis of the file reviews, descriptive statistics were generated, offering a broad overview of children's experiences prior to TrACK and identified outcomes as a result of TrACK. This 'conceptual map' of the 48 children and young people was complemented by a rich narrative analysis that endeavoured to privilege the voices of the young people, their carers and key professionals working in the TrACK program. The qualitative research paradigm is one which recognises that the subjective human experience and understanding of events may change over time and may be sensitive to differences in social context. A flexible research approach was required to allow a process of discovery, with a focus on meaning from the perspective of the research participants, as opposed to a fixed view of the researcher's reality (Cresswell, 2012). Qualitative research is involved in 'meaning-making', in that it seeks to interpret and understand the human experience. It is particularly useful where there are identified gaps in knowledge in a particular area of investigation because it aims to generate detailed and integrative analysis of data which is strongly contextualised (Liamputtong, 2013). Rather than rejecting qualitative research as somehow less credible because of subjectivity, constructivists suggest that research is, in fact, a subjective process as a result of the researcher's active role, which should be actively explored and explained as a component of the process (Liamputtong, 2013).

The construction of a data analysis ‘spiral’ is a useful illustration of the key steps that were undertaken in the analysis (Cresswell, 2007). The reflective process outlined above is utilised across each stage of the ‘spiral’, with particular emphasis on the initial stage of data management. Figure 1 is an adaptation of this spiral (Cresswell, 2007) which gives an overview of both the procedures used at each stage of the analysis and examples of tools and techniques, including codes, themes and comparisons.

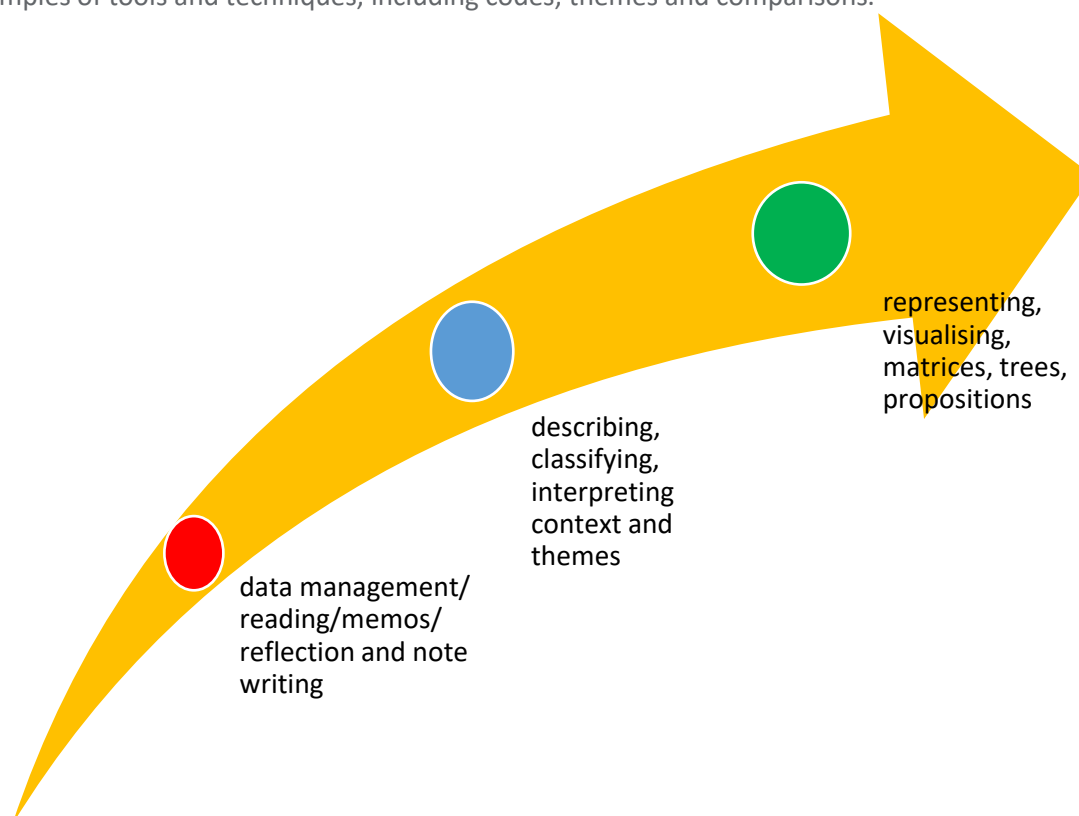


Figure 1. Analysis spiral, adapted from Cresswell (2007)

Based on the six stage Model of Thematic Analysis described by Clarke and Braun (2006), work in the analysis phase specifically involved a series of tasks outlined as follows:

Task 1: Becoming familiar with the data set

In this task—which took place in the course of data collection and on completion of data collection—we familiarised ourselves with the data set. We read and re-read transcriptions of individual and focus group interviews, all of which were transcribed from digital recordings. Reviewing written material in this way involved ‘reading the data in an active way—searching for meanings, patterns and so on’ (Braun and Clarke, 2006, p. 87). This was a painstaking and time-consuming process, yet one which truly facilitated immersion in the data set. We then reviewed notes taken from file reviews. As an outcome of this task we generated a preliminary list of points of interest.

Task 2: Generating initial codes

The process of coding was undertaken manually. Working methodically through the data set we generated an initial list of codes, aligning them with data extracts. We were cognisant of the advice of Braun and Clarke (2006) in this task, to code for as many themes or patterns as possible in order to retain context as far as possible.

Task 3: Searching for themes

In this task we began to take ‘a step back’ from the voluminous data set and initial coding to identify themes. We initially attempted to cluster these themes diagrammatically using the thematic mapping process (Braun & Clarke, 2006).

Task 4: Reviewing themes

Whilst the review of themes was in fact an iterative process, we used this task as an opportunity to reflect and review the ‘story so far’. This involved returning to the detailed data extracts identified in Phase 2 and reviewing the alignment between those extracts selected, the codes and the themes. Some refinement occurred once we again immersed ourselves in the data set and noticed nuances that had not been evident earlier. We concluded this task with a sense of confirmation that the thematic map, developed in the previous task, was an excellent visual representation of the analysis to date.

Task 5: Defining and naming themes

This task offered a final opportunity for further refining and defining themes and sub-themes, with a view to confirm a ‘coherent and internally consistent account, with accompanying narrative’ (Braun & Clarke, 2006, p. 92). This reflective process enabled a deeper analysis of meaning than was previously possible. We were confident by the end of this task that a rich interpretive analysis of the data set had been produced.

Task 6: Producing the report

In drafting our Findings and Discussion chapters we were keen to ensure that the study participants’ ‘voices’ could be heard whilst at the same time producing a rich analysis of the meaning attributed to the voices.

3.2.4 Phase 4 - Dissemination of information

The evaluation was overseen by a project manager and an advisory committee. Each of the agency representatives on the committee provided overall project governance and invaluable intelligence as key program stakeholders. A consultative and iterative process for the dissemination of findings was adopted by the research team, whereby draft findings were presented and discussed with the advisory committee, key informants and evaluation participants before the report was finalised and disseminated.

3.3 Limitations of the evaluation design

A number of limitations of interviewing as a method were identified. These included the possibility of bias, inconvenience, sensitivity and lack of anonymity. Each of these was carefully considered while developing the proposal for this study submitted to both the Southern Cross University and Victorian Anglicare Human Research Ethics Committees, and as the detailed design was constructed.

3.4 Ethics approval

Human Research Ethics Approval was granted by Southern Cross University and Anglicare Victoria. The Southern Cross approval number is ECN-17-153 while the Anglicare reference number is 2017-90.

4. Findings

The single most compelling result emerging from this evaluation is that children who had experienced many placements and years of adversity were almost always able to achieve stability in TrACK.

This section is presented in two parts. In Section 4.1 we profile the 48 young people (past and current TrACK clients) by presenting their placement history, the known accounts of adverse childhood experiences, and initial challenges that children faced in the program. It is in the context of the child's history, we argue, that stability results can best be understood.

In Section 4.2, we present the TrACK program outcomes for children and young people who participated in it. We conclude this section by summarising those elements of the TrACK program that lead to enhanced outcomes for children.

4.1 Profile of children and young people entering the TrACK program

A total of 48 children have now experienced the TrACK program, comprising 28 males and 20 females. There are 32 former and 16 current children. All children are from an area covered by the Eastern Division of the Department of Health and Human Services. Almost all TrACK children are of Anglo-Australian origin. According to the data available, there were only two Indigenous children and two sisters who had a Vietnamese father that took part in the program.

Almost half of the children—19 of the 48—came to the TrACK program directly from a residential care program. Residential care is often seen as the last resort for vulnerable children needing the state's protection. Children in residential care live in a house or unit with a small number of other children from similarly traumatic situations under the 24-hour care of paid staff.

Twenty-nine children had experienced more than three placements in the lead up period to their referral into TrACK, as indicated in Figure 2. The striking feature of the data is the extreme instability that some of the children had experienced prior to TrACK, with 15 children having lived in more than six placements before TrACK. Seven of these children had experienced more than ten placements, with one child having experienced 18, and another child, 30 placements.

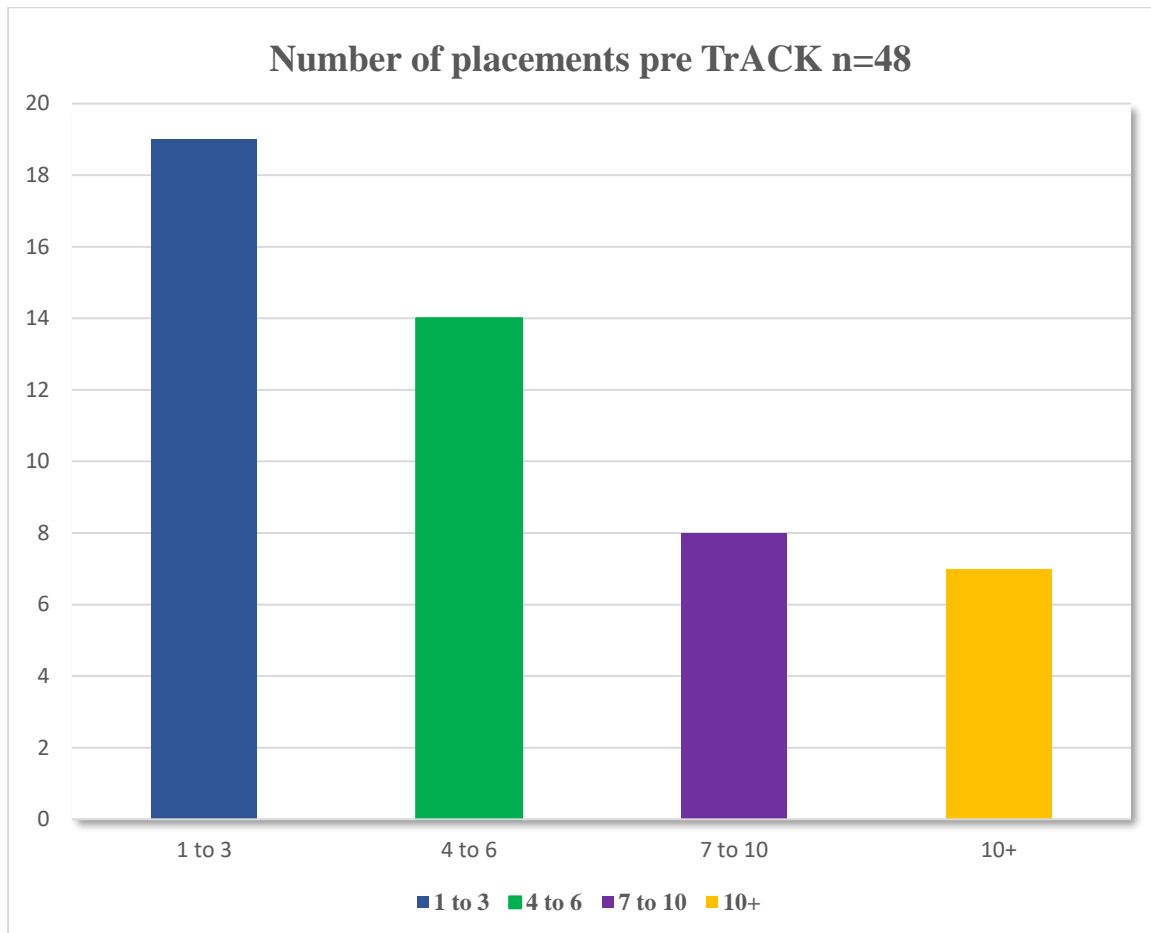
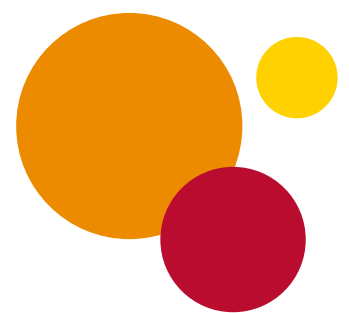


Figure 2. Number of placements of children and young people before being accepted into the TrACK program.

4.1.1 Children experiences of adversity prior to placement in the TrACK program.

The history of adversity that children have faced is an important consideration when measuring stability outcomes. All children placed in the TrACK program had experienced multiple adverse events. For a number of children, these were of an extremely severe nature. Examples include instances where children were reported to have endured acts of attempted murder by their parents, were witnesses to violence which resulted in death, or were engaged in chronic sexual assault, violence and abuse, for some by paedophile groups. Others were abandoned as infants by adults who were responsible for their care but were engaged in substance use or prostitution in the presence of the child. Deprivation and threat were dominant forms of ACEs in the narratives of the children’s lives before being referred into TrACK.

Figure 3 depicts the number, type and level of severity of ACEs that each of the children placed in TrACK had suffered prior to TrACK. Based on the file description and interview data, the level of severity of the experience was assigned a rating of mild, moderate or severe.



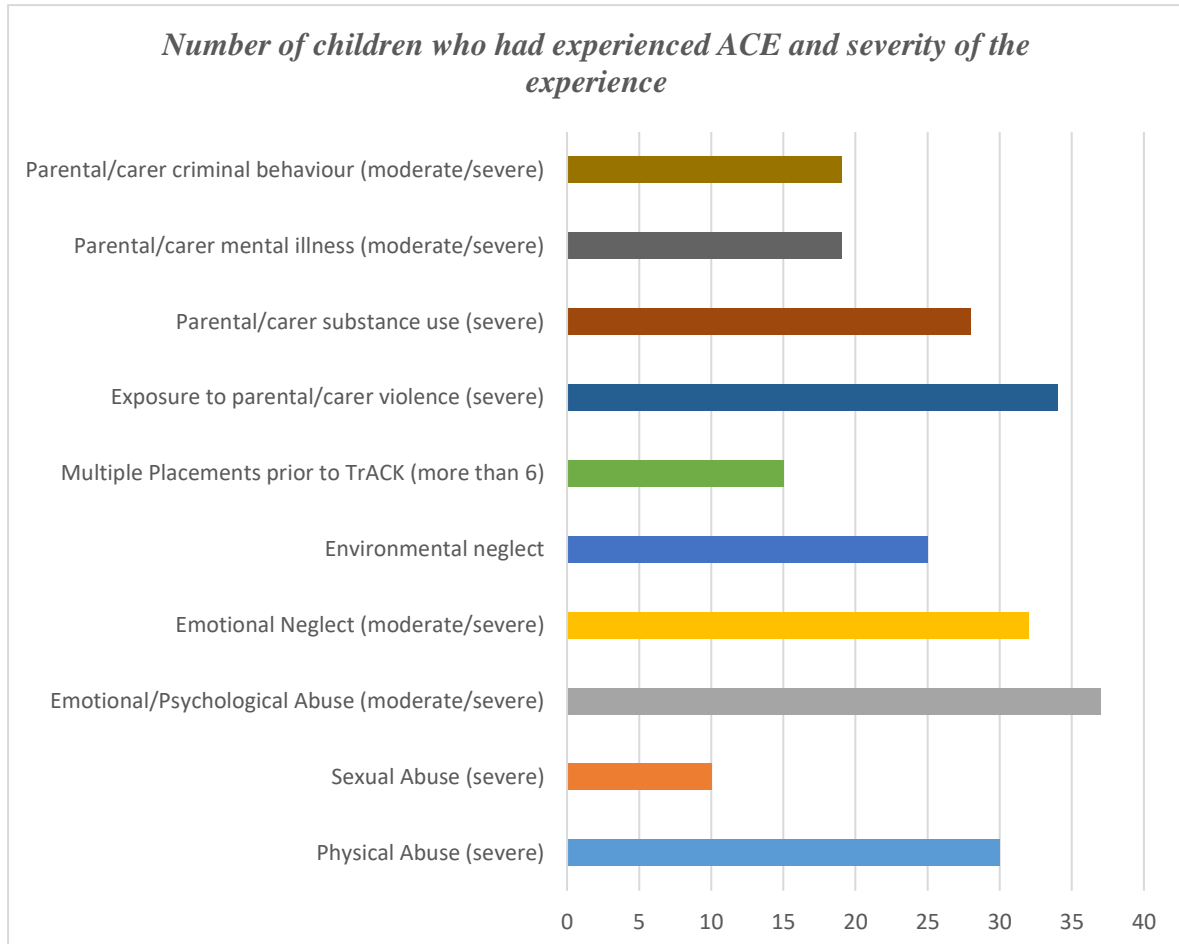
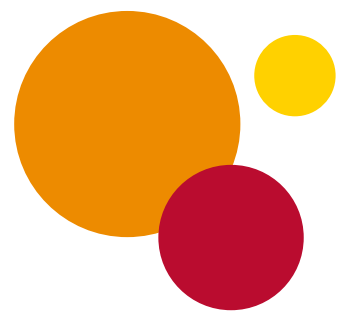


Figure 3. Number of children who had experienced adverse childhood experiences and severity (n=48)

As Figure 3 indicates, a large proportion of the children had experienced multiple severe-level ACEs prior to placement. Below is the narrative of a young girl identified as Stella (name and details changed to protect her identity), highlighting the level of severity of the ACEs for children in TrACK.



Stella's Story

Stella is a young woman who has now aged out of care after being in the TrACK program for 16 months. She came into care as a teenager after allegations of sexual abuse by her father were discovered. Stella's father abused her and her older sister for many years without the knowledge of the authorities. He groomed Stella's twin brother to control and monitor her behaviour and to punish her if she was rebellious or non-conforming. Stella was also subjected to the production of sexually explicit and exploitative materials for many years and was used to 'service' men in a paedophile ring of which her father was a member. During the times of the abuse, Stella was often force-fed alcohol so that she would become docile and compliant. She was only ever allowed to eat subject to her behaviour and willingness to keep the secrecy of her father's incestuous actions on her and her older sister.

In addition to the severe sexual abuse, Stella faced other forms of abuse, including severe physical and emotional abuse from her father and her brother. She was emotionally and physically neglected by being denied food and sanitary needs. They deprived her of all forms of affection, love and care, and scapegoated her into silence. Unfortunately, due to the middle-class status of the family, all these forms of abuse were well hidden from the public's eye for many years.

Stella's initial presentation when she entered TrACK was characterised by an extreme fear of men, frequent panic attacks, sleep disturbances and hallucinations. She also experienced dissociative episodes and found it hard to monitor and navigate the idea of a 'normal' relationship, hence constantly putting herself in situations of possible threat. In addition to her struggle to form relationships with peers, she was emotionally dysregulated, with frequent cycles of depressive moods, heightened emotions, verbal aggressiveness, extremely low self-esteem and a sense of worthlessness. Her father remains in remand as his case is ongoing in court, with Stella being required to revisit her abuse and her abuser in court at every hearing during the trial.

An overview of the children's initial challenges when placed in the TrACK program are described below.

4.1.2 Initial challenges faced by children in TrACK

Children entering the TrACK program, not surprisingly, demonstrated a range of highly problematic and complex behaviours. Carers and professionals described children as highly dysregulated, emotionally labile and prone to aggressive and violent outbursts. Other relatively common behaviours noted were stealing, hoarding or a need to control food, sexually aggressive behaviours toward peers and carers (such as public masturbation and using sexually inappropriate language), enuresis, encopresis and sleep disturbance, including nightmares and night terrors.

Almost all children who were of school age were identified as struggling and falling behind socially and academically. Most struggled with social interaction. One of the therapeutic specialists offered her observations about how TrACK children have experienced deprivation and threat.

[For me I think] deprivation is worse, for some reason. Because it kind of goes to the core of your being, and your core of self, and your core of who you are, and your worth, and whether you should be in this world or not. When somebody deprives you of something, you basically grow up feeling unworthy, and you get into that sense of victim mentality, where the world owes you something, and you can't take responsibility for anything. By not taking responsibility, you are virtually giving away your power. The only power you have is over yourself, and if you are blaming the world, blaming everybody else, blaming your parents, you never really meet your [own] needs. Because to meet your needs, you have to acknowledge that you have got vulnerabilities, which is also hard for these young people.

Sometimes, they get really overwhelmed when love is given, because they don't feel worthy of it. So they do not even register [that] they are getting it, so they seem to be a bit like a dripping bucket—you put in, but you lose it as you're putting it in. It [love] is leaking out because they do not feel worthy of it. You kind of think a lot about giving love, but [they] have to be able to receive it. Because if they cannot receive it, [they] they do not feel that you are being loved. They don't register that at all. (ACF, therapeutic staff)

4.2 Outcomes for children who have been placed in TrACK

Data was identified in relation to the factors which contributed to improved developmental outcomes in the following four areas: placement stability, educational stability, emotional regulation and recovery, and caregiver relationship stability.

4.2.1 Placement stability

One measure of stability is the actual length of stay in the TrACK program. **The results show that children and young placed in TrACK almost always stay in TrACK.** This outcome is all the more remarkable given the history of placement instability and severe adverse experience of threat and deprivation that children and young people suffered prior to being accepted into the program.

Figures 4 and 5 show the length of stay in TrACK for those children and young people who are former and current clients of the TrACK program. For former clients, the period of stay in TrACK ranged from five months to nine years and two months. Importantly, of the cohort of 32 former TrACK clients, only 6 identified a placement breakdown and disruption as the reason for exiting the program. Thus, the remaining 26 children left the program in a planned manner.



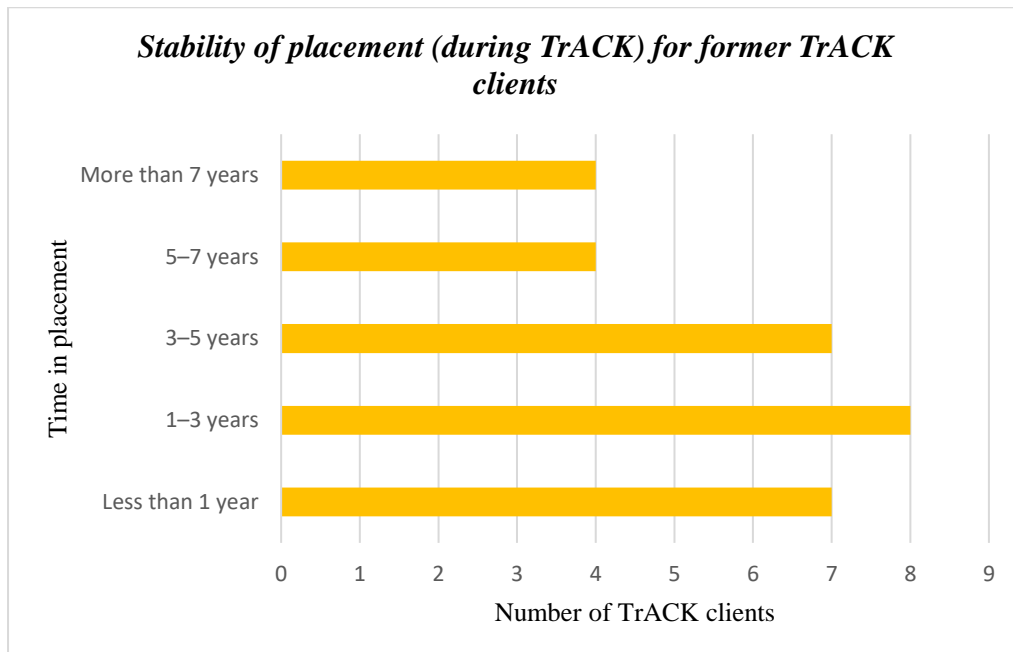


Figure 4. Stability of placement for former TrACK clients during their TrACK placement

The 16 current children in TrACK have remained in the program for between 1 year 1 month and 8 years 9 months. The median length of stay for current TrACK children is 42 months, or 3 years 6 months. A breakdown of currently placed children by entry age and duration in the program is shown in Figure 5. Children currently in TrACK are highly stable.

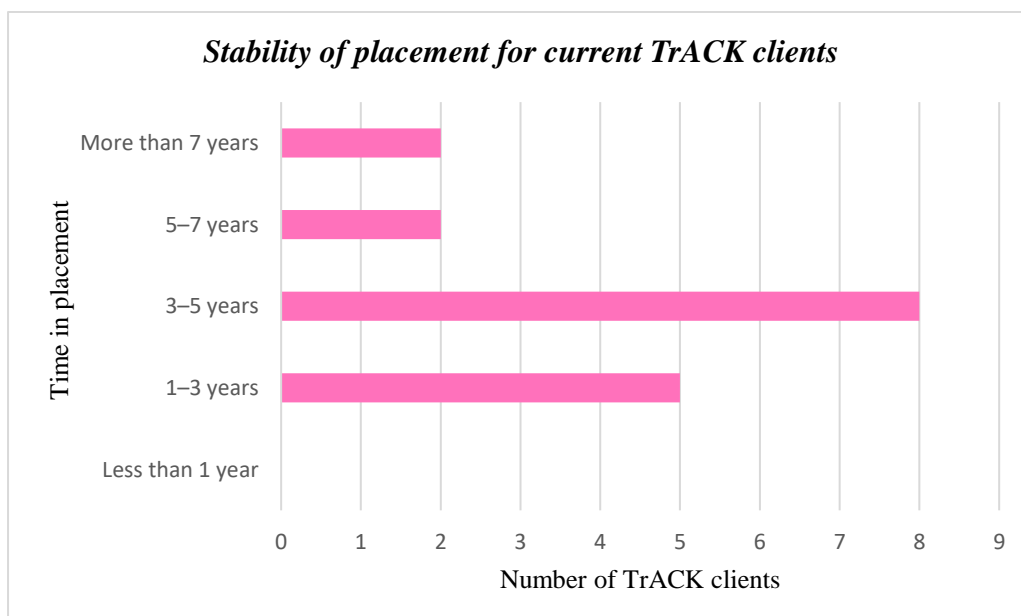


Figure 5. Stability of placement for current TrACK clients

These findings **underestimate the length of stay in TrACK placements**. At least three young people were identified as continuing to live in the carer's home beyond the age of eighteen years. That is, whilst they had technically 'aged out' of care at the age of eighteen, carers reported having 'claimed' the young person as a family member. Each of the young people remaining in placement were reported to have no

plans to move. Carers indicated that they would continue to house and care for the young person without financial assistance or therapeutic support. One of the carers exemplified the concept of ‘claiming the child’, even after therapeutic care ends, by saying:

[My son] had a brutal beginning.... Like torturous, serious, severe neglect, lots of death, lots of trying to die, lots of stuff that he had to watch. So that carried over into his life. He was so full of fear, he could not move. He still cannot move...but he has aged out...he is 23 and still in my care. (Carer)

Another important stability outcome measure is presented in Figure 6. The number of planned (n=26) versus unplanned (n=6) exits from the TrACK program were examined. We also present the actual destinations post TrACK. For the six unplanned exits, each child returned to residential care. For the planned exits, the destinations post TrACK were: independent living (n=13), return to family (n=8), and remained with carer (n=5).

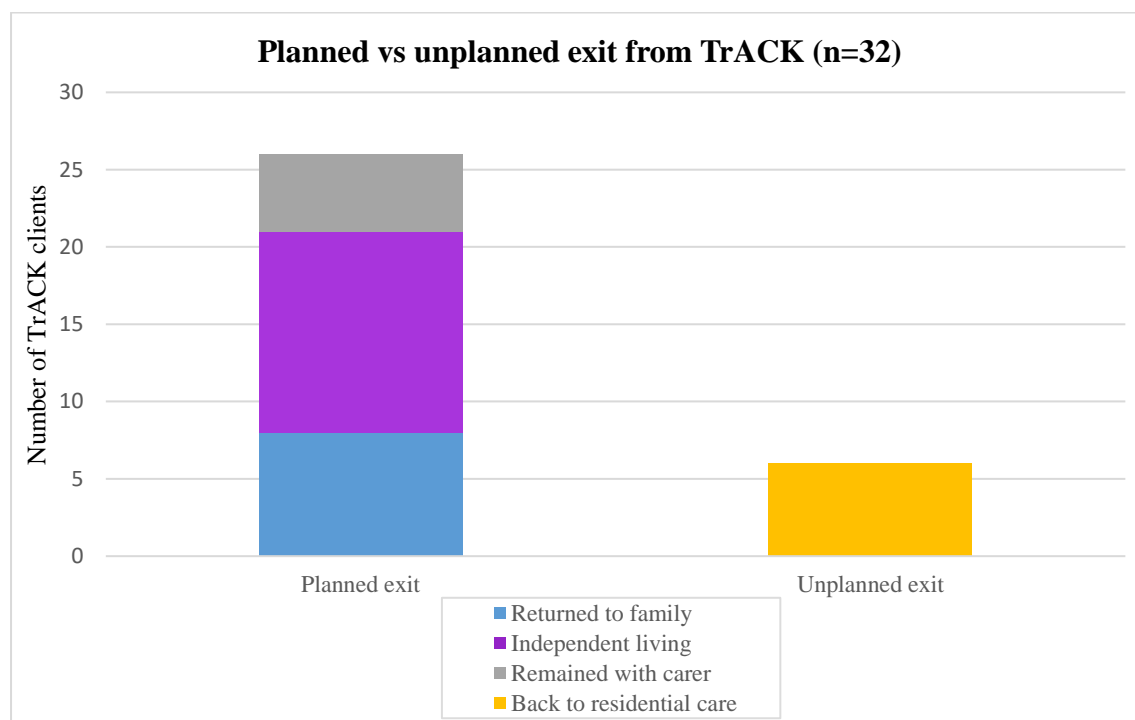


Figure 6. Planned vs unplanned exit from TrACK

4.2.2 Educational stability

Educational stability was assessed by contrasting known educational outcomes for children in residential care with children in the TrACK program. A recently published Victorian Auditor-General’s report into educational characteristics of children in residential care (2013) states that in 2012, just 49% of this group of children attended school five days a week, 40% attended less than five days a week, 11.5% of children were suspended and 0.3% were expelled from school.

In stark contrast, each of the currently placed TrACK children is enrolled in and attending full-time school. Children who entered TrACK were able to make significant changes in their education progress. Staff reported that teachers are trained in the neurobiology of trauma and are exposed to the theoretical model that shows children may present as though they are not complying with the instructions from their

teachers. The care team reported that when the teachers understand how trauma impacts on the brain of a child, they are often more willing to adapt to the child's needs and implement strategies that gain a child's trust and attention before engaging them in learning activities. Some children were reported to be finding it hard to form friendships with their schoolmates or feel a sense of belonging within a school environment. They may have difficulties with cognition, memory and articulation of basic knowledge, which is required for one to fit into a mainstream classroom. One example of how this collaboration can be effective in supporting children with trauma in a school environment is showcased below through Dino's story.

Dino's story

Dino had over 30 respite and emergency placements and over 20 entries to care before entering the TrACK program. Dino and his twin brother were described as having extremely challenging behaviours as early as seven years old. Their mother was ambivalent in raising them, citing that the pregnancy was as a result of a rape. The twins also witnessed severe family violence and were exposed to drug and alcohol use in the family before being placed in out-of-home-care. Both were placed in care separately from their 13-year-old sister who continued to live with her father.

Dino was later separated from his twin brother after he was reunited with his mother. He continued to be scapegoated by her and the rest of the family. At school, he was reported to be uncontrollable, always breaking chairs and tables, throwing rocks at passing cars, urinating in front of everybody on the playground, as well as screaming, swearing and yelling in class. Given that Dino was significantly behind educationally, he was struggling to fit into a mainstream school environment. In addition, he had a diagnosis of ADHD and reactive attachment disorder.

After entering TrACK, the care team engaged with the schoolteachers and principal, who were struggling to deal with Dino's behaviour. The care team educated the teachers on the background of his trauma, the complexities of his needs and the things that he most needed to feel safe in a school environment. The school readily agreed to be part of Dino's recovery program and supported him with extra time and attention. After being in TrACK for only 54 months, Dino showed incredible progress. He started doing much better in school and was able to better regulate his emotions in school. His violent tantrums in school diminished as he felt safe and able to communicate to his teachers when he felt he needed help to regulate his emotions. As such, Dino was able to gain a sense of belonging in the school community as they all shared responsibility for looking out for his needs. He is now involved in extracurricular activities and has been able to form meaningful relationships.

4.2.3 Emotional regulation and recovery

Recovery from trauma and abuse is a long-term process. For this reason, long-term therapeutic placements like the TrACK program can be expected to play an important part in facilitating recovery.

Interviewees and case files provided many examples of how children and young people's emotional or psychological well-being had improved while in placement, including improvements to behaviour where children and young people had previously been aggressive and angry. Carers described a trajectory of growing confidence as children and young people recovered from the impact of their experiences. All

children in TrACK experienced enhanced emotional stability and capacity to self-regulate. Even where the placement had not been ongoing, there was evidence of greater emotional stability. TrACK provides intensive support to carers and equips them with practical skills to persevere with trauma-related emotions that the children project, and with time the children learn that it is safe to express themselves calmly because their emotions are valued and respected by carers.

Most commonly, children were reported to be less volatile with the number of tantrum episodes reduced following a stable TrACK placement. As one of the carers reported, the journey towards emotional regulation is far from complete, but every day she is happy to observe the little milestones of her children as they attempt to make sense of their ‘wounded souls’. She gives us a glimpse of the reality of caring for children with intense emotional outbursts.

You never know what you are going to experience each morning. It can be calm or crazy-violent. This child has hurt me...the constant unpredictability creates enormous anxiety and an unreliable employee. He has enormous appointments, is very aggressive, can be very violent, very needy, and needs me for everything. Since I am the one he has formed the attachment with, I have to be all things to him: counsellor, mum, teacher, therapist, taxi driver, friend, protector. He has no friends so he is with me all the time. He really needs social education [but] it is like working one job 24 hours a day and another one 6–9 hours a day if you are expected to work. Carers can't stay healthy doing this. I know therapeutic care works for Ricky because he can now read and write, he can sit in a classroom and participate, he can be very loving, talks to me about his fears, his life, his anger. He has a great vocabulary. When he is worried about doing something bad he can tell me about it. He might still do it but he starts off trying not to. He can behave for longer and longer periods of time. (Carer)

One case manager reported that while she was on a house visit to supervise and support a carer who was having a difficult time. During the visit, the child in the TrACK Program said to her,

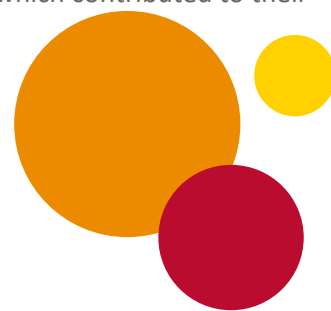
...you look distressed, maybe you should breathe in and out slowly and calm down...

At first, the case manager was amused by the maturity of the language and then immediately realised that the child was mirroring the language of the care team on arousal regulation. This was an important insight because it allowed the case manager to think even more deeply about different and interesting ways of giving the children messages about their emotional regulation.

Another indicator of emotional recovery and stability was a consistent message from carers, professionals and case files that children were developing hobbies and interests. In doing so, they formed sustainable peer relationships and were becoming connected to their local communities. Most often, carers included TrACK children in hobbies that were already part of family life; for example, camping, bushwalking and cricket, enabling the TrACK child to experience family life alongside carer’s birth children.

4.2.4 Stability of relationships with TrACK carers

One of the strongest outcomes achieved by the TrACK program was the development of warm and trusting relationships between the children and young people and their carers, which contributed to their wider safety, stability and well-being.



The most often reported outcome across all placements was that the child or young person had developed a positive relationship with their TrACK carer(s) and felt supported and cared for. In nearly all these placements a range of other positive outcomes had also been reported, suggesting that a trusting relationship at the heart of a placement is crucial to wider improvements in well-being.

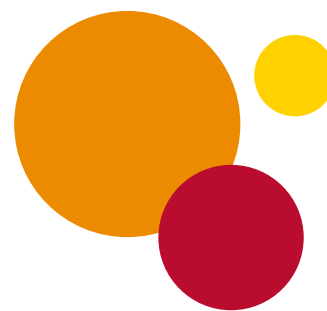
TrACK carers were able to hold the young person's need for acceptance, affirmation, compassion and care at the forefront of their relationship with them. This was seen as the basis of a warm and trusting relationship between a carer and young person, which in turn created a safe environment. These caring mechanisms are summarised below and include:

- **Providing positive attention** that countered some of the negative self-perceptions created by the children and young people's prior experiences in OOHC and at home. This often came in the form of encouragement and consistently positive messages to the children and young people about their value and worth.
- **Persisting without evidence of change.** Interviewees agreed that one of the most helpful qualities for TrACK carers was the ability to accept the child or young person as they were and not give up on them when nothing appeared to be changing. This could otherwise be described as unconditional care and positive regard. However, it was also described as carers having appropriate expectations of the child or young person who is impacted by adverse experiences.
- **Avoiding escalation.** TrACK carers who did not judge the child or young person on the basis of their behaviour were able to offer support and show concern even when their rules were disregarded. They avoided ongoing and escalating conflict by not holding negative behaviour against the child or young person, but allowing them to start again with a clean slate. This was a powerful counter-mechanism when children or young people appeared to be trying to provoke a negative reaction from their carers, possibly in an attempt to control when a placement might end.
- **Noticing and responding to emotional needs.** TrACK carers noticed, anticipated and tried to meet the children and young people's emotional needs. This involved observing their moods, being aware of dates and anniversaries that were important to them, and being sensitive to possible triggers that caused emotional distress.

4.3 Elements of TrACK program design leading to enhanced outcomes

These results show clear stability outcomes for children in TrACK. The following elements of the TrACK program that contributed to these outcomes were identified from the data:

- Experienced, capable carers who were prepared to commit to the long-term care and healing of children who had experienced significant adversity.
- A focus on safety as being multi-faceted. Recognising that it takes time to progress from short-term physical safety to medium-term relational security (positive, trusting relationships), and then long-term recovery.



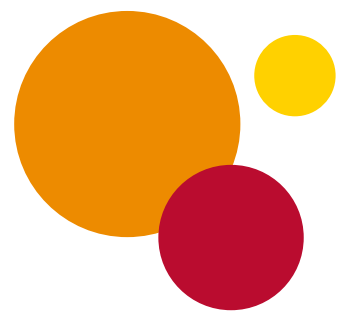
- The value of a care team that shared a commitment to the sustained focus on the child and the child and carer relationship. Carers were not alone: they had a long-standing relationship with other team members and knew that they had ‘round-the-clock’ support. The presence of a working partnership where each team member’s role and views are respected and valued is at the heart of a care team’s success.
- The value of a clear theoretical and evidence-informed model of practice which was conveyed, primarily by the therapeutic specialist, in a practical and accessible way in response to the unique needs of each child. This included an understanding of the need to plan for and work with children in the long term to ensure that relationships were reparative. It also included a shared understanding that the primary site for therapeutic intervention was the relational space between child and carer.
- The value of manageable caseloads for foster care professionals and therapeutic specialists which enabled time and space for reflective, holistic practice.
- The importance of discretionary funding to enable carers to provide for children in ways that may enhance their development and healing.

When asked to name the three key factors that affect the outcomes achieved by TrACK for children, a therapeutic specialist said:

[Number 1 is the] relational practice around the child. The collaboration around the [child or the] young person is hugely important, so everyone supports the carer with that. [Secondly,] I think education around the neurobiology of trauma is important, and [thirdly,] putting that into practical use within the home environment. So translating it into practice is extremely important.

But ultimately, it is always going to be the relationship. Because if you want to test the effectiveness of any therapeutic setup, or a young person and their carer, you just need to ask the carer [how] they feel about their young person [they are caring for]. Do they like this young person? Because one of the most distressing things for carers in the beginning is that...it is hard for them to like the child [due to their challenging behaviour] and they [may] just see the trauma and not the child; and also, because the child is so defended against relationships [it makes it twice as hard]. (ACF, therapeutic specialist)

In the following section, the results of the evaluation are analysed with the view to making recommendations about the efficacy and effectiveness of the TrACK program.



5. Analysis

In this section, the results of the TrACK evaluation are integrated with relevant research and theoretical literature. This process enabled a deeper analysis of the findings and an informed basis in relation to identifying recommendations about the program. Two dominant themes emerged from the analysis of the findings. Each is presented, and the essential elements and implications are discussed in turn below.

5.1 Theme One: Safety, stability and nurturing

The TrACK program recognises and structures itself to support children who have experienced multiple sources of risk and those who lacked multiple components of safe, stable, nurturing relationships and environments. TrACK recognises that one of the most important domains of risk and resiliency involves social interactions and environmental contexts associated with caregiving relationships (Mercy & Saul, 2009; Turner et al., 2012). Children experience much of their world through relationships with caregivers. These relationships are fundamental to the healthy development of physical, emotional, social, behavioural and intellectual capacities (Centers for Disease Control and Prevention, 2009; Shonkoff, 2010).

Figure 7 shows the three dimensions of **safe, stable and nurturing** relationships, and how each represents a significant aspect of the social and physical environments that protect children and promote their optimal healthy development. Each can be thought of as being on a relational and environmental continuum or dichotomy.

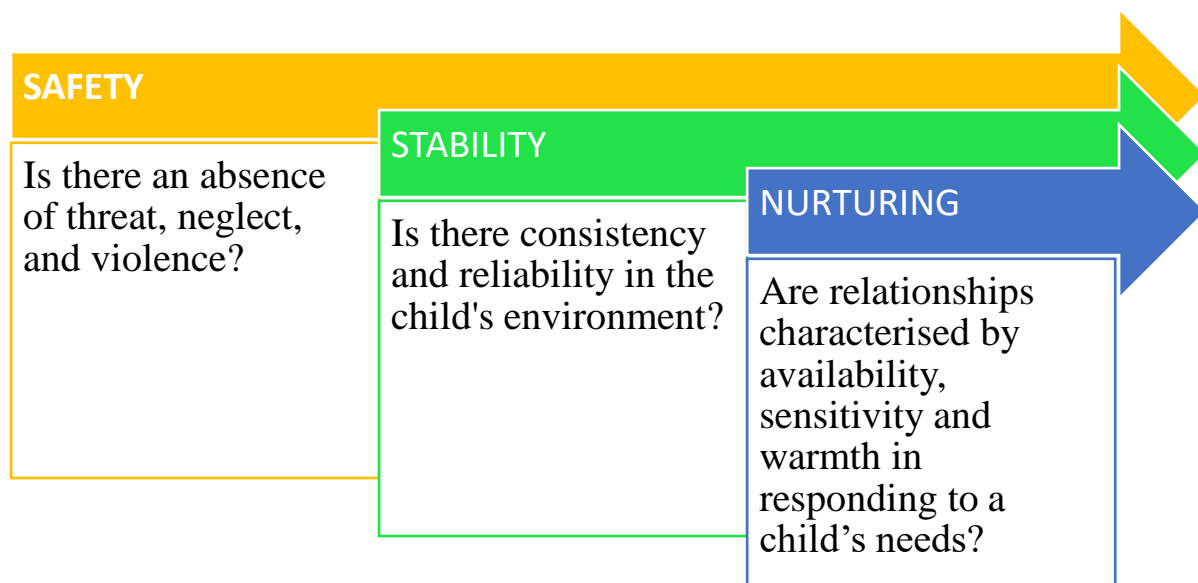
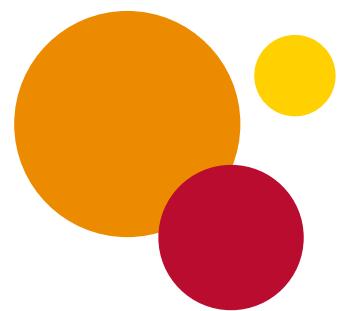


Figure 7. The three dimensions of safe, stable and nurturing relationships

These three dimensions—**safety, stability and nurturing**—overlap, but each represents central and distinct aspects of a child's relationships and environments that are critical for his or her healthy development.



5.1.1 How is safety achieved through the TrACK program?

There is a focus on achieving actual and experienced safety for every child accepted into the TrACK program. Actual safety follows the stabilisation of children into the placement and away from the environment in which the harm occurred. The therapeutic specialist and care team work together to ensure that the TrACK carer is fully aware of the safety needs of the child and able to meet those needs.

5.1.2 How is stability achieved for children in the TrACK program?

Element 1: The primary site for therapeutic intervention, education and support is the relational ‘space’ between the child and their carer.

When a child in the TrACK program experiences something old and distressing while in relationship with a therapeutic carer, that memory (however negative or traumatic) is paired with the positive experience of being seen, accepted, cared about, and being made sense of. The pairing of acceptance with old trauma, repeated often enough, modifies the old circuits and they are returned to explicit or even implicit memory, and—over time—are transformed.

In the words of one carer:

I think part of that, the stability of the staff, is because I would say the staff like working on the TrACK program as well, you know, they are content with their jobs, they like doing it and I’ve known people that have said they would find it very hard to go back to general foster care. Yeah, they’ve got more time, they’re allocated a lot more time so the staff are more content as well. (Carer)

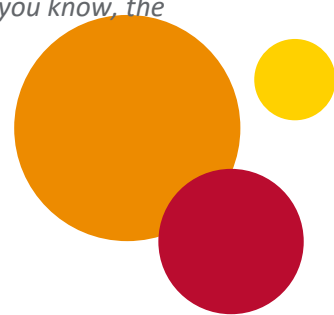
Whilst acknowledging that there had been some recent staffing changes, carers identified foster care and therapeutic specialist staff as having been there for them for many years.

Element 2: TrACK is a multi-dimensional program involving critical roles and responsibilities, which work in partnership surrounding the child, across three phases of program operation.

Implementing a phased approach to care enables a more holistic and longitudinal approach to the child, recognising that damage that took years to accumulate may equally take years to ameliorate. **The professionals comprising the care team include the carer as an equal, empowered participant who experiences support, education and advocacy from other members of the team.** One of the carers succinctly described how she felt ‘advocated for’ by the worker when she had a difficult time.

She [the therapeutic specialist] is doing more than interpreting; she’s advocating, she’s got your back, she’s advocating and she’s actually promoting. (Carer)

I’ve had support like that before as well, you know, if I’ve been really upset and crying and whatever...you know, well that’s when I’m feeling like I’m a bit hopeless and not doing a very good job, [my case manager] would say, ‘That’s why you’re such a good carer, Lindy, because you feel everything so deeply.’ So they do support you in that—you know, the emotional challenges of it, they support you. (Carer)



Yeah, they talk about the whole package; even our other kids that are not TrACK kids because they know that those children affect the TrACK kid. (Carer)

There is evidence to suggest that the carer's relationships with the foster care worker and the therapeutic specialist—which are largely based on longstanding relationships and stability in the TrACK role—offer effective role modelling of relational practice to both carers and children.

What I notice is there is a real synchronicity between the therapeutic specialists and the case managers...all of those robust discussions and all of the back and forth.... I observe really kind of honest relationships between the workers.... I don't ever get a sense of Anglicare and ACF. I have a sense of 'we are in this together' and 'this is our problem to solve'...or 'this is our success to celebrate together'. I haven't seen that...however many years of my career of agencies working together. (ACF manager)

Element 3: Change is conceptualised as occurring in the interactions between carer and child, rather than between child and any therapeutic professional.

Inspired by the attachment work of Alan Schore and Dan Hughes, the TrACK approach is characterised by a strong therapeutic alliance, empathy and unconditional positive regard from the carers to the traumatised child. In addition, the Care Team formed a parallel set of relationships around the carers and child with similar qualities.

In feedback from young people who were former TrACK clients, carers and professionals, there were repeated references to the importance of the interactions between carer and child that rebuilt attachment experiences in the context of mistrust and distress—formed in previous abusive relationships experienced by the child or young person.

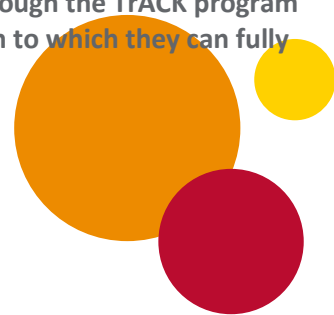
I would say that [my carers] are very easy to talk to...very easy going. You can have a laugh with...you can just speak to them whenever and they know what to say, how to respond to you. And they always take a joke, they're hardly serious. (Young Person)

I think the main thing [about why TrACK works for me] would be just knowing that you've got that support behind you, I would say. Even though we've got [my foster parents] and other family members, I would say that if that didn't work you would have that other support behind you. (Young Person)

As these young people who have successfully aged out of the TrACK program reflect, good fostering strategies must also incorporate environments that encourage humour, banter, joy and other expressions of normality.

5.2 Theme Two: From safety, stability and nurture to integration

The second theme demonstrated how children in TrACK move even more securely from safety, stability and nurture to integration. **Integration shows the penultimate stage that indicates a child has successfully healed not only their physical and emotional wounds but also feels wholesome in their soul and spirit. At this stage, children benefit from the therapeutic care offered through the TrACK program are able to experience love, develop trust and be integrated in a family system to which they can fully belong.**



Children who have experienced adversity (such as those in the TrACK program) need to develop a sense of safety and learn to trust so as to redefine how they respond to both internal and external stressors. This secure attachment can lead to integration, which as discussed by Dan Siegel is ‘the central mechanism by which health is created in mind, brain and body and in relationships...and is at the heart of positive emotion and creates the foundation for resilience and wellbeing’ (2012, p. 336). He argues that for a person to be ‘whole’ the system in the body needs to produce a harmonious flow.

Children in TrACK come to feel accepted and safe to explore relationships with curiosity and to finally integrate with the family as a whole, where they experience a deep sense of love and connection with their foster families. Indeed, **love—as it is relevant to the child in the TrACK program—is not just a simple emotion which reflects positive affection, but rather a deep sense of care, concern and connectedness. It is the deliberate effort to create a ‘loving space’ that is about discovering the child, accepting the child’s vulnerabilities, providing comfort and constantly nurturing the relational space between the carer and child. This leads to a stage where children feel completely assured that the foster family will never abandon them, reject them, re-traumatise them, hurt them or withdraw their affection from them regardless of how slow or complex their healing journey is.**

The journey to safety, stability, nurturing and integration for children in the TrACK program, however, is not without its complexities. There were a few children in TrACK who continued to struggle with giving and receiving love; but the majority showed a developing ability to express and receive love within their foster families. **Their way of showing and accepting love involves the simple acts of attachment and bonding such as looking at their carer’s eyes and accepting contact through touch.** As Hughes (2015, p. 148) notes, it is a matter of love and ‘it is a matter of trust.’

Asked how she is able to tell if her child is able to receive love, one of the carers says that this was the easiest way for her to measure success for the child she was fostering:

Yeah...we sing songs about me, about how he loves that I am his mum, [that] I am the best mum, and that he loves me. So my success for him is that, you know, he can love me and we can talk, you know...this is awesome for a kid who couldn’t read and write. (Carer)

Another carer stated that she loved her foster son just as much as she loved her own children. She stated that,

I love my little fella, like when I thought when I was sick that I wouldn’t—maybe couldn’t continue with him just because I was so sick, I just bawled and bawled and bawled.

It is like it’s your child. It is your son. (Carer)

Another carer explained that her child’s loving nature has developed significantly since entering the TrACK program.

So my child is in Grade 5 now and although he has no friends either, he can read, he can write, and he has a great vocabulary. He has no social skills at all. [However,] he is very, very loving and has learned to believe in that and trust it. (Carer)

One of the young adults who has now successfully aged out of care and is engaged to be married soon was asked **what part of TrACK he felt was most beneficial to him, and what helped him to recover from his trauma and integrate successfully to not only his family but also the wider community.** He responded with the following reflection:

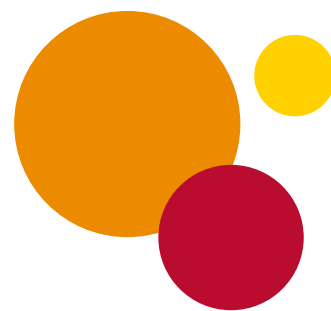
Support and love.... [In the future] I want the residential units to go and [they should] put all the kids in the TrACK programme, to help kids, like what happened to us. I reckon they would benefit more from the TrACK program than the residential units do...because they are still lost in the residential units, and probably not loved and that's why most of them end up not like us. (Young adult)

For the children in the TrACK program, being loved deeply and unconditionally is central to their recovery. These experiences instil in children a sense of worthiness and wholeness. It reminds them that they are lovable. Love holds, grounds and secures the child through fostering an environment conducive to developing trust, regulation and emotional stability. This leads to an earned secure attachment—which is the ‘integration of integration’—and is characterised by a person’s sense of belonging and identity, that is connected coherently to a life narrative of understanding, acknowledgement and compassion.

Through the TrACK program children developed empathy and values quite similar to the people that they considered family. Value transmission, however, is still an area currently unexplored in research. It is difficult to ascertain to what extent different models of therapeutic foster care may assist the development of values such as empathy within the child or young person in care. This is an important consideration because the capacity for empathy is associated with generally positive life outcomes and as an indication of healing (Morelli, Lieberman & Zaki, 2015; Howe, 2012).

Findings from this evaluation suggest that models of foster care such as TrACK that rely on the foster carer–child relationship as the central therapeutic mechanism may have a unique role to play in increasing the empathic capacity of those in care. Lending weight to this hypothesis is that caregivers’ sensitivity has been found by Oosterman and Schuengel (2008) to be a determinant of secure attachment in children in foster care. Similarly, Dozier and colleagues (2008) found that training for foster carers designed to increase responsiveness to children’s needs supported more secure attachment.

Below is the story of a young man, Darren, who not only integrated into the family but also developed similar values to his foster family and empathy for others who lived in less privilege. Indeed, family connection and relationships provide a platform to develop a set of beliefs, norms and values, and as such, empathy development is not just a key characteristic, but also an outcome, of integration.



Daren's story: A case study of TrACK's success

Daren is currently 18 years old and has aged out of the TrACK program. He was accepted into the TrACK program in October 2010 following multiple placements in generalist therapeutic care. As a child, Daren experienced extensive adverse childhood events (ACEs) that contributed to his trauma as a child.

Daren experienced severe emotional and physical neglect from his mother as a child. The birth mother did not provide any sort of parenting, care or a safe and consistent home environment for him and his brother. With his paternal family unknown to him, he relied only on his mother's support, which was minimal due to her history with substance abuse, mental illnesses and criminal activities. Daren was also exposed to R-rated material as a young child, as well as to different forms of family violence from his mother's partners. In 2008, after a failed kinship placement with the maternal grandmother, Daren's mother relinquished his care, citing inability to manage his and his brother's behaviours. As a result, Daren and his brother were removed from the care of their mother and placed in residential care where he continued to feel isolated, unwanted and unloved.

Due to the severe trauma, deprivation and the various forms of threats that Daren faced, he initially presented with several challenging behaviours at his time of entry to the TrACK program. The care team described his behaviour as 'oppositional, controlling and verbally irrational.' He had trouble building trust with others, struggled with learning difficulties and acute sexualised behaviours, as well as internalised emotions where he blamed himself for his mother's rejection while at the same time assuming parentified care of his younger brother. The care team further stated that Daren had 'elevated depression, experienced dissociation and avoidance, and had trouble regulating his emotional arousal.' A paediatrician also diagnosed Daren as having behavioural difficulties including opposition defiant behaviours, suggesting inattention and hyperactivity, anxiety and delayed behavioural development.

After being in TrACK for 77 months, Daren has shown enormous progress. The care team have noted that Daren has a much improved self-esteem, reduced anxiety and is building positive relationships with peers and adults. Daren is now able to self-regulate his emotions and manage his anger issues successfully, and there have been no reported cases of inappropriate sexual behaviours since he started his TrACK placement. He has much improved emotional and physical health and has a strong sibling relationship with his younger brother—which had been threatened in residential care where the two boys were constantly pitted against each other—and has integrated into the family's value-based system.

In the future, he hopes to play cricket or footy at a professional level as he has already been identified as having strong and competitive talent both by his school and the state of Victoria. Through his sporting commitments, he has been able to travel nationally to Western Australia for cricket competitions, as well as internationally to Papua New Guinea and Cambodia where he joins his foster family to fundraise for poor communities in remote areas. His foster father loves to spend one-on-one time with him and play sport with him as a way to mentor and reassure him that he is loved, valued and respected in his home.

We spoke to Daren and he presented as a gentle, well-humoured, mature, responsible, well-adjusted 18-year-old young adult with career aspirations in the sporting industry. Asked whether he feels at home with his foster family, he said,

I feel 100% that this is the right place, I have settled down.

We enquired further about which particular aspects of his foster family made him feel like it 'was the right place'.

It's [all] in the little things.... There were little multiple things...gradually along the way. One key thing [my foster family did] was introducing me to more opportunities in cricket, helped me with schoolwork, given me opportunities along the way, including me in the charity work they did [as a family]. We went overseas to do the Kakoda Trail; going to Cambodia [and] learning the culture over there was great.... [Yes, it's] just the little things along the way.

He added that the sense of 'feeling at home' was in the 'little things' that the family did for him and with him, such as not keeping secrets from him, including him in all family plans and having a general sense of humour. This enabled him to feel a sense of normalcy and of being part of the family. He concluded by saying:

I definitely think I am part of the family, from the first time I walked in...they were welcoming...had a joke which was amusing and funny...yep, and not leaving me out of anything pretty much...they let me know everything that involves me and [even] when it does not involve me, [they tell me] what they are doing in their lives...there are no secrets...they are very trustworthy!

For a young boy who was initially unable to form relationships or have a sense of trust, Daren's progress and relationship with his foster family has been remarkable. The most interesting aspect about Daren's progress was observing how he has been able to develop compassion and empathy, as well as adopt the value system of his foster family.

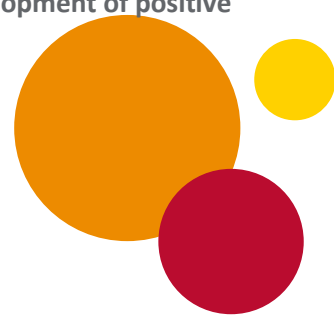
Extensive literature on the impact of trauma on children indicates that severe adverse childhood experiences erode a child's ability to 'feel with others' or the ability to develop a sense of empathy or socially accepted values. Daren's foster family are committed to philanthropy and have a strong sense of social justice—they often volunteer and fundraise for orphanages across Africa and Asia to support less privileged children across the world. These values have been transmitted to Darren who now shows a lot of care and empathy for marginalised people, and travels internationally to developing countries to support poor communities to build homes with locally available materials, raise funds, as well as play with (and coach) children who have a sports interest.

Daren continues to live with his foster parents as a completely included member of the family despite the fact that his foster care arrangement ended at the age of 18. His family has told him that he has a home with them for the rest of his life, which has created a sense of stability and love for him. He knows he has a home for life. As Daren says, 'The main thing was knowing that [you have] that support behind you.'

5.3 The real value of the TrACK program

A sense of belonging and family membership helps a child to know that they have a secure base. (Schofield & Beek, 2009)

Schofield and Beek (2005, p. 19) noted that 'unconditional family membership can provide anchorage and the reassurance of practical and emotional solidarity and support through life.' **Indeed, having a family to call your own is key in providing children with resources that lead to the development of positive identities and outcomes.**



This evaluation shows that when carers and children in the TrACK program build a relationship that is based on a sense of permanence, there is often a long-term and explicit commitment to each other beyond 18 years when foster caring officially ends. The TrACK program, as such, produces stability for children that transcends the initial expectations of the program.

To illustrate, one carer said that he loved his foster boys so dearly that he invited them to live with him and his partner for life. That way, their (foster) sons know they always have a home, and they could come and go as they pleased as they matured into young men with their individual interests. The carer said that he always made an effort to talk to his sons in futuristic tenses to show them that he will always be a part of their life.

Well, one of the strategies [which works] for us is to [always] to talk to the children in the long term; you know, I talked to [our foster son] when he was 14 about how I'm going to teach him how to drive [when he is older]...and he knows he is welcome to stay here for the rest of his life. (Carer)

The other carer said that she when she travels overseas she leaves her son to be in charge and responsible for the house, because that is his home as well.

I have been caring for 15 years; I have a young man with the TrACK program, and he is 23 and still lives with me.... He will look after our house when I go home to see my parents overseas, you know, they are 90. He cooks, he is a clean child, he is not good socially, but you know, he is fighting. And I will [always] be there for him. (Carer)

Figure 8 concludes our analysis and represents a 6-level 'journey of trust' as a vehicle for recovery and to show how the sense of belonging and being loved enough to be 'claimed' by family is a key element in the TrACK program. Based on the evaluation findings and the work of Baylin and Hughes (2017) and Siegel (2012), we have proposed a new step to the already existing model in the journey to 'belonging' and to full integration.



Figure 8. The TrACK journey for children and foster families

In the journey to 'belonging', the child is 'claimed' as a member of the family.

Based on these results and our analysis, it is our view **that the TrACK program has surpassed its stated ambitions. The demonstrated outcome of safety, stability and nurture is clear, as well as the evidence that shows how the life trajectory of TrACK children was positively influenced. The TrACK program has changed the trajectory of children whose lives would have likely been punctuated by possible homelessness, criminality, abuse, low educational attainment and unemployment.**

6. Conclusions and Recommendations

6.1 Conclusions

The overall finding of this evaluation is that the Treatment and Care for Kids (TrACK) program works.

The program design was developed and implemented as a long-standing partnership between the Australian Childhood Foundation, Anglicare Victoria and the Eastern Division of the Department of Health and Human Services, Victoria. Commencing in 2002, it has been in operation for more than 15 years. The program pioneered the integration of knowledge emerging from the neurobiology of trauma with practice of providing out-of-home care to children and young people with complex needs and extensively traumatic histories. In doing so, it has changed the Australian discourse about what is possible for children who were previously identified as too challenging for a placement in home-based care. This evaluation was commissioned to investigate client outcomes. It examined the experiences of children and young people, carers and the network of professionals of the TrACK program, with a focus on demonstrated outcomes for the developing child. **Based on an international literature review and the evaluation requirements, the following two evaluation questions were proposed for exploration and analysis:**

1. Is TrACK an effective program to create stability?
2. Does TrACK positively impact on children's projected life trajectory?

The evidence gained from the stories from young people, carers, professionals and case files leads us to conclude that the answer to each of these questions is a resounding 'yes'.

TrACK is a tailored program, catering for up to 18 children and young people at any one time. In the fifteen years of operation, the TrACK program has cared for 48 children and young people; this figure includes the 16 children currently within the program. This seemingly low throughput of children and young people is a reflection of its effectiveness. TrACK is an Australian model of therapeutic care that has demonstrated positive results in relation to children and young people who have endured years of adversity and in some cases extreme abuse, threats, deprivation and neglect.

Having entered the care system, these children endured a high level of instability in the form of multiple placements, with 15 children having lived in more than six placements before TrACK. Seven of these children had experienced more than 10 placements, with one child having experienced 18, and another, 30 placements. After joining TrACK there was a considerable reduction in the average number of placements children experienced, from a median of 6.1 to 1.9. Nineteen of the children came into the TrACK program from residential care placements.

There is now substantial evidence to suggest that children who experience placement instability have significantly worse outcomes than those who do not have multiple moves (Barber & Delfabbro, 2003; Ryan & Testa, 2005). Recent research has found that such instability, independent of factors associated with early trauma, may be a predictor of problem sexual behaviour in children (Prentky et al., 2014). Based on these findings, along with other research examining the correlation between ACEs and life trajectories (for instance, Fuemmeler et al., 2009), one could have predicted that the group of children accepted into the TrACK program were at extreme risk of progressing into the criminal justice system and developing major mental health concerns, including suicidality and substance addiction. From a public health perspective, the predicted trajectory for this cohort is extremely poor.

As a result of TrACK intervention, however, these predictions were not realised for almost all TrACK children. In fact, after more than 15 years of operating the TrACK program and having an opportunity to examine the life trajectory of children placed in this program, the dominant theme is one of being stable and settled as they approach adulthood.

Over the course of its operation, the number of clients to exit TrACK due to a placement breakdown is 6 of the 32 former clients. In three of those cases, the carer family felt unable to continue to provide care for the child. In the case of the other three young people, they refused to return to placement despite the carer being willing to continue care of them. The reasons for these placement disruptions were considered to be fear of intimacy with the carer family and the onset of adolescence causing a re-triggering of past developmental trauma.

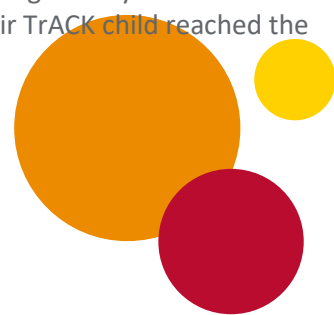
Each of the currently placed 16 children are stable. They are enrolled in full-time school and attend regularly. Two of the current group of 16 clients had previously attended school on a part-time basis. All of the children are described by those who know them well as making progress in relation to their capacity to regulate their emotional and behavioural responses. All of the children have the opportunity to be seen and to see themselves as having a family who will play, accept, show curiosity and interest, and empathise with them (Baylin & Hughes, 2012).

This evaluation revealed that carers who had developed a sense of permanence and belonging with their child continued to show explicit commitment to them beyond 18 years. One carer said that he loved his boys so dearly that he and his partner could not imagine a life without them. Others revealed that the ‘cut-off’ age of 18 years meant little to them in terms of the young person belonging to the family, and they had no intention for them to move out of the family home—they were part of the family. These young people experienced a deep sense of belonging and being ‘claimed’ by their foster family. They belonged to a family that is not biologically theirs but one that has loved them, cared for them and wholly integrated them into family life and future plans.

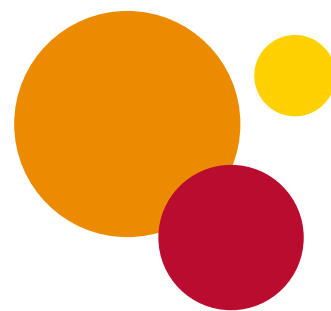
This process is seen as pivotal in these outcomes which went beyond longevity of placement and amelioration of problem behaviours. Higher order outcomes for young people who demonstrated this deep sense of belonging included the modelling of the value base that was held by the family, and the demonstration of empathy and kindness toward others.

These outcomes largely result from the careful program design based on a strong contemporary theoretical base (D’Andrea et al., 2012; McLean, 2016; van der Kolk, 1994). The design also draws upon emerging evidence for the significance of therapeutic practice that is underpinned by the neurobiology of trauma and relationally oriented principles (Porter, Lawson & Bigler, 2005; Schofield, 2002). Critical elements influencing the success of the program include:

- Experienced, capable carers who were prepared to commit to the long-term care and healing of children who had experienced significant adversity. These were carers who invested their lives in raising the child, no matter how challenging, as one of their own. As one indicator of this commitment, carers chose to include TrACK children in their recreational pursuits and holidays so that the children knew that they ‘belonged’. In other situations, young adults remained an integral part of the family unit, with carers confirming that they would have a home for as long as they wanted and needed it. Carers did this without professional or financial support once their TrACK child reached the age of 18 years.



- The value of a care team that shared a commitment to the sustained focus on the child and the child–carer relationship. Carers consistently reported that they valued a long-standing relationship with other team members and that they knew that they had ‘round-the-clock’ support. Team members felt and expressed respect for each other’s perspectives, and a culture of robust discussion and rigorous debate was supported. Overwhelmingly, an enduring sense of camaraderie across the team was experienced by all team members who embraced a common purpose: to identify and meet the needs of the particular child.
- The importance of an evidence-informed model of practice which was conveyed, primarily by the therapeutic specialist, in a practical and accessible manner in response to the individual needs of the child. Practice models which were based on the neurobiology of attachment (Baylin & Hughes, 2017) were familiar to professionals and carers, who were able to communicate the child’s needs using shared language and conceptual frameworks. This included an understanding of the need to plan for and work with children in the long term to ensure that relationships were reparative. The theoretical model of understanding promoted deep insight into the significance of early attachment disruption that has been an outcome of traumatic adverse childhood experiences (Oswald, Heil & Goldbeck, 2010). It offered a strong basis for a program of healing which was incremental and allowed the time required for the child to develop a secure base which would eventually facilitate healing (Schofield, 2002). It also included a shared understanding that the primary site for therapeutic intervention was the relational space between child and carer.
- Reasonable caseloads for foster care professionals and therapeutic specialists enabled time and space for reflective, holistic practice. The majority of professionals had worked in other contexts within the child protection and out-of-home care sector. With the opportunity to compare the different working arrangements across different contexts, professionals were unanimous about the importance of a manageable caseload as an ingredient for success. It was this ingredient that enabled staff to maintain a high level of responsiveness and availability for carers and children, to promote reflection and learning, and to anticipate and proactively plan for challenges ahead.
- The importance of discretionary funding to enable carers to provide for children in ways that may enhance their development and healing. Carers reported that the additional funding flexibility enabled them to provide for their TrACK child’s needs in a way that would not have otherwise been possible. They talked about being able to purchase sporting equipment and uniforms, pay for music lessons and replace toys or equipment in a timely manner. Beyond the practical implications of the discretionary funding, carers identified this as a means of reducing the financial stress associated with caring for a child with complex needs.



6.2 Recommendations

The evaluation did not identify any particular gaps or deficiencies in what could be described as a theoretically robust program, developed and implemented in Victoria and operating with a high level of fidelity

The overarching recommendation, in the context of the evidence of success, is that the TrACK program is a viable alternative to residential care for children who are traumatised, challenging and difficult to place.

The TrACK program has produced demonstrated outcomes for children who would otherwise, in most instances, have been placed or remained in a residential care placement. As such it is a viable alternative to residential care in Victoria, enabling a new narrative about what is possible for ‘difficult and challenging’ children in the out-of-home care system. It is recommended that consideration be given to extending the program to cater for a greater number of children with complex needs and challenging behaviours.

That being said, four areas of improvement are summarised below as worthy of further consideration.

6.3 Further Considerations

- **Cultural considerations**

Almost all of the children who have experienced the TrACK program are of Anglo-Australian backgrounds. This evaluation was not able to determine how sensitive the program is to issues of diversity, including the promotion and strengthening of children’s cultural identities. Contemplation and continuous review of the way in which each of the TrACK partners are currently trained and equipped to work with diversity is recommended.

- **Enhancing the child’s capacity to form healthy peer relationships**

This issue continued to be an area of difficulty for many of the children placed currently in the TrACK program, even where there had been considerable gains in other areas. It does appear that one of the greatest difficulties that children face is navigating friendships that are outside the secure base of the carer family. Further consideration of the ways in which young people can be supported to make and maintain friends is recommended.

- **Sibling relationships**

Whilst the placement of siblings is recognised to be a case planning issue, the relationship and connectedness between the TrACK child and their siblings is within the remit of the care team. These relationships were found to be variable both in terms of actual contact, living arrangements and the quality of the sibling connection. Further consideration by care teams into the way in which healthy sibling relationships can be supported and maintained is recommended.

- **Extending Care to 21 years**

This evaluation has identified the resounding success of a long-term program designed to offer children a family and a future, as opposed to a temporary placement. There was considerable evidence to suggest that TrACK young people continued to require support and therapeutic intervention beyond the arbitrary age of 18 years. In recognition of this, some carers have continued to offer care without the requisite financial or therapeutic support. It is unequivocally recommended that the TrACK program is extended to enable support for the young person to continue until the age of 21 years.

In conclusion, **the TrACK program shows evidence of meeting and surpassing its identified objectives**, which include ‘stabilising the children’s stress response system, reconfiguring their baseline arousal levels, integrating their memory functioning and building connections with the important network of adults in their life’ (Australian Childhood Foundation, 2017). The application of an evidence-informed, theoretical framework enables a ‘comprehensive understanding of interpersonal neurobiology, child development, and attachment’ (Australian Childhood Foundation, 2017).

TrACK surpasses expectations that children will show improvements in their overall life trajectory and in the domains of stability, educational outcomes, arousal and self-regulation, and formation of healthy relationships. This program, if funded to operate more widely, could see an extensive reduction in the long-term cost to government.

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