ACCO MODEL OF YOUTH RESIDENTIAL CARE

August 2025

Victorian Aboriginal Children & Young People's Alliance

Tarsha Davis is a Kuku Yalanji and Palawa woman and multidisciplinary artist. “This artwork represents the Victorian Aboriginal Child and Young People’s Alliance as an interconnected system, a network of organisations that are both distinct and mutually reinforcing, working together to support Aboriginal children, young people, and families across Victoria. The design acknowledges both the diversity and collective strength of The Alliance’s 15 organisation members. Each solid-fill circle in the base layer represents one of these organisations and their unique contributions to education, wellbeing, and cultural continuity.”

Acknowledgments

The Alliance thanks our member organisations for their contribution to the resource and their ongoing connection to mob, advocating and supporting the rights of Aboriginal children and young people.

This Project was supported and funded through the Aboriginal Innovation and Learning Fund, Department Families, Fairness and Housing.

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Executive Summary

Residential care is broken

The number of Aboriginal children and young people living in out-of-home-care is disproportionate and increasing (Department of Families, Fairness and Housing [DFFH], 2023c). Many reviews over the last decade have found residential care to be unacceptable and actively detrimental to the children and young people it is intended to care for (Victorian Auditor-General's Office [VAGO], 2014; Commission for Children and Young People [CCYP], 2015; CCYP, 2019; CCYP, 2020; CCYP, 2021).

Attempts to reform the current system, including actions to make care "therapeutic" have been unsuccessful so far (CCYP, 2019). There is no verifiable evidence that any model of residential care is effective at mitigating harm or trauma to young people (Gillespie, 2023). The residential care system significantly contributes to cultural trauma, isolation and disconnection of Aboriginal children and young people (CCYP, 2015). There are very few published descriptions of Aboriginal led residential care models and very few culturally governed approaches exist in Australia as a whole (Bath, 2008; Frederico et al., 2018).

An ACCO way of care

The Victorian Aboriginal Children and Young People's Alliance (the VACYPA) Member Aboriginal Community-Controlled Organisations (ACCOs) want the option to provide a culturally governed and Aboriginal led alternative to residential care. At their request, the VACYPA has partnered with Wathaurong Aboriginal Cooperative, Bendigo & District Aboriginal Cooperative (BDAC), Mallee District Aboriginal Services (MDAS) and Rumbalara Aboriginal Cooperative to create a new model of care to be made available to all VACYPA Member ACCOs for funding bids and service delivery.

Consulting with Aboriginal communities across Victoria, the VACYPA has created a new ACCO Model with seven key practice values: Self Determination, Consistency, Holistic ACCO Care, Responsibility, Listening, Trauma-Informed and Connection.

Key features of the proposed model are:

- **Carers & Staff:** Live-in carers instead of shift workers, with a team of support staff focused on family connection and cultural support. A comprehensive training approach for cultural support and trauma-informed care.
- **Homes:** Keeping Aboriginal children and young people local, on Country and out of urban DFFH "units". Careful cultural fit out and building design to enable healing.
- **Children and young people:** Two children or young people per house as standard. Caring for Aboriginal children and young people with local connection. ACCO decision making in matching with flexibility for local approaches.
- **Practice Ways:** Planned, slow placement transitions. A focus on family reunification and preparation for independent living. Flexible funding to meet children and young people's unique needs. Integration and alignment with Aboriginal Children in Aboriginal Care (ACAC) where possible.
- **Routine:** Education in culture, school engagement and life skills development. Connection with ACCO services. Intensive supported family contact.

- Systems: Thorough therapeutic supports. Inbuilt program evaluation. Flexible self-determined approach to safety and risk.

Next steps: Let's give it a go!

Implementation funding is needed to support ACCOs to establish strong organisational systems and ensure success with the new model. A new set of program requirements will need to be developed to enable exceptional elements of the model. Agreement will be required between DFFH and participating ACCOs to commence first rollout.

Part 1: Background

Acknowledgment and dedication

The VACYPA acknowledge the Traditional Owners of the lands on which we live, work, and gather. We pay our respects to Elders past and present and recognise that sovereignty was never ceded. Aboriginal and Torres Strait Islander peoples hold an enduring connection to land, sea, sky, and community. We honour the resilience and resistance of the world's oldest living culture, whose wisdom continues to guide and lead us.

This project pays homage to the voices of Community, to Aboriginal leadership, and to the strength of collective care. It has been shaped by the stories, knowledge, and truths shared by our members and their communities. At the heart of this project, this work reflects a commitment to ethical and community-driven engagement, ensuring that what we build together truly represents the needs and aspirations of Aboriginal families, children and young people.

We dedicate this project to our members, to their communities, and to the voices of Aboriginal children and young people who remind us of what we are striving towards: a future where every Aboriginal child and young person grows up safe, strong, and connected.

The urgency of this work cannot be ignored. Today, there are 2,867 Aboriginal and Torres Strait Islander children and young people in out-of-home care in Victoria (Victorian Government, 2024). Of these, 5.4% are placed in residential care (Victorian Government, 2024).

Aboriginal children are:

5.7 times more likely to be the subject of a child protection report

7.6 times more likely to have a finalised investigation

8.5 times more likely to be found 'in need of protection'

21.7 times more likely to be placed in out-of-home care (Yoorrook Justice Commission, 2023).

These numbers reflect systemic injustice and are why this project matters.

The VACYPA sincerely thank and acknowledge all our members, their communities, and the families who contributed their time, voices, and wisdom to this work. This project belongs to you.

Statement of commitment

Aboriginal connection to this land has thrived for more than 60,000 years and our knowledges, ways of being and doing are nuanced and sophisticated. Since colonial disruption our Elders, the ones who carry this Wisdom, have advocated that our ways are best for our people. Continuing the original idea of the VACYPA to be the strong, collective voice for ACCOs, the heart of our Strategic Plan and its vision is that we continue this legacy of advocacy for our enduring sovereignty and self-determination. ACCOs have always existed in the understanding that supporting strong families grows strong children and young people. It is important that we acknowledge our enduring commitment to ACCOs and the

Communities that they serve. That is, this is not one-and-done. Aboriginal Peoples of Victoria have worked tirelessly over generations to advocate with government and non-Indigenous Community Stakeholders for our inherent rights as Sovereign Peoples. There remains much to do in this regard, and we acknowledge the need for a generational view to achieve this change.

About VACYPA

VACYPA is the collective voice of Victorian Aboriginal communities working together to positively influence the future of Aboriginal children and young people. We are the Victorian peak body for Aboriginal Community Controlled Organisations (ACCOs) working in the welfare sector providing services under the *Children, Youth and Families Act 2005* (Vic) (CYFA), with a robust Aboriginal led governance structure.

As a statewide organisation representing the strong majority of ACCOs in our sector, we are member controlled, and our strategy is driven by the needs of local communities. VACYPA is a Child Safe organisation and is compliant with the Commission for Children and Young People's Child Safe Standards. As an Aboriginal Community Controlled Organisation, we are incorporated under the Corporations Act 2001 (Cth), and have an Aboriginal majority board and Aboriginal CEO.

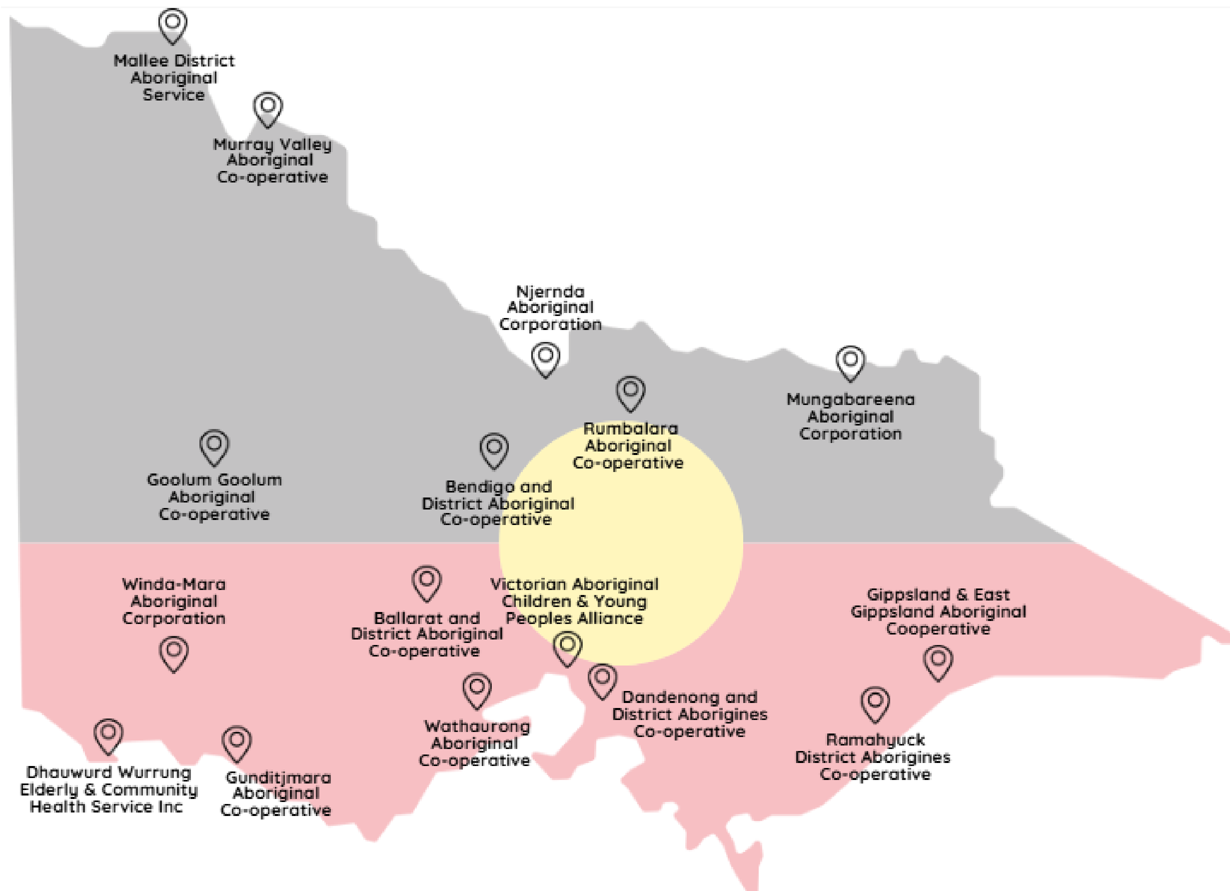
Our values are:

- Self-Determination
- Empowerment
- Excellence
- Culture
- Leadership and Accountability

Our Member ACCOs cover 97.5% of Victoria, working in 75% of local government areas (ABS, 2023), with more than $250 million combined annual revenue, and over 2,000 employed staff (Productivity Commission, 2023). In total, 72% of Aboriginal children in Victoria, 76% of Aboriginal children on Protection Orders and 73% of Aboriginal children in out-of-home care live in areas covered by our Members (Productivity Commission, 2023).

VACYPA Members

- Ballarat and District Aboriginal Cooperative
- Bendigo & District Aboriginal Co-Operative
- Dandenong and District Aborigines Co-Operative Limited
- Dhauwurd Wurrung Elderly & Community Health Service
- Gippsland & East Gippsland Aboriginal Cooperative Ltd
- Goolum Goolum Aboriginal Co-Operative
- Gunditjmara Aboriginal Cooperative Ltd
- Njernda Aboriginal Corporation
- Mallee District Aboriginal Services
- Murray Valley Aboriginal Cooperative
- Mungabareena Aboriginal Corporation
- Ramahyuck District Aboriginal Corporation
- Rumbalara Aboriginal Co-Operative
- Wathaurong Aboriginal Co-Operative
- Winda-Mara Aboriginal Corporation



Map of VACYPA's Member ACCOs. Copyright 2025 by VACYPA.

Authorship

This report is the Indigenous Cultural and Intellectual Property of VACYPA and its Member ACCOS. It should not be shared without permission. Where quotes used in this report are unidentified or unreferenced, it can be assumed they were provided in project consultations. Quotes have been de-identified for confidentiality reasons.

The VACYPA thanks individual contributors to this report, including Christopher Durie.

About the project

"The current residential care system can contribute to the isolation of Aboriginal children from their culture and Community. Cultural connectedness is essential for the development of strong resilience and pride, and must be preserved. Isolating Aboriginal children from their family and Community adds to the cumulative trauma of past actions of government and non-government agencies towards Aboriginal people."
(CCYP, 2015)

Residential care is a statutory out-of-home care service, where a young person is placed into a home staffed by carers (Victorian Government, 2022). As explained by DFFH,

"children and young people who live in residential care are often those who have experienced the greatest level of trauma and who, therefore, require the most expert therapeutic care and support" (DFFH, 2018).

In past years, the VACYPA Member ACCOs have expressed their frustration with the way that residential care works for Aboriginal children and young people. They want to see a new Aboriginal led, community-controlled approach. A number of our Members expressed interest in partnering to develop a new ACCO model, giving the VACYPA Members the option to become residential care providers in the future. Wathaurong Aboriginal Cooperative, Bendigo & District Aboriginal Cooperative (BDAC), Mallee District Aboriginal Services (MDAS) and Rumbalara Aboriginal Cooperative joined the project as key partners and formed the Governance Group overseeing the project.

The project was funded by a DFFH Innovation and Learning Fund Grant.

Purpose

One of the VACYPA's strategic priorities is to "build, support and empower the ACCO sector to provide Aboriginal place-based models of family and child services" (VACYPA, 2022). ACCOs need models of care for children and young people that are not constricted by systemic barriers — a care way that is "Our Way" with the best chance of a strong, connected and safe boorai.

The goal of this project was to create an Aboriginal cultural model of residential care, or an alternative to residential care. The model needed to be created by and for ACCOs in such a way that ACCOs and their communities would be comfortable becoming providers for it in future. The aim was to make the model available for the VACYPA Member ACCOs to use in funding applications and service delivery if they wish to.

"There have been attempts to develop targeted care and treatment models utilising Indigenous staff members, but these have rarely developed into sustainable programs and there are no current descriptions of such programs in the literature" (Bath, 2008).

"There is very limited literature that specifically describes therapeutic approaches for Aboriginal children in residential care settings locally, nationally or internationally" (Frederico et al., 2018).

Project methodology

The proposed model set out in this report reflects the voices of Aboriginal Communities across the state from consultations. We have distilled strong sector-wide agreements to create an entirely new way of providing care for Aboriginal children and young people in the out-of-home care system.

See **Appendix 1** for further information on the project methodology and consultation process.

Part 2: Findings - The proposed model

This part of the report sets out the VACYPA's findings from Community consultations and the proposed Aboriginal model of residential care. This includes proposed:

- Practice values
- Practice language
- Care practices

During Community consultations we heard a lot of specific feedback and suggestions for the model. Not everything could be included, and where there were differences, the final decision was made by the Governance Group. We have come up with some diverse and exciting approaches which will create a very different experience of care for Aboriginal children and young people if put into practice.

The proposed model is complemented by a financial model, developed in partnership with Social Ventures Australia, which quantifies the costs associated with delivering the model (Appendix 2).

Practice Values

During consultations, ACCOs developed the following guiding values for the proposed model:

1. Self-Determination
2. Consistency
3. Holistic ACCO Care
4. Responsibility
5. Listening
6. Trauma-informed
7. Connection

These values are intended to underpin all care practices in the model, rather than being tied to any one element of service delivery. The values should be used as a foundation for developing training and operational materials, as well as a tool for reflective practice once service delivery begins.

Value 1: Self-Determination

The proposed ACCO model should be:

- Community controlled
- Aboriginal led
- Connected to government but not defined or managed by it
- Serving the interests and needs of Aboriginal people rather than the wants or expectations of Western institutions
- Consistent with Aboriginal cultural Lore and ways over Western culture.

"Our people's right to control their own lives is central to improving outcomes" (VACYPA, 2022).

"Our families feel powerless" – Consultation participant

Value 2: Consistency

Community expects more from a home than just items, a place to sleep with organisational processes. They want a place of love for boorais with people that believe in them and can share hope for a better life path.
In Community and in the out-of-home care system, Aboriginal children and young people need consistency of place, people, culture, routine, safety, stability, expectations, and boundaries.

"Resi should be bulldozed" – Consultation participant

"The kids [in residential care] decline so quickly" – Consultation participant

"[Everything] depends who was on shift. There were different rules from different workers for the kids"- Aboriginal young person

Value 3: Holistic ACCO Care

Aboriginal children and young people in out-of-home care should have complete support for every area of their lives. This must be through a local Community ACCO "under the one roof" rather than complex systems of referral through many different organisations. This is the best way to ensure a child's wellbeing.

"It takes a village to raise a child" - Consultation participant

"We would still be doing if it wasn't so rigid and difficult" - Consultation participant

"I care for the kids cause I'm a human being. We want the same result" - Consultation participant

Value 4: Responsibility

ACCOs, their staff and services, including out-of-home care, must be responsible to Community and cultural expectations. Adults, children and young people need to be given responsibility and accountability to encourage wellbeing. All Aboriginal children and young people are the responsibility of Community. Mutual respect is foundational for good care.

"In Aboriginal culture kids have more responsibilities. By age 11 they have responsibilities of men and women, of adults at that age. They are culturally men and women. Give kids responsibility" – Consultation participant

"As Community it's our responsibility to make sure kids have that connection" – Consultation participant

"The individual may not be able to do that safeguarding or care but as a Community there's a shared responsibility" – Consultation participant

Value 5: Listening

ACCO care means listening deeply and hearing carefully from children, young people, family, Elders, Community, culture and Country everywhere always. Care must respond to what is heard.

"The most valuable thing you can give to a child is time" – Consultation participant

"We need to hear their voices" – Consultation participant

Value 6: Trauma-Informed

There needs to be constant consideration for historical, cultural, institutional, emotional, physical and relational racism and trauma when caring for Aboriginal children and young people in out-of-home care. We respond to children and young people's needs (stated and unstated) for safety and stability in all aspects of care.

> *"Let's make it the best place for a child"* – Consultation participant

> *"Something that feels like home"* – Consultation participant

> *"The things you would want for your own children"* – Consultation participant

Value 7: Connection

For wellbeing and development, Aboriginal children and young people need connection to Culture, Community, Family, Country and ACCOs (see Diagram 1).

> *"When you take them out of Community they're lost"* – Consultation participant

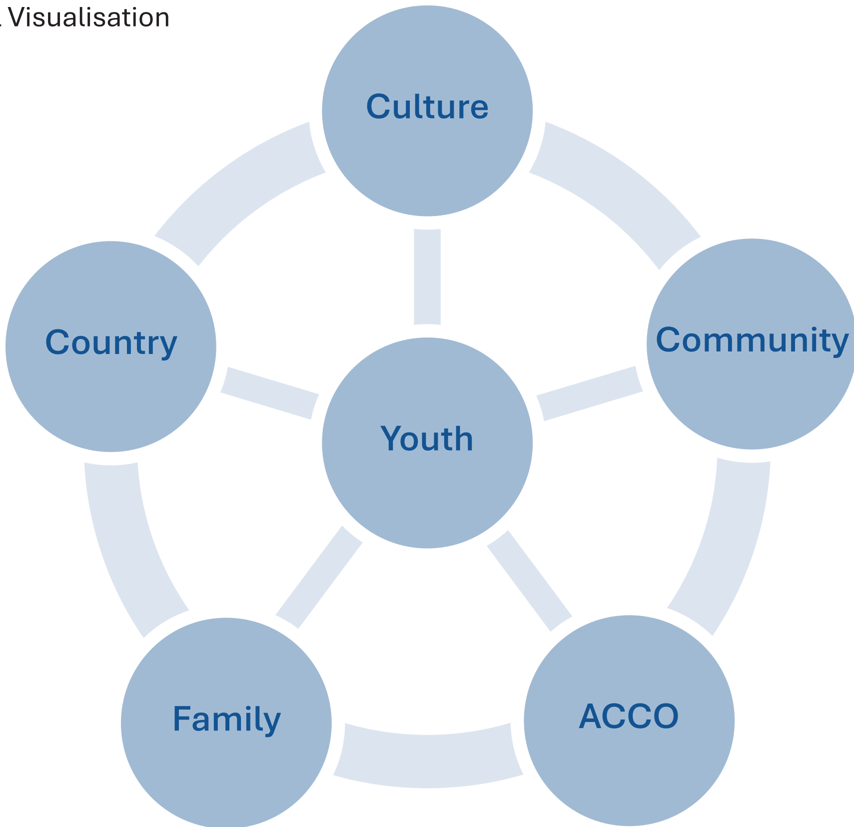
> *"Our culture is family ties and family is bigger than just immediate family. Older brothers, aunties and uncles"* – Consultation participant

> *"If a kid's in Community, organic supports happen naturally"* – Consultation participant

> *"When I first moved in DHS wouldn't let me see my Mum or my Dad"* – Aboriginal young person

> *"There's cultural authority in Community"* – Consultation participant

Diagram 1: Model Visualisation



Model Visualisation. Copyright 2025 by the VACYPA.

Practice Language

A major theme of Community consultations was the need for language used about and with Aboriginal children and young people in care to be culturally safe, trauma-informed and appropriate. ACCOs want local Aboriginal language to be used in record keeping, naming and everyday interactions where possible. Aboriginal children and young people need less government institutional language and more "normal" ways of speaking about children, young people and families in care and Community settings.

For each area of care (see Care Practices below), we have identified key words and phrases which could be used when applying our model, especially when speaking with children and young people:

- Carers not "staff" or "workers". The name of the live-in carers could be made local by each ACCO depending on what is culturally appropriate (e.g., House Parents, Uncles/ Aunts).
- Looking after children and young people not "working on the floor".
- House, home or youth place not "residential care unit". Ideally each home would have its own local language name created in partnership with Traditional Owners.
- Children and young people rather than "clients".
- Routine rather than "program".
- Trauma behaviours rather than "bad behaviour".
- Safety rather than "risk management".
- Leaving the house rather than "absconding".
- Children and young people live in the house, they don't "fill beds".

Care practices

Carers and staff

"There was special treatment of other youth in the house. A couple of staff who favoured that one child would give them cigarettes" – Aboriginal young person

Live-in carers

The preferred approach for the model is to have live-in carers. Many of our ACCOs can remember running Cottage Homes or Family Group Homes (**Appendix 7**) in the past and feel frustrated they were shut down by state governments of previous eras. Shift work is not culturally appropriate, safe or therapeutic for Aboriginal children and young people and should only be used as a last resort.

The VACYPA recommends that:

- Two carers live in the house 24/7 as their home, with the exception of respite breaks and holidays.

- The carers are paid a carer's allowance of $75,000 each and are restricted from engaging in other employment. This will ensure they can give their full care and attention to the children and young people living in their home. The carers should receive the allowance even if there are no children or young people living in the home due to their 24/7 availability and responsibilities. This means they are ready for children and young people to move in at any time.

- Carers need to be screened and accredited, in accordance with a process developed in consultation with DFFH (see Section: Implementation Plan).

Support staff

Similar to existing therapeutic models in Victoria, interstate and internationally, the proposed model has a diverse mix of specialised support roles, in addition to live-in carers. These support roles are not live-in roles and should be employed by the relevant ACCO.

- **No agency workers** should be used for respite or shift work. If there is a need for paid staff to fill a gap, internal casual respite workers or management staff should be used instead.
- **Pay rates need to be competitive** due to high demand for care services staff and low supply in regional areas where the VACYPA Member ACCOs operate.

See **Appendix 3** for more information about each role. These are not intended as full role descriptions but guiding notes to support the creation of more detailed role descriptions for any ACCO operating the service.

Role	FTE	SCHADS Level
Program Manager	0.2	$147,000 pro rata, above level 8
Therapeutic Specialist	0.5	8.1
Quality and Assessment	1.0	6.1
Case Manager	0.8	5.2
Family Engagement Worker	1.0	5.2
Cultural Mentor	1.0	5.2
Education Worker	0.8	5.2
House Manager	1.0	4.3
Respite Youth Workers	0.7	3.1
TOTAL	**7.0 FTE**	-

Characteristics

Where possible, staffing should fit the most natural family experience that occurs in Community, with Aunts, Uncles, Cousins, brothers and tiddas. The VACPYA recommends the following characteristics for live-in carers and other staff (except where stated otherwise in **Appendix 3**).

- **General:**
  - Passion to care for children and young people
  - Relationship building and connecting with children and young people
  - Communication skills
  - Self-awareness, self-reflection and introspection
- **Diverse:**
  - Ages
  - Life experience
  - Cultural and linguistic backgrounds
  - Industry backgrounds
  - Work experience and skills
- **Lived experience:**
  - Local Aboriginal Community
  - Aboriginal cultures
  - Child Protection and Out-of-Home Care systems
  - With regional ACCOs

Recruitment and Screening

Recruitment should preference Aboriginal and Torres Strait Islander peoples for all roles.

Live-in carers and staff should undergo safety screening consistent with relevant legislation and policy frameworks including:

- Existing ACCO safety screening policies and procedures
- Child Safe Standards (CCYP, 2022)
- Victorian Social Services Standards (Social Services Regulator [SSR], 2024).

Live-in carers are not employees and are therefore not subject to the same industry employment standards as staff. Live-in carers should be screened and accredited consistent with standard processes for foster and/or kinship carers in Victoria.

Paid staff should be hired in alignment with relevant industry standards, including:

- Labour Hire Service Procedures: Engaging Labour Hire Agency Residential Care Staff in Out of Home Care Services (DHHS, 2015).
- Minimum Qualification Requirements for Residential Care Workers in Victoria (DHHS, 2018).
- Social, Community, Home Care and Disability Services Industry Award (FWO, 2025).

Supports

Live-in carers and support staff should be provided with support at least equivalent to industry standard, including:

- Employee Assistance Programs, including access to registered psychologists on a regular (at least monthly) basis
- Debriefing and review of incidents for learning and reflection (with the Therapeutic Specialist)
- Internal supervision at least monthly with a clear consistent process
- 24/7 on-call support through existing ACCO systems or a rotating roster of the support staff sharing on-call responsibilities.

Training

> *"Staff need to be fully trained"* –
> Consultation participant

Content of training

The following content for training was identified as important for live-in carers and staff.

- **Culture**
  - Cultural safety
  - Decolonising approaches
  - Local Aboriginal language including basic greetings, common terms and phrases
  - Culture awareness of the local Traditional Owners
- **Youth Work Skills**
  - Empathy
  - Self-awareness
  - Relationship building
  - Boundaries, respect and responsibility
  - Self-reflection
  - Encouraging engagement with services (e.g., schools)
  - Adolescence and stages of development

* Role modelling
* Counselling and mentoring
* Strength-based approaches

- **Trauma Informed and Responsive Care**
  * Understanding trauma
  * Causes of maladaptive/trauma behaviours
  * Attachment
  * Abuse: definitions, signs, and effective response
  * Emotional regulation (carer and child or young person)
  * Therapeutic approaches
  * Play therapy
  * Behaviour support
  * Behavioural expectations
  * Wellbeing: healthy cooking, eating and exercise

- **Responding to Trauma-Based Behaviours**
  * Sexual exploitation
  * Substance misuse
  * Violence
  * Criminalisation

- **Crisis Response**
  * Preventing children and young people getting upset, stressed or aggressive
  * Self-protection
  * Supporting children and young people when they are upset and stressed
  * De-escalation
  * Debrief after behavioural incidents

- **Organisational**
  * ACCO-specific induction processes for all staff
  * Relevant internal policies and procedures
  * Reporting and complaint processes

- **Endorsed training frameworks** for all staff and live-in carers, including:
  * Mandatory Units of Competency (DHHS, 2018)
  * Therapeutic Crisis Intervention (TCI)

- **Other training frameworks** used by individual ACCOs (**Appendix 8**).

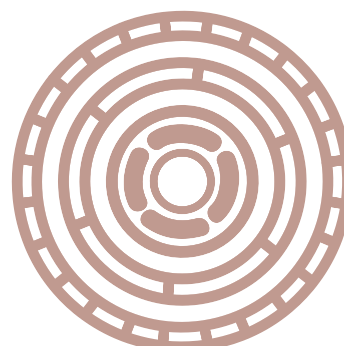
Method

Training for all staff and live-in carers should consist of:

- **An 8-week full time induction** including:
  * Training on content described above
  * Completion of the Mandatory Units of Competency
  * Completion of Therapeutic Crisis Intervention (TCI)
  * Shadowing an experienced worker or carer throughout the induction process

All training, including the Mandatory Units of Competency, should be completed before carers and staff begin work as part of their induction training, not simultaneous to employment.

Staff and carers should also receive regular refresher training at intervals determined by each ACCO (e.g., six monthly).



Location

"There's no residential care in our Community except for disability. Otherwise, they're taken off Country, to Melbourne or another city" – Consultation participant

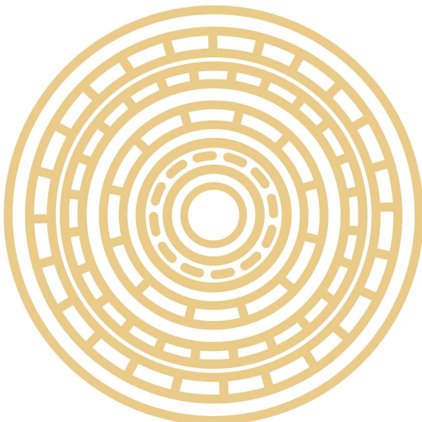
"Like Hurstbridge Farm but with a cultural lens" – Consultation participant

On Country

All ACCOs strongly agree that the houses where children and young people are located should be outside of cities and towns in rural, remote, bush or farm settings. This is to encourage connection to Country and enable Cultural Healing in a natural environment. Some ACCOs suggested homes should be at least 30km away from a town or 30 minutes out of town.

Local

ACCOs want to keep Aboriginal children and young people in their local Community and not have them be moved across the state or to Melbourne. This is to enable connection to family, Community, culture and the relevant ACCO.



Home

"When I first moved in there wasn't anything of Aboriginal culture" – Aboriginal young person

"The youth would never do property damage on a wall or items with cultural art on them" - Consultation participant

"Resi's just somewhere to put kids, it's not home" – Consultation participant

"They would buy furniture for the house, and it would just get smashed up" – Aboriginal young person

"Kids are less triggered when they have their own space" – Consultation participant

General

The VACYPA recommends that:

- **Cultural items and art** should be included in design, furnishings and decoration wherever possible.
- **There should be a dedicated separate community space for visitors** to spend time with children and young people. This could be a separate building or a private courtyard. This creates space for visits separate from other children, young people and staff.
- **No DFFH owned or managed houses** should be used due to their poor design and institutional elements. Instead, homes should be rented or owned by the local ACCO and managed internally to ensure cultural safety and homeliness.

Some site layouts suggested by ACCOs include:

- **Multiple houses** on one site with a shared communal outdoor area.
- **Separate apartments** with breezeways joining them.
- **One house with separate wings** for each child or young person (e.g., bedrooms, loungeroom, bathrooms). This could have common central spaces joining the wings (e.g., a middle office, kitchen, carers' rooms, fireplace).

Outdoor space

Aboriginal children and young people need outdoor space to facilitate Cultural Healing, enabled by being on Country. This includes, for example:

- **Recreational space** to play, move and explore.
- **Endemic (native) plants** in the garden.
- **A veggie patch** including bush tucker.
- **Animals on the property** including endemic (local), domestic and farm animals.
- **A fire pit** for smoking ceremonies, yarning and cultural rituals.

Indoor space

The internal environment should be homely, cultural and comfortable. This includes:

- **Built environmentally** (e.g., solar energy to reduce greenhouse emissions, insulated to reduce energy consumption, landscaped using permaculture principles).
- **Homely decoration** set up in a warm and "normal" way (e.g., children's pictures on the fridge, photos of friends and family) and avoiding institutional elements (e.g., organisational charts, policy posters, excessive security).
- **A dedicated house office** that can be used by any staff but ideally would not be their constant workspace to avoid an institutional feel.
- **Private spaces** for children and young people for counselling, debrief or healing practices.

Children and young people

> *"Research confirms that the co-location of high-risk young people raises their exposure to behaviours and attitudes which increase the likelihood of offending behaviour and drug use"* (CCYP, 2019).

Aboriginal children and young people

Any Aboriginal child or young person would be eligible to be placed in the proposed residential care homes. An exception could be made for non-Aboriginal siblings of the child or young person at the discretion of the ACCO.

Local connection

Aboriginal children and young people should have a family, Community or kinship connection in the local area to avoid them being moved across the state for placement or to fill "beds".

Two children or young people standard

ACCOs strongly recommended that the default and maximum number of Aboriginal children and young people per house should be two only. This helps safe matching and creates a higher quality of care, stability, Cultural Healing and therapeutic care. An exception could be made for siblings/kin at the discretion of the ACCO.

Stable placement

ACCOs recommended no limit on placement length for Aboriginal children and young people. Moving children and young people to lower cost facilities because their behaviour has improved is considered negligent and destabilising.

Multi-purpose

ACCOs should be able to self-determine the use of the home even when no children are living in it. There must be flexibility to use the space for respite or contingencies as needed by Community.

Matching

Aboriginal young people raised concerns about matching young people in residential care:

> *"There were issues between the youth. There was harassment from another youth in the house. The house didn't handle it correctly. That young person just got away with a lot"* - Aboriginal young person

> *"We were locked in the office with staff a couple of times while that other young person smashed up the house"* - Aboriginal young person

> *"I was separated from my sister because we punched on a bit. It was good to have space and not be fighting. It was bad not being with each other. After being separated, I went out in the Community more with my sister so we could spend time together because we weren't allowed to visit each other at our resi houses"* - Aboriginal young person

> *"They brought in a new young person; he chased my sister around the house trying to stab her with a backyard tennis pole because she said no to dating him"* - Aboriginal young person

> *"He was trying to boot me too. They moved him out. That person made me feel really unsafe. They didn't call me or tell me he was moving in. I was shocked. I came home and he was straight away telling me to turn off my music. This is my house"* - Aboriginal young person

Aboriginal and Torres Strait Islander Child Placement Principle

As in all out-of-home care settings, the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) should guide appropriate placement and be a motive for family and kinship finding. The proposed model is no exception and placement should only occur as a last resort when all other family and Community options have been considered.

Keep family together

Aboriginal children and young people should be put in homes with family and kin where possible. This should extend to siblings, cousins, extended family, cultural groups and Community connections.

Single gender houses

ACCOs recommend single gender rather than mixed gender homes for children and young people. This is safer and more culturally appropriate. However, the placement is at the discretion of the ACCO.

Right of refusal

Consistent with self-determination, ACCOs need the right to refuse poorly compatible matches. No Aboriginal children or young people should be placed in a home without the explicit agreement of ACCO leadership. This avoids re-traumatisation, unsafe matches and cultural abuse. This applies even when there are spare rooms in the house, or the "two children or young people standard" has not been reached.

Local matching criteria

ACCOs are encouraged to add their own place-based cultural matching and eligibility criteria. Not all Aboriginal communities, cultures or ACCOs are the same, therefore, there must be room for different approaches to matching. Houses can be general purpose or house a specific demographic of Aboriginal children and young people including but not limited to:

- Children 12 and under
- Teenagers 13-18
- Gendered (e.g., male, female, other)
- Mums and bubs
- Children and young people with disability
- Specific tiers of risk (e.g., low, medium or high as defined by the ACCO)
- Specific behavioural needs (e.g., substance misuse or mental health concerns)

Practice ways

"It should be court ordered that they have to engage in services" – Consultation participant

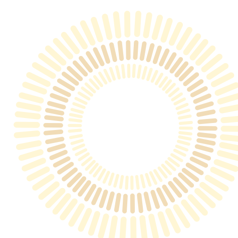
"Residential care is not a long-term placement option. Every child needs an exit plan" – Consultation participant

"CP should have to work a shift" – Consultation participants

"There was one days' notice to close the placement. DHS came to my boyfriend's house before even telling my workers. I heard it from my boyfriend's Mum cause they told her before anyone. Before me or my workers at the resi. They should have told my resi workers first" - Aboriginal young person

"We need a different procedure from Police and CP about what happens when we contact Police and CP. There needs to be consequences, some kind of punitive action when they do things they aren't supposed to do. The only boundary is Police or secure" – Consultation participant

"In court Child Protection said they would get me a TCP package but they never did" - Aboriginal young person



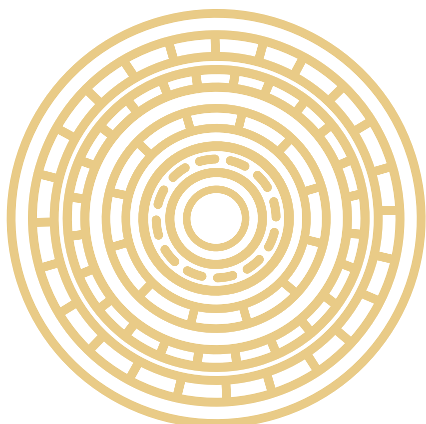
Our Practice Ways

Our Practice Ways has been developed as a framework of case management for use in ACAC Section 18 programs. As this resource is soon due to be finalised and has been co-created by the VACYPA Member ACCOs and the Victorian Aboriginal Child and Community Agency (VACCA), it should be made available for any VACYPA Member ACCO to use as a case management framework. While it is not required for this model it is recommended for ensure cultural safety and ease of use.

Focus on family reunification

Family connection needs to be the first and highest priority of case management. Even if a child or young person is not on a reunification order, family and kinship options should continue to be explored while they are in care and ongoing family finding should be attempted.

Every child should have a written plan for family connection as part of the Looking After Children (LAC), Cultural Support Plan (CSP) or other ACCO process. This should include plans for regular (ideally weekly) contact with family including immediate family, extended family and wider kinship and cultural Community.



Planned transitions

There is a need for more planned, gradual transitions between placements. This is made possible through the Right of Refusal matching principle. ACCOs should be able to slow down the process of entry into the home to ensure suitable matching and create a feeling of stability before moving in. This process should include:

- **3 months lead time** before a child or young person moves in which allows time for the following:.
    - **Set up of the child or young person's room** including decoration, furniture, painting or repairs.
    - **Buying essential items** for care of the child or young person including clothes, specialised foods or aids.
    - **Sharing the story of the child or young person** with the staff team before moving in to give them time to process, understand the child or young person's experience and trauma while preparing for their care.
- **Explaining house rules** and expectations before the child or young person moves in, including their rights.
    - **Consultation** with the Aboriginal Child Specialist Advice and Support Service (ACSASS), ACAC worker and family (possibly through Aboriginal Family-Led Decision-Making [AFLDM]).
    - **Cultural welcome** including a smoking ceremony at the house.

Optional elements include:

- Participation in Cultural Healing programs before moving in (e.g., camps, rehabilitation or cultural programs).
- A separate dedicated transitional space for the child or young person to adjust as they prepare to move into the home.

Care teams that care

The best setting for a Care Team Meeting is at the child or young person's home with their direct involvement and their carers present. Family members should be included where possible even when no reunification order is in place. Meetings should focus on food and Community, meeting over a meal, instead of through computer screens.

Dedicated case management

Our model includes budget for a dedicated Case Manager even in cases where the child or young person is supported through ACAC rather than Child Protection. This makes a higher standard of care possible and is consistent with Child Protection's practice of contracting case management while also having a Child Protection worker assigned to the child.

Focus on independence

A key focus of case management should be independent living with consideration given to this in LAC planning and goal monitoring. Children and young people should be involved in setting goals for their own learning and encouraged to work towards adult capacity and responsibilities.

Flexible funding

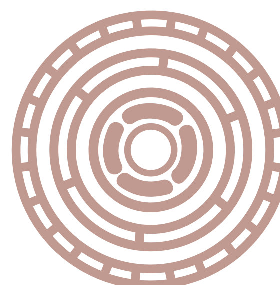
Because of the cost-of-living crisis, medical, social, emotional and wellbeing needs are not completely covered through existing government funding. Just as you would use your discretion as a parent to pay for out-of-pocket supports, ACCO teams should have flexible funding to pay for out-of-pocket expenses without going through the process of itemised requests from Child Protection.

Uses of flexible funding would include:

- **Medical and disability needs** not covered by Medicare or NDIS such as psychiatrists, nursing, GPs, paediatricians, nutritionists or physical trainers.
- **Social and emotional wellbeing expenses** such as AOD, mental health, psychology, or counselling. ACCOs should have the flexibility to take a child or young person to a child psychologist specialising in trauma on a weekly basis without having to request funding. This should extend to cultural healing practices.

ACAC integration

The best ACAC provider for an Aboriginal child or young person in care is the ACCO that is managing their home environment, except in cases where the local ACCO is not an ACAC provider and local placement is beneficial for connection and stability.



Routine

> *"Go back to their cultural roots, learning their ancestral ways . Heritage and history"* – Consultation participant

> *"When those boys come together, they are so powerful, but they just don't realise it. And culture keeps people together and strong"* – Consultation participant

> *"Staff should eat with kids"* – Consultation participant

> *"We don't want our young ones to ever remember when they started learning about culture"* – Consultation participant

> *"Culture needs to be continuous not once a month or once a year"* – Consultation participant

Three kinds of education

There are three kinds of education in the proposed approach:

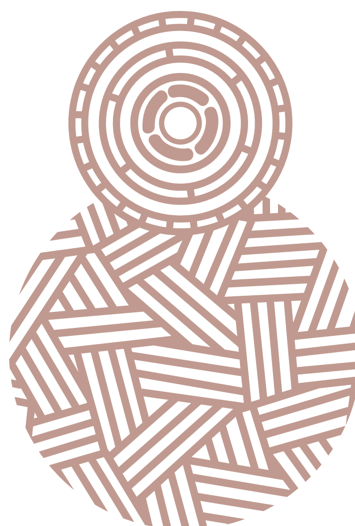
- **Culture** supporting Aboriginal children and young people to connect through the Cultural Mentor and ACCO cultural services.
- **Academic** including school engagement and vocational training supported by the Education Worker.
- **Life skills** preparing children and young people for independent living and responsibility. This is supported by the whole team but particularly the Live-in Carers, House Manager and Case Manager.

Cultural mentoring

Our approach has a strong emphasis on culture in all aspects of care. However, the Cultural Mentor would be particularly responsible for encouraging and enabling connection. Their work would focus on cultural activities with Aboriginal children and young people inside and outside the home. These should be tailored to the cultural needs, context and Community of the child or young person being cared for and the resources of the ACCO.

Examples of possible activities which could be included in regular routine would be:

- **Weekly Yarning circle**
- **Smoking ceremonies** at the house
- **Learning about Country** through walks, camping, fishing or hunting
- **Music**, dance and instruments
- **Arts and crafts** such as weaving or painting
- **Bush food** cultivation and cooking
- **Elder visits**
- **Return to Country** trips on at least an annual basis
- **Men or women's business** and other cultural rites



Life skills

A key goal of the proposed model is building responsibility and independence through learning adult life skills. The child or young person should have real responsibilities in their routine. This is the responsibility of the Live-in Carers, House Manager and Case Manager.

Routine should include everyday education in:

- Shopping
- Cooking
- Healthy eating
- Exercise
- Cleaning
- Finances
- Driving
- Gardening
- Farm work
- Animal care

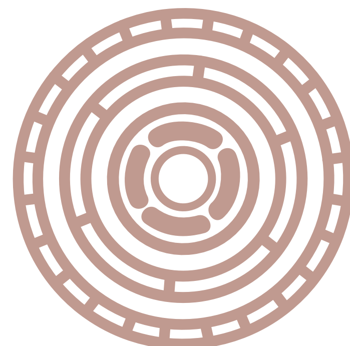
Connection with ACCO services

To provide holistic ACCO care, adults caring for Aboriginal children or young people in this setting should take every opportunity to connect children and young people with the ACCO. The routine for each child or young person should be different dependent on their needs and interests. One of the greatest strengths of our approach is avoiding the siloed service delivery of mainstream settings. No current residential care providers can offer the mix of services to Aboriginal children and young people which are available through the local ACCO. These include:

- Cultural activities, celebrations and events
- Sport
- Spirituality
- Outdoor programs
- Land management
- Community meals and gatherings
- Health services
- Social and emotional wellbeing (SEWB)
- AOD
- Counselling
- Mental health
- Youth services
- Aboriginal Youth Justice
- School holiday programs
- Camps
- Independent living programs
- Parenting support
- Training and employment
- Disability support

Family connection

Given the focus on family connection and reunification, family time needs to be a regular part of the child or young person's routine. This includes increased family contact and visits. A good starting point would be a weekly visit of family members to the child or young person's home or vice versa. This could be immediate family, extended family or wider kinship connections, and should be a priority irrespective of the child or young person's circumstances. Family could be invited to stay and assist in the care of the child or young person to work towards future reunification. This is the responsibility of the Family Engagement Worker.



Therapeutic Care

"There does need to be a heavy therapeutic overlay." – Consultation participant

"Therapeutic is just a word that gets slapped on. We want Community and family." – Consultation participant

"It needs a big therapeutic element to it." – Consultation participant

"Therapeutic model of care for residential care. It still needs that therapeutic overlay. You want access to everything." – Consultation participant

"Teach kids to separate culture from trauma, they can get mixed up" – Consultation participant

"You need to deal with trauma but it's not your identity" – Consultation participant

"They need to be held accountable when they do things in the Community – there's no consequence. There's no response from Police when they breach Bail conditions, Police won't enforce it" – Consultation participant

"Stop calling Youth Tasking [VicPol] all the time just cause we are banging on the office door. We weren't even abusing them yet" - Aboriginal young person

"We need culture with Elders involved but not all Elders are willing to do it. It's hard to get Elders in. The kid's behaviour means they don't want to come in. The kids escalate. Elders aren't used to kids being disrespectful. It's getting worse, the kids we used to have were more respectful. Kids used to be more respectful to one staff member because she was a Community member" – Consultation participant

"The more they misbehave the more they're rewarded. That norm doesn't operate out in the wider world" – Consultation participant

"I was very rebellious when living with grandma. Being in resi made me behave better. I guess I learned that 'schizing' you don't get anywhere. It doesn't get you what you want" - Aboriginal young person

Therapeutic approaches

ACCOs are generally suspicious of therapeutic approaches as defined by Western psychological science and health. A holistic care approach is generally favoured above systematising day-to-day interactions and responses to Aboriginal children and young people and their trauma.

Considering the different kinds of therapeutic approaches which can be applied in residential care settings, as defined by the Australian Institute of Family Studies (AIFS) (2019), the VACYPA defines a therapeutic approach in the following way:

- **Therapeutic Model:** Even though the word "model" is used in this document, its use reflects common use. We do not have a

“therapeutic model” that fits with the AIFS definition. We feel that this Therapeutic Framework combined with Therapeutic Crisis Intervention is sufficient to provide therapeutic care in this context and that being more prescriptive about interactions in the home is culturally unsafe and counter-productive. For more information about theories and models commonly used in residential care, see **Appendix 8**.

- **Crisis Intervention Model:** The VACYPA strongly recommends Therapeutic Crisis Intervention as our preferred Crisis Intervention Model. However, it is not a required element and can be substituted with localised or alternative approaches.

Additional Therapeutic approaches not referred to by AIFS which should be considered are:

- **Cultural Healing Framework:** The VACYPA has not prescribed a Cultural Healing Framework as best practice will vary between communities and cultures across the state. We recommend that ACCOs consider adopting a Cultural Healing Framework when setting up service delivery to support and guide the work of the Cultural Mentor (**Appendix 8**: Aboriginal Cultural Healing).
- **Clinical Approach:** The VACYPA does not recommend a specific clinical approach as part of this framework. In the framework, Therapeutic Specialists are not necessarily licensed clinicians. In situations where they are clinicians, it would need to be a matter of professional discretion which approach is used. Family therapy approaches including Bowen Theory and Family Systems Theory may be helpful approaches for the work of the Therapeutic Specialist.

We have mapped the program requirements for Therapeutic Residential Care against the contents of this model to address its adequacy as a Therapeutic Framework which fulfills DFFH’s definition (**Appendix 6**: Alignment with Program Requirements for Therapeutic Residential Care).

Evidence

> *“We want yarning not data”* –
> Consultation participant

The Program Requirements for Therapeutic Residential Care (2025) describe that care must be “responsive to latest evidence.” Our Community consultations (**Appendix 1**: Project Methodology) and background research (**Appendix 7 and 8**) describe the evidence used in the development of this framework. We reject Western academic, scientific definitions of “evidence based” practice and will continue to advocate for care practices with Aboriginal children and families to align with cultural Lore and Community expectations rather than data driven measures.

Measuring what works

Evidence gathering should be designed while operational systems are first being set up. This makes it easier to report and share what is working with Community members and governance bodies. This could include storytelling and yarning as methods for evidence gathering. Evaluations should be anticipated and specific measures put in place when starting service delivery. Internal drop-in audits and inspections of the home should be planned at regular intervals.

Some possible measures of the effect of care could include:

- **Staff and Carers**
    * Supervisions and debriefing
    * Turnover and tenure
    * Exit interviews
    * Feedback sessions
    * Communities of practice facilitated by the VACYPA
- **Children and young people**
    * Lived experience interviews with children and young people in care
    * Taking medication
    * Behavioural incidents
    * Incidents of harm
    * Police attendance
    * Placement sustainability
    * Transition to lower intensity placements (e.g., kinship or ACCO foster care)
- **Connection**
    * Involvement in Community
    * Reunification and family connection
    * Engagement with ACCO services
    * Participation in routine (e.g., sport or cultural activities)
    * School attendance
- **Program budget vs expenditure**
- **Adherence to model values and practices**

Safety

> *"It was controlling. The second house I felt more freedom, but it was still very controlling"* - Aboriginal young person

> *"The overregulation of the environment is removing cultural practices"* – Consultation participant

> *"A big group of kids ran through our resi. That youth came for another kid. More than 10 kids showed up in the middle of the night. They smashed the house up, I locked my window"* –Aboriginal young person

> *"The workers called the cops but they took forever, because they know our names"* –Aboriginal young person

> *"We want simple reporting"* – Consultation participant

Flexibility

ACCOs generally feel that safety rules and procedures need to be more flexible and adaptable to the child and Community. There is a need for rules and policies to be built from the ground up for each individual home rather than having blanket rules that ignore context. ACCOs should be able to start with a very high risk tolerance and introduce rules as needed. As well as rules being determined by the ACCO providing the service, exceptions should also be decided and recorded internally.

Examples of areas which should be flexible for each ACCO and child and young person include:

- Use of physical restraints
- Home security
- Visits from family and Community members to the house
- Children and young people visiting their friends and family for overnight stays
- Having pets and animals at the house
- Risk tolerance for recreational and day to day living activities
- Access to technology and digital platforms.

Elements requiring cross-departmental commitment

The following suggestions from our Community consultations were beyond the scope of the project but could be further explored in the future. These ideas would integrate with the proposed model well but will require additional funding commitment from other government departments beyond DFFH.

Department of Education (DET)

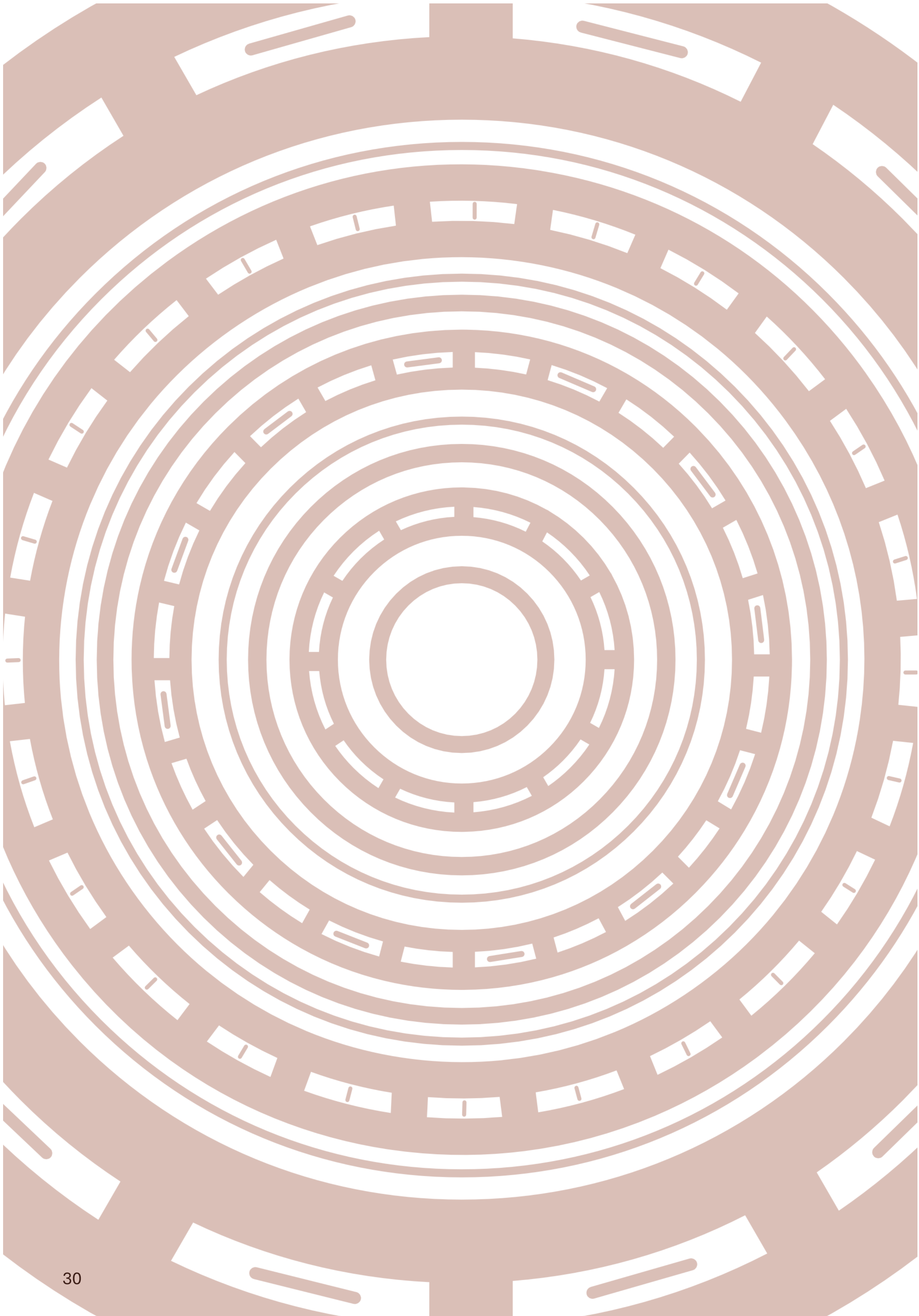
- Providing tertiary qualifications in the home.
- Inbuilt social enterprises to provide training and apprenticeships.
- Possible areas of training or qualification could include farming, building, plumbing, carpentry, land management, conservation, administration, maintenance, or cultural mentoring.
- Having a school or classroom running on site with a fully qualified teacher and curriculum.
- The provision of education services including schooling is DET's responsibility, in accordance with the Out-of-Home Care Education Commitment Partnering Agreement (DET, 2018).

Department of Health (DEH)

- Having health services funded to visit or a medical centre on site.
- Incorporating health staff into the team (e.g., psychiatry or nursing).

Department of Justice and Community Service (DJCS)

- Supporting Aboriginal children and young people leaving youth justice services to reduce criminalisation and improve engagement.
- Supporting staff/carers to reduce criminalisation and improve a child or young person's engagement.



Part 3: Implementation Plan

The following steps will need to be taken to implement the proposed model.

Stage 1: Establish Viability

- Fund the VACYPA to employ an Implementation Coordinator for a period of no less than three years to lead rollout in partnership with the ACCO sector.
- Meet with DFFH, the Department of Treasury and Finance (DTF) and the Fair Work Commission to establish legality and conditions for the Live-in Carer roles. This stage may also involve negotiating an Enterprise Bargaining Agreement with Fair Work and the Australian Services Union (ASU) (see Section: *Care Practices, Carers & Staff*).
- Develop and finalise the process and requirements for the accreditation of Live-in Carers.
- Develop provisional program requirements with DFFH for the first rollout of new homes to enable elements which sit outside the current funding guidelines for residential care (**Appendix 5**).
- Establish an agreement with DFFH regarding this model being the Indigenous Cultural and Intellectual Property of the VACYPA and its Member ACCOs . As this is a proprietary model and not the property of DFFH, agencies outside of the VACYPA should not be allowed to utilise this model, its resources or program requirements. Agencies outside of the VACYPA Membership must seek permission from the VACYPA before being allowed to apply for any tenders or offers for service provision (**Appendix 5**: Need for New Program Requirements).
- Secure a commitment from DFFH to fund the model in multiple VACYPA ACCOs across the state.
- DFFH to launch an Expression of Interest process for the VACYPA Member ACCOs.
- Multiple Member ACCOs volunteer to be part of the first rollout group.

Stage 2: Resource development

Where possible, this stage should preference Aboriginal training providers.

- Partner with a Registered Training Provider (RTO) for the provision of the Top-Up Skills Course for Residential Care hurdle requirement to be used in the training induction process for staff and carers in the model (see Section: *Care Practices, Training*).
- Engage with TACT Training (AU) and Cornell University (US) to establish an approach for the provision of Therapeutic Crisis Intervention (TCI) as part of the training induction process (see Section: *Care Practices, Training*).
- Develop and plan delivery of the induction training for the first rollout of homes around the state. This induction training could be developed and delivered in partnership between the ACCOs with the support of the VACYPA (see Section: *Care Practices, Training*).
- ACCO providers to develop individualised operational processes and resources, including a localised therapeutic model (see Section: *Care Practices, Therapeutic Care*), practice handbook, detailed role descriptions and relevant policies

(**Appendix 6**). ACCOs currently providing residential care could be engaged to help others develop materials and process (**Appendix 8**: Context and Issues Paper, Section: Operational Elements).

- Search for appropriate properties for the first provision of the model (see Section: *Care Practices, Location*).
- Plan fit out of first homes including design, décor and cultural elements (see Section: *Care Practices, Home*).

Stage 3: Final Preparations

- Complete recruitment of live-in carers. Ideally the live-in carers would be recruited as a first priority to ensure the viability of the model before taking on other staff (see Section: *Care Practices, Carers & Staff*).
- Recruit staff to key support roles (see Section: Care Practices, Carers & Staff and **Appendix 4**: Summary Staff Roles).
- Engage with DFFH Care Services in relevant divisions to identify appropriate children and young people to be placed in first homes (see Sections: *Care Practices, Youth; Matching*).
- Establish ownership or rental of homes (see Section: *Care Practices, Location*).
- Prepare and fit out properties according to model approach (see Section: *Care Practices, Home*).
- Complete staff and live-in carer accreditation, inductions and training process (see Section: *Care Practices, Training*).
- Begin process of preparing Aboriginal children and young people to transition into first homes (see Section: *Care Practices, Youth; Matching, Practice Ways*).
- Plan evaluation and evidence gathering process for the first rollout (see Section: *Care Practices, Evidence*).

Stage 4: First Service Provision

- Transition Aboriginal children and young people into the new homes and begin service delivery (see Section: *Care Practices, Practice Ways*).
- The VACYPA to facilitate communities of practice for support, reflection and sharing of knowledge between ACCO providers (see Section: *Care Practices, Evidence*).
- Begin program evaluation and evidence gathering for first rollout of services (see Section: *Care Practices, Evidence*).
- Complete first round of reporting on delivery and evaluation measures to key stakeholders including the VACYPA, the Aboriginal Children's Forum, local ACCO Governance and Community, DFFH and DTF (see Section: *Care Practices, Evidence*).
- Record any updates, changes or new iterations of the model which have been developed during service delivery or through Community feedback (see Section: *Care Practices, Evidence*).

Timeline for Implementation

	2025	2026		2027		2028	
	Sep-Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec
Project Acquittal							
Establish Viability							
Resource Development							
Final Preparations							
First Service Provision							

Conclusion

> *"Our approach would be expensive but cheaper than prison, secure welfare or contingency placements. It's a long-term payoff"* – Consultation participant

Despite ongoing investment in new program frameworks for residential care including KEYS, 2 & 3 Bed and the ongoing Therapeutic Uplift (discussed in **Appendix 7**), there is a lack of evidence that any existing approach to residential care provides healing from trauma or cultural disconnection. The residential care system does not work for ACCOs in delivering a service nor for the Aboriginal children and young people who may need support. The current system undermines Aboriginal self-determination.

The proposed new model gives reason for hope. Giving ACCOs the opportunity to provide this new service would ensure a bright future for Aboriginal children and young people and provide a long-term cost saving to government by increasing reunification rates and reducing intergenerational trauma and overrepresentation in the out-of-home care system. This is not a time to play it safe when the costs and risks of continuing the status quo are so clear. Some elements of this model (such as 2 child homes) are so widely called for in the residential care sector that they should not be controversial. There is an opportunity to honour Aboriginal self-determination, Aboriginal ways of knowing, being and doing and caring for our children and young people . With the added benefits of modern-day therapeutic support, flexible funding and ACAC integration, it's time to give it a go!

Glossary

Term	Definition
Aboriginal and Torres Strait Islander Child Placement Principle	The purpose of the Aboriginal and Torres Strait Islander Child Placement Principle is to enhance and preserve Aboriginal children's sense of identity as Aboriginal, by ensuring that Aboriginal children are maintained within their own biological family, extended family, local Aboriginal community, wider Aboriginal community and their Aboriginal culture.
Cultural authority	Decision-making power vested in Elders, ACCOs, and Aboriginal communities, ensuring legitimacy and accountability in practice.
Cultural safety	A practice framework that respects, protects, and nurtures cultural identity while recognising the authority of Aboriginal communities and organisations.
Cultural support plan	The CYFA requires a cultural support plan to be developed and reviewed for all Aboriginal children placed in out-of-home care, whether placed with Aboriginal carers or non-Aboriginal carers, to ensure the maintenance of the child's connection to their family, community and culture.
Decolonise	Refers to the process of dismantling colonial structures, ideologies, and power dynamics, particularly in social, political, educational, and cultural contexts. It involves reclaiming Indigenous knowledge systems, cultures, and ways of being and challenging the dominance of colonial narratives. Decolonisation seeks to restore autonomy, self-determination, and cultural integrity to Indigenous peoples (Smith, 2021).

First Nations	First Nations peoples refer to Aboriginal and Torres Strait Islander peoples. The First Nations of Australia represent hundreds of distinct groups with unique languages, histories, and cultural traditions (AIHW, 2015). First Nations will be used interchangeably with Indigenous, Aboriginal, and Aboriginal and Torres Strait Islander. For the purpose of this project, the pluralised term “First Nations” will be used in accordance with Reconciliation Australia’s recommended drafting resource for inclusive and respectful language. This resource states: “‘First Nations’ or ‘First Peoples’ are also acceptable language and respectfully encompass the diversity of Aboriginal, Torres Strait Islander, and South Sea Islander cultures and identities.” Von der Porten, Corntassel, and Mucina (2019) attribute the use of “First Nations” in so-called Australia to the modern reinvigoration of individual Indigenous nations worldwide, connecting through broader movements of Indigenous nationhood and active resistance against structural racism and the ongoing impacts of settler colonialism. This term underscores global solidarity by centring self-determination and the reclamation of cultural practices, protocols, and governance.
Outofhome care	Out-of-home care is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home. This most commonly refers to statutory out-of-home care, where a child or young person cannot live with their family at home and a legal order is in place to support the arrangement. Statutory out-of-home care includes kinship care, foster care, residential care and lead tenant arrangements. In Victoria, DFFH has oversight of these arrangements.
Residential care	Residential care is a statutory out-of-home care service, where a child or young person is placed into a home staffed by carers (Victorian Government, 2022).

Self-determination	The inherent right of Aboriginal communities to make decisions about their children, families, and futures, ensuring authority and governance remain with community-led structures.
Trauma-informed care	A service approach that recognises the impact of trauma on individuals, families, and communities, and adapts practice to promote healing and minimise re-traumatisation.

Acronyms

ACCO – Aboriginal Community Controlled Organisation

AFLDM - Aboriginal Family-Led Decision-Making

CCYP – Commission for Children and Young People

CYFA – Children, Youth and Families Act 2005 (Vic)

DFFH – Department of Families, Fairness and Housing (Victoria)

SEWB – Social and Emotional Wellbeing

SNAICC – Secretariat of National Aboriginal and Islander Child Care

TCI – Therapeutic Crisis Intervention

VACYPA – Victorian Aboriginal Child and Young People's Alliance

VAGO – Victorian Auditor-General's Office

VACCA – Victorian Aboriginal Child Care Agency

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Appendix 1: Project Methodology

Governance

Member ACCOs were invited to partner with the VACYPA for the project. Wathaurong Aboriginal Cooperative, Bendigo & District Aboriginal Cooperative (BDAC), Mallee District Aboriginal Services (MDAS) and Rumbalara Aboriginal Cooperative accepted the invitation. Key representatives from each participating ACCO were represented on the Governance Group, overseeing its creation, delivery and completion. A Senior Project Officer for the VACYPA supported the project. While DFFH received reports regarding progress of the project and milestone completion, it was not involved in direct Governance to ensure cultural safety and self-determination of the process.

Delivery

The project progressed across four key stages:

- Establishment (including recruitment and planning)
- Scoping (including research, establishing Governance process and procurement)
- Design (including consultation, thematic analysis and costing)
- Finalisation (including writing, editing and acquittal)

ACCO Consultation

The project consulted with VACYPA's Member ACCOs across Victoria. All Member ACCOs were invited to participate.

Participants

- 13 ACCOs were consulted:
  - Ballarat and District Aboriginal Cooperative
  - Bendigo & District Aboriginal Co-Operative
  - Dandenong and District Aborigines Co-Operative Limited
  - Dhauwurd Wurrung Elderly & Community Health Service
  - Gippsland & East Gippsland Aboriginal Cooperative Ltd
  - Goolum Goolum Aboriginal Co-Operative
  - Gunditjmara Aboriginal Cooperative Ltd
  - Murray Valley Aboriginal Cooperative
  - Mallee District Aboriginal Services
  - Njernda Aboriginal Corporation
  - Rumbalara Aboriginal Co-Operative
  - Wathaurong Aboriginal Co-Operative
  - Winda-Mara Aboriginal Corporation
- Mungabareena Aboriginal Corporation and Ramahyuck District Aboriginal Corporation opted out of the project consultations due to other commitments.
- More than 100 ACCO staff participated with roles not limited to:
  - Senior Executives including CEOs and Directors
  - Out-of-Home Care Teams including Kinship, Foster Care, Youth Residential Care (former and current), ACAC, Community Protecting Boorais and

AFLDM.
* SEWB teams including Mental Health, AOD and Therapeutic Services
* Youth workers including Youth Justice
* Family services including IFS, AFPR and Orange Door

Facilitation

- Prior to consultations, participants were encouraged to consider:

    * How can we care for youth in a way that is culturally safe, appropriate and healing?
    * What is the best-case scenario?
    * What alternative approach might we take if our best case isn't possible?

- Consultations were held in person across the state locations of the ACCO's choosing in their lo

- cal Community.The conversations took the form of yarning and group discussion with facilitation by the VACYPA Senior Project Officer.

- During consultation a slideshow was used including question prompts to elicit discussion:

    * What's your vision for residential care? How would you want it to feel?
    * What would Community expect and want?
    * What would work for Aboriginal young people? What wouldn't work?
    * How would you look after young people in care?

- Participants were encouraged to "dream big" and not be limited in their thinking to existing models or frameworks of residential care service delivery.

Recording

- Minutes were taken during each consultation by the facilitator.

- Depending on context, in some cases an audio recording was taken with written consent of the participants and a transcript generated.

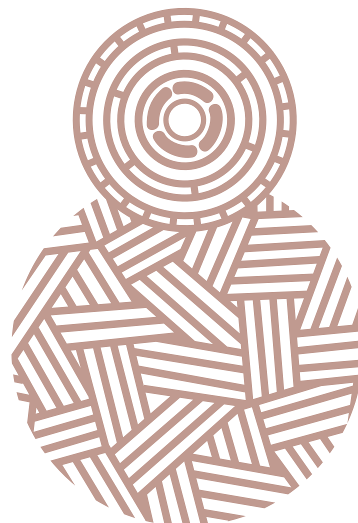
Analysis

- Following each consultation, summary notes were compiled and distributed to participants for feedback and editing.

- Summary notes were presented at regular intervals to the Governance Group for comment and clarification.

- Responses from different consultation groups were compared for common themes and these compiled in the final report under key headings.

- Where appropriate, de-identified quotes have been included from participants.



Lived experience interviews

ACCOs were given the option to assist in facilitation of lived experience interviews.

Two interviews were conducted with most ACCOs expressing a lack of connection to Residential Care Leavers and/or other commitments preventing involvement.

Participants

- Aboriginal young people who had recently exited residential care and were adults in Independent Living supported by Better Futures.

Facilitation

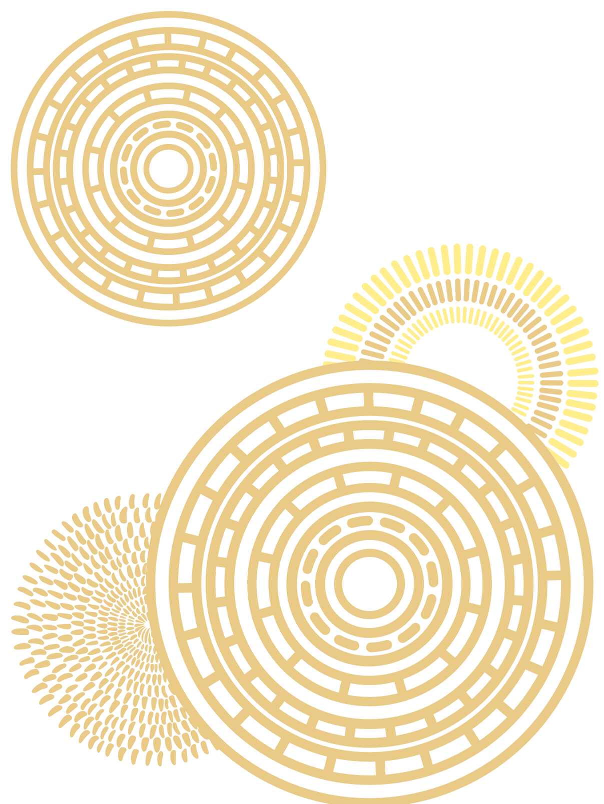
- Interviews were held in person at locations of the ACCO and young person's choosing in their local Community.
- Interviews were conducted with targeted questions about specific elements of residential care and the young person's experience. They were led by the VACYPA Senior Project Officer with the support of key ACCO workers.
- An explanation of the interview was given as well as protocols for support, termination, complaint and follow up. Written informed consent of the participants was received before the commencement of each interview.
- Participation was recorded in an Indigenous Cultural and Intellectual Property register.
- Young people were given a $100 EFTPOS voucher as an incentive at the end of the interview.

Recording

- Notes were taken during each interview by the interviewer.

Analysis

- Following each consultation, summary notes were compiled and distributed to ACCO support staff for feedback and editing.
- Summary notes were presented at regular intervals to the Governance Group for comment and clarification.
- Responses were compared for common themes and compiled in the final report under key headings. Where appropriate, de-identified quotes have been included from participants.



Appendix 2: Financial Model by Social Ventures Australia

About the financial model

VACYPA, working with Social Ventures Australia, has developed a financial model to quantity the costs associated with delivering the ACCO Model of Residential Care for Victoria. This model provides a tool for members to forecast, and better understand, the financial implications of operating a residential care service through the ACCO Model approach.

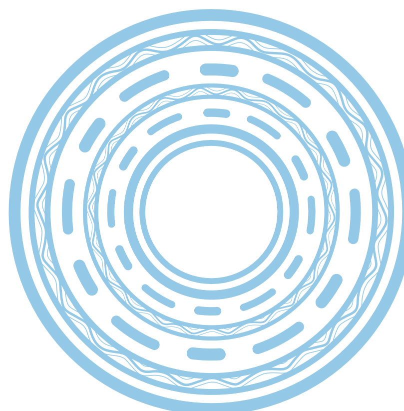
Social Ventures Australia would like to thank VACYPA, and its members, for review and input into the model. This ensured assumptions and costings most accurately reflect the reality experiences by ACCOs on the ground in service delivery.

Model Summary (for one, two-youth house)

According to the model, **to deliver a single, two-youth house requires $263,000 in upfront costs to fit-out the home, and $1.83m in annual operating costs**. A breakdown of upfront, annual and 10-year aggregate costs are outlined in Table 1 below.

	Upfront	Annual	10-year Net Present value
Costs			
Upfront costs	$263,000	$0	$263,000
Operational costs	$0	$1,831,000	$15,204,000
Staff costs	$0	$1,241,000	$10,310,000
Other operational costs	$0	$589,000	$4,894,000
Current funding available			
DFFH two-bed unit price		$1,707,000	$14,178,000
Overall financial position			
Funding gap	-$263,000	-$124,000	-$1,026,000

Key costed features of the ACCO Model of Residential Care



Where possible, the financial model seeks to assign a dollar figure to the key features unique to the ACCO Model. These are outlined in Table 2 below. However, not all key features described in the report are possible to quantify, such as the matching processes, design features of the home, and elements of the practice ways.

Model aspect	How it is captured in the financial model
2 Youth Standard	• All costs including staffing, house-related and client related are modelled based on the assumption of two youth per house. This assumption is fixed, and cannot be altered in the model
Live-in carers	• The model uses the fixed assumption of live-in carers providing the majority of care hours, with exceptions for respite breaks and holidays. This assumption is fixed and cannot be altered in the model • The two 24/7 carers are paid a carer's allowance of $75,000 each. The model also accounts for other living costs for carers including food, utilities and rent • In addition, the model also includes costing for a small volume of casual house workers to staff the house when one or both live-in carers may need to leave for personal reasons • An appendix to the model includes hypothetical costing for full shift-work staffing as a reference
Support staff roles	• The model costs support staff salaries based on the FTE and SCHADS rates in the 'Carers and Staff' section of the report. • SCHADS rates are taken from the 2025 SCHADS Pay Guide for Social and Community services employees

Staff training	• All full-time staff are costed to complete initial TCI training, Mandatory Units of Competency and $500 worth of other training. These are treated as a one-off upfront cost of $4,300 per staff member • Two full-time staff are also costed for train-the-trainer course, at $3,950 per staff member
Staff supports	• An administration fee is costed for each ACCO, which covers corporate back office functions (e.g. HR, finance, payroll, admin), staff supports and any additional training not accounted for in the above training • The administration fee is calculated as 25% of the DFFH two-bed unit price (the existing benchmark ACCOs have available for expected revenue)
ACCO managed house	• To account for ACCO-management of the house(s), all property related costs have been accounted for in the model including rent, utilities, insurance, and repairs and maintenance
On-country setting	• The assumption for the model is that the property would be located outside of town in rural bush or farm settings • There are limited data sources that consistently track rural property prices. As a benchmark, the model uses the Median Annual Rent for a four-bed house in a regional location, from the DFFH Quarterly Rental Report[1]. This rent figure was then sense-checked against a selection of available rural properties to ensure it was a reasonable estimate
Cultural fit-out	• Standard fit-out for a residential service has been estimated by the Association of Children's Welfare Agencies[2] (ACWA) at $180,000 per house • To take into account additional cultural fit-out requirements for an ACCO-run house, the model includes a flat 20% increase on top of the ACWA rate
Flexible funding	• To account for out-of-pocket expenses including medical, disability, and social and emotional wellbeing costs, each child has been costed for a $20,000 flexible funding allowance

Appendix 3: Summary Staff Roles

Live-in Carers

FTE: Not Applicable

Industry Award: Not Applicable

Aboriginal Preferred or Identified: Identified

Key Responsibilities:

- Daily life, routine and care of Aboriginal children and young people in the home
- Domestic duties

Relevant Experience:

- Caring for Aboriginal Children and Young People
- Lived Experience in Out-of-Home Care System
- Lived Experience in Aboriginal Community
- Working in ACCOs

Reports To: House Manager

Program Manager

FTE: 0.2

Industry Award: $147,000 pro rata, above level 8 SCHADS

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- People management
- Operational oversight

Qualifications and Experience:

- Organisational Management
- Leadership
- Therapeutic Care
- Social Work
- Youth Work
- Cultural Healing
- Out-of-Home Care System
- Operations
- Compliance and Policy

Reports To: ACCO Executive Team

Therapeutic Specialist

FTE: 0.5

Industry Award: SCHADS 8.1

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- Therapeutic care systems and framework implementation
- Staff training, support and incident debriefing
- Behaviour Plan development and updating

Qualifications and Experience:

- Therapeutic Care
- Family Therapy
- Cultural Healing
- Psychology

Reports To: Program Manager

Quality and Assessment

FTE: 1.0

Industry Award: SCHADS 6.1

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- Overseeing systems implementation
- Policy compliance auditing
- Investigations and reporting
- Evidence gathering and evaluation

Qualifications and Experience:

- Quality and Assessment
- Investigations
- Out-of-Home Care System
- Operations
- Compliance and Policy
- Program Evaluation and Implementation

Reports To: Program Manager

Case Manager

FTE: 0.8

Industry Award: SCHADS 5.2

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- Working towards independent living
- Case work and paperwork
- Working with Care Team including Child Protection and/or ACAC

Qualifications and Experience:

- Social Work
- Youth Work
- Out-of-Home Care System
- Case Management

Reports To: Program Manager

Family Engagement Worker

FTE: 1.0

Industry Award: 5.2

Aboriginal Preferred or Identified: Identified

Key Responsibilities:

- Family connection including visitation and contact
- Pursuing Reunification or Kinship placement options

Qualifications and Experience:

- Youth Work
- Social Work
- Out-of-Home Care System

Reports To: Program Manager

Cultural Mentor

FTE: 1.0

Industry Award: SCHADS 5.2

Aboriginal Preferred or Identified: Identified

Key Responsibilities:

- Connecting children and young people with Aboriginal culture, country and Community

Qualifications and Experience:

- Cultural Healing
- Youth Work
- Social Work
- Out-of-Home Care System

Reports To: Program Manager

Education Worker

FTE: 0.8

Industry Award: 5.2 SCHADS

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- Tutoring and direct delivery of education
- School enrolment and attendance

Qualifications and Experience:

- Education & Teaching
- Youth Work
- Social Work
- Out-of-Home Care System

Reports To: Program Manager

House Manager

FTE: 1.0

Industry Award: SCHADS 4.3

Aboriginal Preferred or Identified: Preferred

Key Responsibilities:

- Oversight of daily life, routine and care of Aboriginal children and young people in the home

Qualifications and Experience:

- Youth Work
- Disability Care
- Out-of-Home Care System

Reports To: Program Manager

Respite Youth Workers

FTE: Casual employment up to 0.7 FTE per week

Industry Award: SCHADS 3.1

Aboriginal Preferred or Identified: Preferred

Unique Characteristics:

- Should be the same gender as the children or young people they are working with where possible

Key Responsibilities:

- Daily life, routine and care of Aboriginal children and young people in the home
- Domestic duties

Qualifications and Experience:

- Youth Work
- Disability Care
- Out-of-Home Care System

Reports To: House Manager

Notes:

- *This role is to enable consistent, regular respite support on a weekly basis, however, the funding could be used to pay an allowance to accredited respite carers or employ part-time staff. We have also budgeted for additional respite including weekends, holidays and public holidays in our costings.*

- *The above role description could apply to residential care shift workers in cases where there is a period of time where live-in carers are unavailable or not able to be recruited.*

Appendix 4: Advocacy for Alternative Models of Care

"When kids are case contracted the ACCO has no involvement or oversight" - Consultation participant

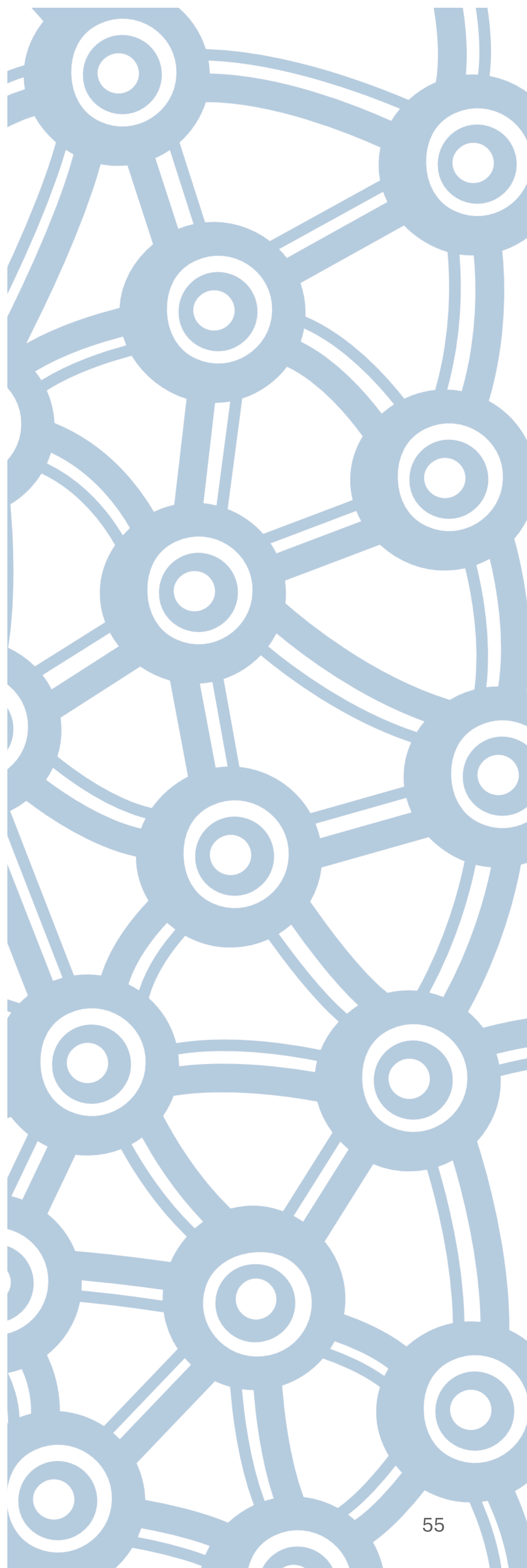
"They should have their local ACCO supporting them in the Care Team" – Consultation participant

"Who's the cultural representative for that young person?" – Consultation participant

During Community consultations it became clear that in addition to the proposed model, ACCOs desire to see more diverse culturally safe models of service be available for Aboriginal children and young people and their communities. Some alternative models of care mentioned in our consultations are listed below and should be considered for future advocacy and project development.

- **Refuges for Aboriginal children and young people:** A temporary safe place for Aboriginal children and young people to stay if experiencing homelessness, family violence or other risk factors. This could be used for respite or contingency placement as a separate but related service to the proposed model. ACCOs expressed this approach should not be limited to children and young people on out-of-home care orders.
- **Family Preservation and Reunification Houses:** A place for a whole family to stay to provide focussed support to prevent removal or enable supervised reunification. This is an existing service but currently only exists in two ACCOs (e.g., Yakapna at Njernda Aboriginal Corporation).
- **Kids Under Cover Village 21**
- **Youth Foyers**
- **Aboriginal Care Hub**
- **Independent Living Taster Programs:** For Aboriginal children and young people to experience living independently before exiting out-of-home care. This would integrate well with services such as Village 21, Youth Foyers and Better Futures.
- **Contracted Case Management:** For Aboriginal children and young people in a mainstream residential care service some ACCOs wish to be the contracted case manager for their care even if they the ACCO is not the residential care provider.
- **Cultural Healing Centres:** For temporary visits, camps and cultural programs (e.g. Tirkandi Inaburra, Baroon Youth Healing Centre, Nungurra Youth Accommodation).
- **Cultural Mentors:** For every Aboriginal child and young person in residential care, including mainstream services, to have a cultural mentor through their local ACCO.
- **Early intervention Services for Children and Young People:** Drop-in centres, youth groups and place-based programs for children and young people. There was a specific desire to be funded for these activities even for Aboriginal children and young people who have no Justice or Child Protection involvement (e.g. Wathaurong or MDAS Youth Hubs).

- **Child Family Violence Program:** An equivalent to the existing Adolescent Family Violence program which is currently limited to teenagers. To provide support to violent children (under the age of 13) and their families.
- **Family Finding:** For every ACCO to use their local Community knowledge to find family connections rather than having to rely on statewide services without place-based connection.
- **Preventative AFLDMs:** To be a flexible option for families who have not had a substantiation to provide early intervention and preventative supports.
- **Care Team Presence:** For every Aboriginal child and young person in mainstream services to have an ACCO representative in their care team to ensure Community connection and accountability.
- **ACCO Audits of Mainstream Services:** For ACCOs to do cultural care audits of mainstream residential care services caring for Aboriginal children and young people to ensure safety and compliance.
- **Aboriginal Beginning Practice:** For all ACCO staff working in the general field of child, youth and family services, removing the program specific limitations on access.



Appendix 5: Need for New Program Requirements

Some elements of the proposed model do not fit within current definitions of residential care. This means that before ACCOs begin running homes using this model there will be a need for clarification from DFFH and other relevant government bodies (see Section: Implementation Plan) regarding policy and procedures. Key elements which do not appear to fit with the current DFFH definitions are listed below (see Section: Care Practices):

- Right of Refusal: This deviates from the norm that placement decisions are at the discretion of Child Protection and the Placement Coordination Unit (PCU), putting the final call in the hands of the ACCO service provider instead (see Section: Care Practices, Matching).
- Local Matching Criteria: This supports the ACCO Right of Refusal by allowing fixed matching criteria to be introduced by the ACCO and takes the burden of responsibility away from the PCU for deciding what is considered a safe and appropriate match (see Section: Care Practices, Matching).
- Safety Flexibility: This puts a greater responsibility on the ACCO to determine an acceptable level of safety and risk for everyday care and rejects the notion that Child Protection should have the final word on rules within the house (see Section: Care Practices, Safety).
- Training Method: In particular, the requirement that Mandatory Units of Competency should be completed before staff and carers begin work as part of their induction training, not simultaneous to employment (see Section: Care Practices, Training).
- Live-in Carers: The model uses live-in carers rather than shift workers. This resembles past models of care such as Family Group Homes and Cottage Homes which have been strategically phased out by government. While similar approaches exist interstate and overseas, the legal status of live-in carers and the process for their accreditation will need to be determined. This should be defined in program requirements for the model before commencement (see Section: Care Practices, Carers & Staff and Implementation Plan).
- Indigenous Cultural and Intellectual Property: As this is a proprietary model and not the property of DFFH, agencies outside of the VACYPA should not be allowed to utilise this model, its resources or program requirements. Agencies outside of the VACYPA Membership must seek permission from the VACYPA before being allowed to apply for any tenders or offers for service provision.

Appendix 6: Alignment with Program Requirements for Residential Care

Therapeutic Framework (DFFH, 2025)	
The vision and statement of the model's goals, in line with the program objectives.	See *Section: Practice Values*.
How the core elements of therapeutic residential care are incorporated in the model design.	See *Section: Care Practices*.
The trauma-informed, relationship-based care model, with consideration to the department's Framework for trauma informed practice.	We recommend the adoption of Therapeutic Crisis Intervention as a Crisis Intervention Model.
How the model provides culturally appropriate therapeutic responses and care for Aboriginal children and young people and multicultural children and young people	See *Section: Care Practices.*
How the model responds to the mental health and developmental needs of children and young people.	See *Section: Care Practices.*
How the model applies the Best Interests Case Practice Model	We recommend Our Practice Ways as the Case Management Practice Model in substitution of the Best Interests Case Practice Model.
How the ongoing capture and monitoring of evidence will be undertaken to ensure the efficacy of the model.	See *Section: Care Practices, Evidence.*
How the monitoring of outcomes and feedback informs continuous improvement.	See *Section: Care Practices, Evidence.*

How an organisation wide commitment to the provision of therapeutic residential care and understanding of trauma-informed service delivery will be promoted and maintained. This includes a documented mission/ vision statement and organisational values that are consistent with a commitment to a therapeutic response for children and young people in residential care.	See *Section: Practice Values*. Each ACCO provider will also have a Values and/or Vision statement appropriate to their own Community and context.
Therapeutic Model Documentation (DFFH, 2025)	
How the therapeutic framework is implemented in practice.	This will need to developed by each ACCO provider in policy and operations.
How the program will enable children and young people to transition to longer-term, less intensive placement options and achieve their case plan goals based on their individual needs and case plan.	See *Section: Care Practices.*
How the therapeutic model of care and therapeutic environment, in line with the core elements of therapeutic residential care, will be implemented, including day-to-day operations. This will outline the way children and young people, residential carers, supervisors, managers, therapeutic specialists, case managers and other professionals engage in all program activities.	This will need to developed by each ACCO provider in policy and operations. We assert that being prescriptive about interactions in the home irrespective of culture or context is culturally unsafe and counter-productive. However, we believe that this Framework alongside Therapeutic Crisis Intervention should be sufficient to guide daily interactions in a meaningful way.

Strategies to ensure all staff members understand the theories, therapeutic model, policies and procedures and integrate it into their practice.	This will need to developed by each ACCO provider in policy and operations.
Strategies to ensure organisation wide commitment to the provision of therapeutic residential care and understanding of trauma-informed service delivery and the model being implemented. This includes: • *organisational policies, systems, practices and culture that are compatible with trauma-informed service delivery and the CSO or ACCOs' capacity to provide a therapeutic environment.* • *a high level of staff satisfaction where staff feel empowered to operate in a therapeutic mode and know they have the support of management.* • *strong collaborative relationships with divisional department and external stakeholders fostered through deliberate and constructive engagement at all levels of the organisation*	This will need to developed by each ACCO provider in policy and operations.
Program documentation that clearly outlines the role and responsibilities of the therapeutic specialist.	See **Appendix 3**: Summary Staff Roles. This will need to developed by each ACCO provider in policy and operations.

Appendix 7: Context and Issues Paper

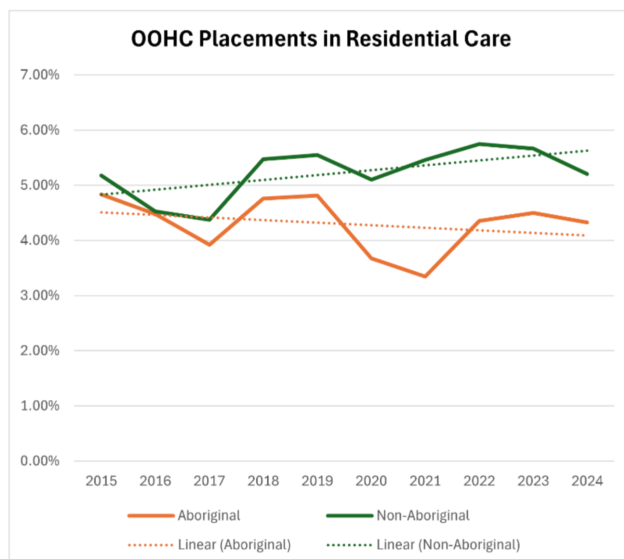
Introduction

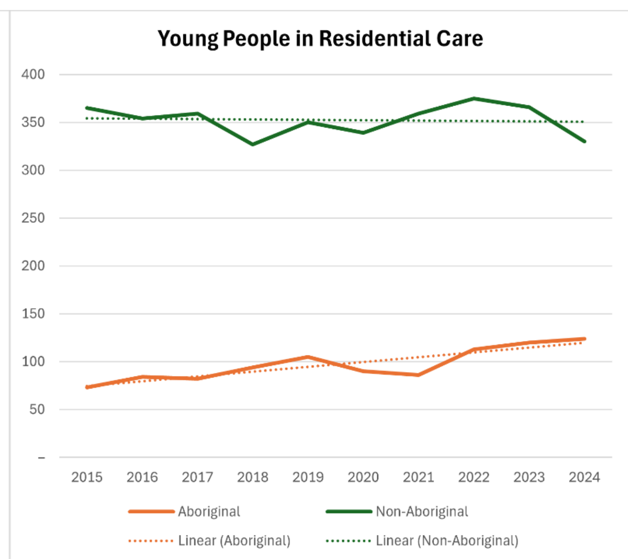
This paper was written as part of the 2024 DFFH Innovation and Learning Fund Grant to develop an Aboriginal model of residential care for Victorian ACCOs. It is intended to give Project Partner ACCOs an understanding of:

- the legal and **policy context** to residential care
- **program elements** which need to be considered in designing a model
- some of the **current and historical issues** inherent in this kind of care
- **operational elements** which providers need under existing policy

Our project is hoping to reimagine residential care so we might require a new policy framework. We shouldn't feel limited by what's in this document but it helps to understand what's already going on in the resi-care world. As we aim to embed cultural healing in the everyday routines of a young person's life, we will need to be creative and ambitious. Please use this document to begin thinking about what residential care is for and how we could approach creating an Aboriginal way which is an alternative to the mainstream way.

The only ACCOs providing youth residential care in Victoria currently are MDAS and VACCA. VACCA has a published cultural model for their residential care but their practice has evolved over time and their model is currently under review . Some existing mainstream models have been developed with VACCA as a partner/consultant. In mid 2024 there were 454 young people living in residential care, 4.9% out of a total 9,207 in out of home care (Productivity Commission, 2025). Of those young people in residential care, 124 (27%) were Aboriginal (DFFH, 2023c). Aboriginal youth were slightly less likely to be placed in residential care (4.25%) compared to non-Aboriginal youth (5.83%) but more likely to be in residential care than the general population (DFFH, 2023c).





(Data Source: Productivity Commission, 2025)

Policy Context

Children, Youth and Families Act 2005

Out of Home Care Placement

Sections 173 and 263 of the Act give the Secretary powers to decide on where to place a child in out of home care. This means that while the Court decides whether the child needs out of home care, they do not decide on placement. Ultimately, the decision to place a child in residential care is the decision of the Secretary via the Department. In fact, residential care is not specifically mentioned in the Act. Within the residential care system, contingency (short term/emergency) or therapeutic providers can act as a secondary option if a standard residential care placement breaks down or is not available. **Secure welfare** is specifically described in the Act due to its more restrictive environment.

The Aboriginal Child Placement Principle

Section 13 of the Act describes the Aboriginal and Torres Strait Islander Child Placement Principle. It is notable that in this framework, residential care is not mentioned because it is not prioritised. While family and kinship are prioritised and foster care is a back up, residential care is the back up to foster care for both Aboriginal and non-Aboriginal children.

Aboriginal Children in Aboriginal Care 2013

Section 18 of the Act, introduced in 2013, enables the placement powers of the Secretary to be delegated to an Aboriginal Agency. This means there is potential for ACAC providers to choose an ACCO residential care provider as the placement for a child if other options have been exhausted according to the Aboriginal Child Placement Principle.

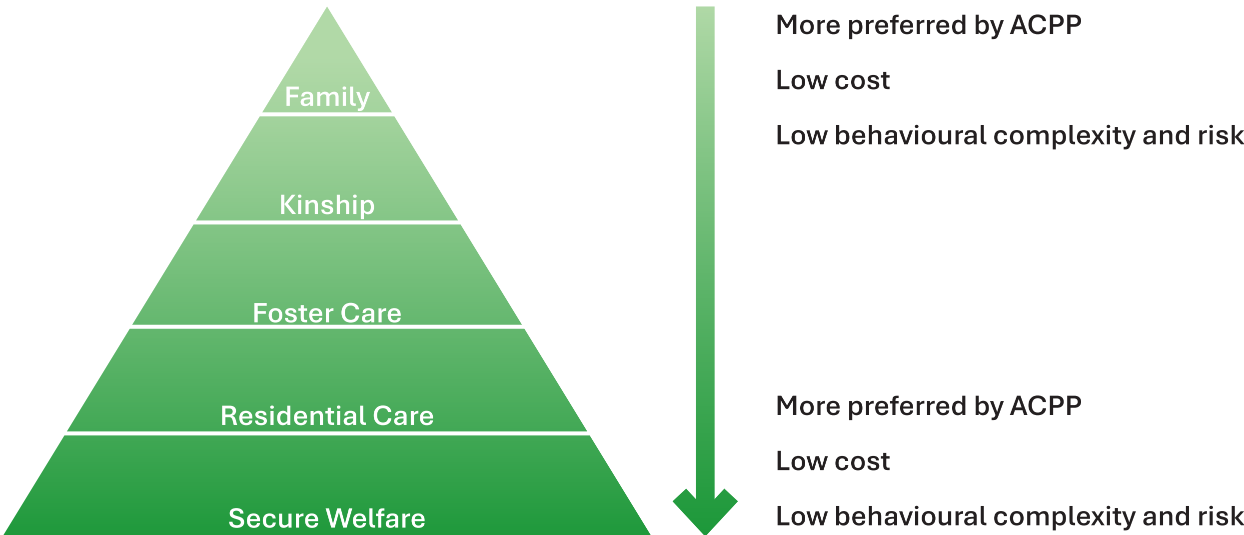
Other Types of Accommodation

Just because a child is not in family care, kinship care or foster care does not mean they are in youth residential care. Some children who have orders under the Act can also be in **youth prisons** managed by DJCS. In cases of significant disability, there may also be NDIS funding available if the provider is registered as a provider, but the placement would still be funded as residential care. **Lead tenancy** and **youth foyers** are alternatives to youth residential care reserved for older youth capable of living in supported independence. **Secure welfare** is considered an ultimate last resort only as a temporary measure.

Hierarchy of Out of Home Care Options

There is a relationship between cost to maintain placement, behavioural complexity and risk of vulnerability in out-of-home care placement options. Considering the Aboriginal Child Placement Principle (ACPP), Child Protection's most preferred placement models also happen to be the least expensive (the top of the pyramid) while more expensive options are reserved for young people with higher behavioural complexity and higher risk of vulnerability. This doesn't mean that children with family or in kinship have less complex behaviours or are inherently less at risk but it does mean that children with more complex behaviours and higher risk of vulnerability are more likely to end up in more expensive placement options due to placement breakdowns. So you would expect that on average over the long term, children in residential care tend to be more behaviourally complex and vulnerable to risk than those placed with family, kinship or foster care. If Child Protection can find a placement option which is cheaper and/or more consistent with the Aboriginal Child Placement Principle, they tend to place the child there. See Appendix 7.1: Extract from the Auditor General's Review 2014.

"The department has identified the most common reasons for children under 12 entering residential care to include complexity, such as physical or intellectual disability, behaviour, the capacity of carers and the lack of alternative placements." (CCYP 2019)



Types of Out of Home Care

	Lead Tenancy / Youth Foyers	Residential Care	Foster Care	Professional / Treatment Foster Care
Where do the youth live?	Rented or owned DFFH or Agency house.	Rented or owned DFFH or Agency house.	The carer's home.	The carer's home.
Who lives with them?	Lead Tenant.	Other young people.	Foster carer and family.	Foster carer and family.
Who are their carers?	Trained volunteers. Often young (early 20s).	Paid, qualified professional shift workers.	Volunteers.	Trained volunteers.
Are carers paid?	Lead Tenants are volunteers but receive "payment in kind" of free accommodation, bills etc.	Paid house staff.	Carers are unpaid but receive an allowance for caring for the child.	Carers are paid like a full-time job but through a tax-free allowance.
Other funded roles?	Paid support and management staff.	Paid support and management staff.	Paid support and management staff.	Paid support and management staff.

What do carers do?	Mentoring and modelling adult life.	Providing basic needs. Mentoring and modelling adult life. Therapeutic strategies and programs. Reporting and compliance.	Anything a parent would.	Anything a parent would. Therapeutic strategies and programs.
Who is eligible?	Young people coming out of youth justice or out of home care. Must be capable of living independently and caring for themselves.	Young people in out of home care. When all other placement options have been tried.	Young people in out of home care.	Young people in out of home care. Primary age children with behavioural difficulties making normal foster or kinship care difficult.
What ages is it normally for?	15 – 19 years old.	12 – 17 years old.	0 – 18+ years old.	5 – 12 years old.
Who funds it?	DFFH primarily with some smaller funding from DJCS.	DFFH	DFFH	DFFH

DFFH Guidelines

Child Protection Manual

The Child Protection Manual doesn't have much to say about residential care but contains general advice about managing out of home care placements (DFFH, 2023a). There are clear procedures for missing youth, responding to sexual exploitation administering medication and physical restraint which are enforced quite strictly. It also describes staffing:

- **Residential Care Workers** role includes engaging with the youth, providing a caring home environment which meets their complex needs, promoting connection to family and Community, engaging with families in a culturally appropriate way and working with the care team to meet the needs of young people.
- **Program Managers** are responsible for training, supervision, referrals, home environment, policy and budgeting.
- **House Supervisors** are responsible for the overall functioning of the household and care of youth in the house. They provide updates to the Care Team, keep incident reporting up-to-date and coordinate incident response.
- **Case Managers** do standard duties including direct contact with youth and family, assessing needs, addressing needs, keeping information up to date and coordinating with other services. Not all youth in residential care have their case management contracted out to a provider.

Program Requirements

This Program Requirements for Residential Care in Victoria is the major policy document guiding the practice of residential care (DHHS, 2016a). It covers the purpose of residential care, case planning, policy requirements, incident response, Overnight Safety Plans, care for Aboriginal children, placement changes, transition out of care, privacy, property management, home environment, employment process, staffing guidelines, training, responding to allegations against staff and safety. This will soon be fully superseded by Therapeutic Uplift 2024-2026 (see below).

Looking After Children (LAC)

The Looking After Children framework guides the case management and care of young people in out of home care, including residential care (DHHS, 2017). It includes practice tools, planning guides and monitoring standards for health, emotional/behavioural development, education, family/social relationships, identity, social presentation and self-care skills. Key documents for this framework include the Care and Placement Plan, Essential Information Record and Assessment/Progress Record which must be regularly updated and reviewed by providers for all youth in care.

Charter for Children in Out of Home Care

The Charter for Children in Out of Home Care describes the needs and rights of children and is required to be explained and displayed in every residential care home (DHS, 2007).

The Client Incident Management Guide (CIMS)

The Client Incident Management Guide describes the report and response process following incidents of actual or potential harm to young people in out of home care (DFFH, 2024). These standards are strongly enforced and placements are regularly audited for compliance.

Labour Hire Procedures for Residential Care Services

The Labour Hire Procedures for Residential Care Services give guidance for employment of residential care staff including vetting, pay, risk management and management (DHHS, 2015).

Therapeutic Residential Care 2008, 2016

The Program Requirements for the Delivery of Therapeutic Residential Care (DHHS, 2016b) has the following unique elements in addition to standard models:

- A clear theoretical and practical model of trauma informed care supported by academic evidence.
- Provider employs a therapeutic specialist.
- Staff get specialised training in therapeutic approaches.
- Each child has a Behaviour Support Plan developed by the therapeutic specialist and staff team.

Therapeutic placements have more complex policy, monitoring, training, staffing and governance requirements but therapeutic models get the benefit of significantly more staffing and this sometimes makes it possible to have less youth per house (which is generally considered to be a good thing).

Children in Residential Care (CIRC) 2013

The CIRC program is a funded program to provide education supports to youth living in residential care who are disengaged or at risk of disengaging from education. The intention is that providers will assess needs, plan and provide tailored educational supports to the child (DHS, 2013).

Minimum Qualifications 2018

Residential care has a unique framework for minimum staff qualifications. Staff must have completed or be undertaking a Cert IV in Child, Youth and Family Intervention or equivalent including specific units of study even if they have achieved a general qualification (DHHS, 2018).

Reducing Criminalisation 2020

The Framework to Reduce the Criminalisation of Young People in Residential Care introduced with consultation and endorsement from DJCS, the Centre for Excellence in Child and Family Welfare, VACCA and Victoria Police (2020). This framework guides the behaviour of service providers, DFFH and Victoria Police in their response to behaviours of concern in the residential care environment. The framework has a focus on safety, understanding underlying causes of behaviour, workforce supports, connection to culture, trauma informed responses, cross-agency commitment to change, youth empowerment, human rights, pursuing alternatives to criminal charges and de-escalation.

Two and Three Bed Model 2021

A relatively recent development is the formal funding and definition of Statewide Two and Three Bed Therapeutic Residential Care Program Guidelines (DFFH, 2021b). Following various CCYP enquiries which strongly found a negative effect of traumatised young people being housed together, the standard 4-bed model which has been standard is slowly being supplemented by placements with less beds. These placements must follow the same guidelines as therapeutic care but they are specifically funded for less beds. Under the standard funding models, in times of fiscal downturn, governments are forced to make unsafe and inappropriate matches of co-housed youth to meet budget (such as right now). Having dedicated 2 and 3 bed placements gives more options to prevent bad matching. This model also has more paperwork and guidelines than normal Therapeutic placements.

Therapeutic Uplift 2024-2026

The state government is increasing funding for residential care to make all units "therapeutic". There are published interim guidelines which effectively say that by mid-2026 all residential care will be expected to follow the therapeutic guidelines (DFFH, 2023b). They are slowly rolling out this change to all providers. In conjunction with this DFFH is going through a process of consultation to streamline and update the program guidelines.

Fair Work Ombudsmen

Social, Community, Home Care and Disability Services Industry Award

This is the relevant industry award for pay and conditions which applies to staff in residential care (FWO, 2025). Some providers also have Enterprise Bargaining Agreements with the federal government but must still remunerate people to a level which at least matches what they would receive if they were working under the award.

Social Services Regulator

Social Services Standards 2024

The Victorian Social Services Standards provide general guidance, direction and examples of the obligations social service providers in Victoria must adhere to. They are a background policy framework for all community services provided in the state, including residential care (SSR, 2024).

Auditor-General

Auditor-General's Review 2014

In 2014 the Victorian Auditor-General conducted a Review of Residential Care Services in Victoria and found the existing system was over capacity, expensive, unmonitored, poorly staffed, unable to meet children's needs and lacking in independent advocacy for children's voices. They recommended alternative models of care to meet the needs of children, reformed complaint and investigation processes, performance measures, minimum training and qualifications for staff, better compliance monitoring and planning for future capacity

(VAGO, 2014). Since that time, the policy governing service provision has grown significantly in cost and complexity.

Commission for Children and Young People

Child Safe Standards 2016, 2022

As in all work with minors, the Commission for Children and Young People Child Safe Standards apply to youth residential care services (CCYP 2022). These are general in nature and are a background framework providers should be aware of and comply with.

As a Good Parent Would... 2015

This review looked at the role of Secretary under the Children, Youth and Families Act (2005) to care for children "as a good parent would" and contrasted this with young people's experiences of sexual abuse and exploitation while living in residential care (CCYP 2015). They found cultural disconnection correlated with young people experiencing sexual abuse. Poor matches of youth in residential care fuel incidents of abuse between children and exposes them to adult perpetrators. The lack of staff training, use of casual staff, over-reliance on police, poor incident tracking, lack of service reviews, unmonitored internet use and lack of sexual health education were all criticised. The home environment was found to violate children's human rights. They recommended the end of restrictive practices, the introduction of compulsory qualifications, and advised the creation of specialised services for Aboriginal children.

In Our Own Words 2019

As part of the In Our Own Words review of the out of home care system, there were numerous findings of the inadequacy of residential care including a lack of safety, stability and homeliness with inappropriate police involvement, matching of cotenants, programming, placement location and staffing (CCYP 2019). Young people described experiencing peer pressure from other youth in the home to engage in criminal behaviour, drug use, violence and sexual exploitation. They also found that therapeutic placements weren't all that therapeutic. The report suggested that all the program elements of residential care needed reform and that it was generally not fit for purpose.

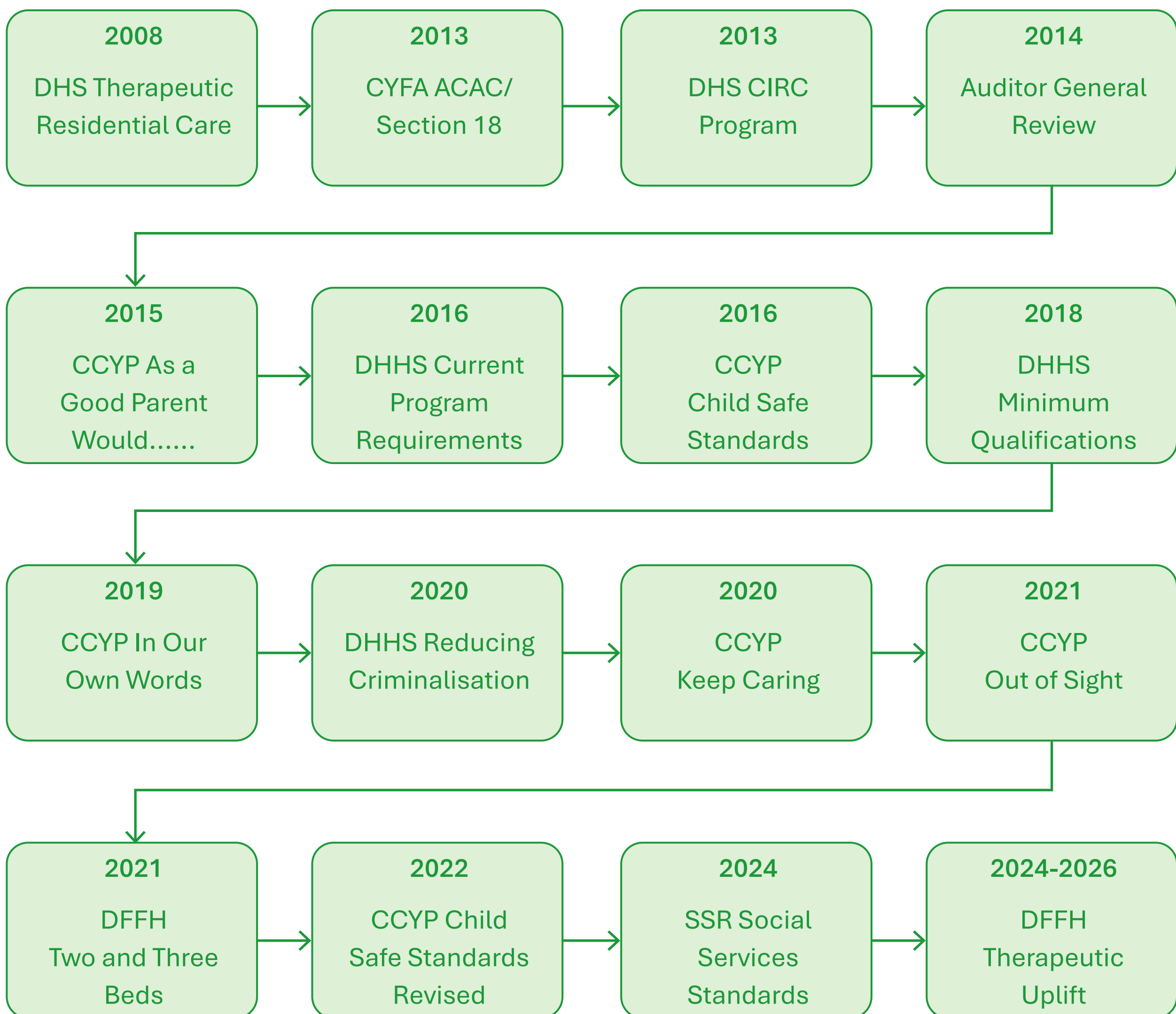
Keep Caring 2020

Keep Caring looked at processes and outcomes of transitioning from out of home care into adult independence. Of young people transitioning to independence, those coming from residential care as their last placement are more likely to lack basic living skills, become homeless, live in government or supported housing, move accommodation more often, be admitted to acute mental health services, present to hospital emergency departments, have child protection involvement with their own children and generally experience worse outcomes than those exiting from other kinds of placements (CCYP 2020).

Out of Sight 2021

The Out of Sight review looked into the experiences of young people absent or missing from residential care (CCYP 2021). They found that the rate of absence from home is incredibly high. Young people run away from residential care to meet with friends, family and community. When away from placement they are more likely to be involved in criminal behaviour, alcohol and drug use as well as financial and sexual exploitation. They are more likely to experience abuse, injury, poor physical health and cultural trauma when running away. It was found response systems weren't adequate. It generally affirmed the findings of In Our Own Words and supported its recommendations.

Timeline of Policy Reviews for Residential Care



Key Issues

From the various reviews of residential care (VAGO and CCYP) and progressive policy changes we get an idea of some of the major challenges and issues with residential care as it currently exists. In starting residential care, we should expect to make the best of a bad situation. We may be unable to avoid undesirable elements such as inconsistency, staff turnover, high risk and high compliance but we should try to account for these in our model design. There may be more issues to be explored as the project develops but these are intended as a starting point for conversation.

Instability

Due to the inconsistency of placements, residential care cannot provide consistent housing, carers, neighbourhood, routine or expectations. How can we create consistency in the program elements mentioned above?

> *"Children and young people in care in Victoria experience an unacceptably high level of placement instability. Placement instability impairs the safety, wellbeing and life outcomes of these children and young people." (CCYP 2019)*

Culture

Cultural supports are poorly designed and actioned, there is a lack of culturally connected staff. How can we create a culturally healing environment? We may need to consider indigenous cultural models of care from interstate or overseas which can be adapted and translated to young people in Victoria.

> *"The current residential care system can contribute to the isolation of Aboriginal children from their culture and community. Cultural connectedness is essential for the development of strong resilience and pride, and must be preserved. Isolating Aboriginal children from their family and community adds to the cumulative trauma of past actions of government and non-government agencies towards Aboriginal people." (CCYP 2015)*

Staffing

Staff turnover is high, competent staff seek out less stressful jobs, the pay is not great. Leadership and management often happen from a distance so are ineffective. Staffing for residential care is notoriously difficult in regional areas and has high turnover everywhere. We want staffing to be appropriate, effective and caring.

> *"The high number of rostered staff and the substantial use of labour-hire and casual staff by some CSOs works against providing stability for vulnerable children. Children who do not have stable, consistent care cannot develop strong and trusting relationships with their carers." (CCYP 2015)*

> *"Current staffing models are not providing sufficient quality and stability of care for children in residential care, with implications for children's education, health and other outcomes." (VAGO, 2014)*

Training

Training systems and compulsory qualifications are minimal and often tokenistic. Skills in youth work, cultural support and behaviour support can be lacking. Residential care is technically and relationally complex with a need for youth work specialists who can care, support, challenge and persevere.

> *"[The] rate of child-to-child sexual abuse raises a number of concerns, including ... the adequacy of the staffing model, the skill, education, training and experience of staff." (CCYP 2015)*

Location

While location of family is considered when deciding placements, proximity to country is not. Neighbourhood risk isn't well considered (e.g. placing a young person with substance use issues in a neighbourhood where illegal substances can easily be purchased). Is it more important to be near family or on country? In regional areas with natural environments or in city areas with many services available?

> *"The location of some children and young people's placement has had a negative impact on their capacity to maintain a connection with their friends, community and education." (CCYP 2019)*

> *"47 per cent of Aboriginal children and young people in care were placed in a location that was different to the area in which they lived at the time of their entry into care and 32 per cent were living in a different division." (CCYP 2019)*

Home Environment

Residential care homes are often owned and managed by the government, are designed with durability in mind so have a strong institutional feel; they aren't homely. If running homes in DFFH owned houses, we won't have much control over the physical environment. How do we make a house a home? We would need to think carefully about how to make our houses homely and durable without feeling institutional.

> *"In some residential care units, the human rights of children are violated by restrictive and intrusive practices. The physical environment of some residential care units visited by the Commission, were deplorable." (CCYP 2015)*

> *"Residential care does not feel like home." (CCYP 2021)*

Socialisation & Retraumatisation

Housing traumatised youth together creates negative peer influences while exposing youth to abuse and exploitation by adults in the community. Youth learn new pain-based behaviours in care from each other. The inconsistency, high risk environment and the effect of cotenancies is retraumatising. Where cotenancies are necessary, what does "good matching" look like for Aboriginal kids? We need strong matching guidelines which prohibit high risk matches.

"The mix of children in residential care units is sometimes inappropriate. This includes children with disabilities and children as young as five years of age being placed with children with known sexually problematic or abusive behaviours. This creates the opportunity for child to child sexual abuse to occur. It would seem that the availability of beds, rather than the child's best interests, dictates most decisions about the placement of a child in residential care. The behaviour of other children can be a negative influence on a child in residential care. This is also a risk factor for the recruitment of vulnerable children into sexual exploitation." (CCYP 2015)

"Research confirms that the co-location of high-risk young people raises their exposure to behaviours and attitudes which increase the likelihood of offending behaviour and drug use" (CCYP 2019).

"Living with other children and young people who have experienced complex trauma can also have a detrimental impact on fellow residents" (CCYP 2021).

Therapeutic Approaches

The therapeutic approaches of residential care are generally lacking. Most models are imported from overseas (US or UK) and are academically designed. New therapeutic models are constantly being developed and adopted with little evidence of success.

"Despite therapeutic residential care program requirements and the availability of additional funding (consisting of a 0.5 FTE therapeutic specialist per home, and two additional residential staff as part of the team), the Commission did not otherwise identify: evidence of 'therapeutic residential care' meeting the therapeutic standards required by the program requirements, a noticeable difference in the quality of care provided by 'therapeutic residential care' compared with standard residential care settings" (CCYP 2019).

Child's Voice

While residential care exists to meet the needs of youth it often seems unable to do more than the bare minimum. Children are often not involved in big decisions about their lives and due to staff and placement turnover they don't always feel safe speaking openly about their concerns.

"There are few opportunities for children to talk to anyone independent about feeling unsafe, having a negative experience in residential care or reporting sexual abuse." (CCYP 2015)

Risk and Compliance

Due to the high-risk environment, the load of compliance and policy is steadily increasing over time through reviews and new frameworks. Audits of residential care units occur regularly and the load of paperwork and incident reporting is enormous. Laws, policies and insurance create a heavy financial cost and administrative load which draws energy away from relationships and care. To focus on care, ACCOs will need to reduce red tape while still managing risk. If we can't reduce compliance expectations, there is a risk our residential care will end up similar to existing models due to external pressures.

> *"The number of critical incidents, such as death or severe trauma, is disproportionately high for children in residential care compared with children in other forms of OOHC care." (VAGO, 2014)*

Outcomes

There is little to no evidence that residential care is better than being left in a neglectful environment when considering long term outcomes.

> *"In short, there is no data to support [the] efficacy of the model of care suggested by the director for Oliver or at all. Equally, there is no data to support the efficacy of any other model of residential care that may be available to Oliver or to any other child." (Gillespie, 2023)*

Program Elements

The policies and guidelines from DFFH give us an idea of the different areas needing to be considered in developing an Aboriginal model of residential care. **A new model should account for all of these elements.** The more culturally distinct each of these elements is, the stronger our model will be. If we are unable to account for each of these elements in our model design, there is a great risk that the model will not differ significantly from mainstream practice and will resemble established approaches with the corresponding weaknesses and issues.

For each program element, consider:

- *How can we care for youth in a way that is culturally safe, appropriate and healing?*
- *What is the best-case scenario?*
- *What alternative approach might we take if our best case isn't possible?*

Values/Practice Principles

What are Aboriginal ways of caring for youth? What approaches do ACCOs use in other programs?

Carers/Staff

Who would we want looking after youth in residential care (e.g. characteristics, culture, values, experience)? What would be the roles of carers/staff?

Training

How would staff be trained before and during their employment? What qualifications would be required?

Location

Where would we house youth (e.g. on Country, near community/family, proximity to services)?

Home Environment

How would we set up and manage the homes youth are living in (e.g. decor, safety, environment, feel)?

Youth

Many models have a specific demographic of youth they take. Which youth would we want in our care (e.g. behaviour, characteristics, needs)?

Matching

How many youth would we want in each home? How would we match young people to live in the same home?

Case Management

How would young people in residential care be supported and their case managed? Would it be different for young people in ACAC?

Program/Routine

What activities would we do with youth? What routines would we want carers/staff and youth to have daily, weekly etc.?

Therapeutic Support

Would you want to use a Western psychological therapeutic framework? How do we respond to trauma-based behaviours in the home?

Evaluation

How will we know if our approach is working? What are our measures of success? Whose voices do we need to hear? How will we learn and adapt as we go?

Operational Elements

The available Guidelines also give us an idea of operational elements CSOs need to have in place to be a provider under the current funding and policy models. Some of these elements may not apply to an Aboriginal model of care that we develop:

Human Resources

- Supervision process
- Role descriptions and relationships
- Induction process
- Training system
- Qualification provider
- Safety checks
- Recruitment
- Rostering
- Team management
- Worker policies and practice guides
- Enterprise Bargaining Agreement (if needed)

Safety

- On-call support
- Overnight Safety Plans
- Risk management
- Incident reporting
- Client Incident Management System
- Incident review
- Investigations
- DFFH Audits
- Program evaluations
- OHS
- Quality control and compliance

Infrastructure

- Funding/business model
- Property management and procurement
- Budgeting
- Finance
- Insurance
- Vehicle/fleet management
- Utilities: gas, electricity, bills
- IT systems
    - Rostering
    - Finance
    - Incident reports
    - Shift reports
    - Case management
    - Technology: internet, phone, computer, peripherals

Case Management

- LAC framework
- Placement planning and referral
- Transition support
- Case Manager policy and practice guide

Appendix 7.1: Extract from the Victorian Auditor General's Review 2014

"There are currently around 500 children in residential care in Victoria. These children are among the most vulnerable in the community. They are in the Out of Home Care (OOHC) system because in most cases the Children's Court has decided they are at significant risk of harm, abuse or neglect from their own families and cannot remain in the home. The Children's Court places these children under the protection of the Secretary of the Department of Human Services (DHS). Residential care is one of three main OOHC placement options available to the Secretary. DHS's preferred options are kinship and foster care. Residential care is the most expensive option, requiring 24-hour care by paid staff for a small group of children in a residential unit or house. DHS funds community service organisations (CSO) to provide the placement services for children. Children in residential care have complex needs relating to mental health, cognitive development and social interaction. They are likely to engage in extreme behaviours, such as self-harm, aggressive or sexualised behaviours, substance abuse and other activities that place them, or others, at high risk. They feature in a disproportionate number of critical incidents when compared with other at-risk children in OOHC. For Aboriginal children there is the added impact of past government policies, discrimination and intergenerational trauma.

"Children in residential care have generally been exposed to multiple traumas in the form of family violence, alcohol and drug abuse, or sexual, physical and emotional abuse since they were very young. They may have a parent who is in prison or a struggling single parent with mental health issues. Some have been born to mothers who were very young, often with a violent partner. They usually have other siblings in care, and one of their parents may also have been in care as a child. They are usually known to child protection at an early age. They come to residential care typically as a young adolescent, having experienced a number of placements in home-based care that have since broken down or were only available for short periods of time. They often come to residential care with little warning and with few belongings. On their 18th birthdays, if not before, they leave the protection of the state.

"A child will be placed in residential care if they cannot stay in other home-based placement options either because their needs are too great or because the kinship or foster care options are not available or cannot keep them safe. Residential care is often an option of last resort. DHS is responsible for protecting these children from harm. Under the Children, Youth and Families Act 2005 the Secretary of DHS acts as custodian or guardian for the vast majority of children in residential care, and is responsible, when placing a child in care, for providing for 'the physical, intellectual, emotional and spiritual development of the child in the same way as a good parent would'. The challenges involved in ensuring that the children are in safe and stable placements which meet their health and education needs, encourage positive family and cultural connections, and prepare them for independent living are widely acknowledged. The costs to the child and community of not achieving these outcomes are high. Outcomes for many of the children in residential care are bleak due to the considerable trauma they have already experienced in their lives and the impact this trauma has had on their physical and mental wellbeing and developmental needs. It is critical that the system is effective and efficient and able to meet the children's significant needs." (VAGO, 2014)

Appendix 7.2: Therapeutic Frameworks

"CSOs and ACCOs must have an articulated therapeutic framework which includes:

- The vision and statement of the model's goals, in line with the program objectives.
- How the core elements of therapeutic residential care are incorporated in the model design.
- The trauma-informed, relationship-based care model, with consideration to the department's Framework for trauma informed practice <https://www.dffh.vic.gov.au/publications/framework-trauma-informed-practice>.
- How the model provides culturally appropriate therapeutic responses and care for Aboriginal children and young people.
- How the model responds to the mental health and developmental needs of children and young people.
- How the model applies the Best Interests Case Practice Model <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>.
- How the ongoing capture and monitoring of evidence will be undertaken to ensure the efficacy of the model.
- How the monitoring of outcomes and feedback informs continuous improvement.
- How an organisation wide commitment to the provision of therapeutic residential care and understanding of trauma-informed service delivery will be promoted and maintained. This includes a documented mission/vision statement and organisational values that are consistent with a commitment to a therapeutic response for children and young people in residential care."

(DFFH, 2025)

Appendix 8: Informal Literature Review

Abstract

The VACYPA's research of academic literature on the topic of residential care aimed to answer two questions:

- What models and approaches to residential care have been used in Victoria?
- What Indigenous frameworks and models could be considered to inform our project?

To create something new it helps to understand what's come before and why it works the way it does. This is covered in part by the *Context and Issues Paper* (**Appendix 7**) describing the legal, policy and reform context of residential care. This paper covers different aspects of the project:

- **Historical Models** of care tell us about past mistakes and innovations as well as the reasons these are no longer in use or have lost favour.
- **Mainstream Victorian Models** are helpful in considering the kinds of approaches which are prioritised by government and what is considered by the Victorian government to be a "model".
- **Therapeutic Frameworks** are important to consider in model design to decide whether to adopt, adapt or create our own for the purposes of care.
- **Aboriginal Cultural Models** give some clues of what is being used in other Aboriginal communities for the purposes of residential care and gives us the opportunity to have dialogue or learn from their ways.
- **Overseas Indigenous Models** show how other First Nations groups have navigated government and community expectations of culturally based care.
- **Aboriginal Cultural Healing** and **Pedagogy** are instructive to help us shape our approach during the project and the resulting model to be culturally safe, appropriate and restorative.

Historical Models

Cottage Homes

In the late 19th and early 20th centuries, Cottage Homes emerged as an alternative to larger institutions such as missions, orphanages and workhouses (ICTC, 2010). They were staffed primarily by married couples (or a male and a female carer living onsite) in what was supposed to be a family-like environment (Bath, 2008). Located in rural settings, they had groupings of multiple houses on the one site (ICTC, 2010) and commonly had 10 or more children living in each house (Bath, 2008). The carers received free food, bills and accommodation plus a small carers allowance (ICTC, 2010). These were slowly closed in the 1950s as attachment theory became mainstream, encouraging long-term connections with carers, which large groupings of children in institutional care could not accommodate (ICTC, 2010).

Family Group Homes

Family Group Homes were developed in England in the 1890s as an alternative to Cottage Homes (ICTC, 2010). They became popular in the 1950s due to shortages of foster carers and the decline of Cottage Homes (ICTC, 2010). Like Cottage Homes, they were staffed by married couples living onsite in the home but unlike Cottage Homes, the houses were dispersed among the community rather

than grouped in one location (ICTC, 2010). They also housed a smaller, "family sized" number of six to eight young people (ICTC, 2010). They had male and female children of mixed ages to mimic the family environment (ICTC, 2010).

Over time, the married couples in Cottage Homes and Family Group Homes began to be supported by rostered youth workers (Bath, 2008). These workers stayed onsite on weekends or holidays to give the married couple a break (ICTC, 2010). In this era, social work began to be professionalised with certified training courses (ICTC, 2010). At this time, the sexual revolution was creating more career opportunities for women and there were changes in labour law (such as the 40-hour work week) which may have played a part in making it difficult to retain and recruit carers. The 'payment in kind' approach was slowly replaced by higher pay without the obligation to live on site (ICTC, 2010). Due to an inability to recruit married couples as staff, these homes began to fail and be replaced by paid staff exclusively, leading to the current approach.

A modern equivalent to family group homes today is lead tenancy, which is restricted to older, semi-independent young people (16-24 years old). It retains the key element of the "carer" living with one young person in a house which is paid for by the government. Another new development is "youth foyers" where multiple young people and a live-in carer have self-contained private rooms with a common "foyer" space. Live-in foster care, where a house is provided to live in, has similar structures in place.

Foster Care

The shift back to foster care was driven by widespread reports of abuse in institutional settings such as group homes, orphanages and missions (Bath, 2008). Australian governments progressively closed care institutions from the 1970s onwards (Ainsworth & Hansen, 2005). During the 80s and early 90s the use of residential care rapidly decreased in favour of foster care (Bath, 2008), with residential programmes *"viewed as unsafe places incapable of reform"* (Ainsworth & Hansen, 2005).

The shift away from residential care meant foster carers were increasingly asked to care for children with complex needs (Ainsworth & Hansen, 2005). Residential care continued to exist out of necessity as a back up to foster care for those children whose needs and behaviours were too extreme for foster carers to handle.

> *"... in the 1970s, Australian states and territories indiscriminately shut down institutions that provided care, regardless of whether they could demonstrate safe and ethical practices" (Bollinger, 2017).*

Modern Residential Care

Modern residential care has slowly evolved parallel to foster care: from missions, orphanages and workhouses to cottage homes, then family group homes to residential care and finally today's therapeutic models. While family group homes have generally been phased out in Victoria and NSW, they still exist in various forms in other parts of the country (Bollinger, 2017).

In the last 25 years the number of young people in residential care has begun to rapidly increase to form a larger part of the out-of-home care system again (Ainsworth & Bath, 2023).

Comparison table

	Cottage Homes	Family Group Homes	Modern Residential Care
Carers/Staff	Married couples live in. Payment in kind: rent, bills and food. Carer’s allowance.	Married couples live in. Paid staff assisting. Payment in kind: rent, bills and food. Carer’s allowance.	Qualified professional shift workers. Wages according to modern pay awards and standards.
Location	Mostly rural.	Urban and regional.	Mostly urban.
Home Environment	Large houses. Institutional Multiple grouped on one site.	Family sized house. Aiming to be homely. Dispersed in the community.	Family sized house. Aiming to be homely. Dispersed in the community.
Children and Young People	10+ children or young people.	6-8 children or young people.	1-4 children or young people.
Matching	None.	Deliberately mixed age and gender.	Depending on needs and behaviours of the child or young person.
Case Management	None.	Social work emerging as a professional.	Modern case management roles.
Program/Routine	Institutional, controlled.	Aiming for ‘normal’ family life.	‘Therapeutic’ with professional referred services.

Mainstream Victorian Models

Hurstbridge Farm

In the Northern Region, Hurstbridge Farm has been a therapeutic model of residential care since 2007 (DFFH, 2015). It is the only residential care unit run directly by DFFH. It is reminiscent of the mid-century Cottage Homes approach with multiple houses on the one site.

Unique program elements include (DFFH, 2015):

- **Location:** Rural.
- **Home Environment:** On a farm, with onsite school.
- **Children and young people:** 10-13 years old, in out-of-home care with complex trauma.
- **Matching:** 2 houses of 4 beds each.
- **Case Management:** Includes Family Group Conferencing.
- **Program:** Includes farmwork and animal care.
- **Therapeutic supports:**
    - Milieu (environment) focussed approach (DFFH, 2015)
    - A therapeutic specialist (Verso Consulting Pty Ltd [Verso], 2011)
    - Neurosequential Model of Therapeutics (Verso, 2011)

Hurstbridge Farm is not unique in its use of a rural setting as part of its therapeutic support approach. This has also been experimented with by Berry Street in its residential units (Verso, 2011).

Keep Embracing Your Success (KEYS)

KEYS is a partnership between Anglicare, Mind Australia, VACCA and Monash Health (Anglicare Victoria, 2017). The big differentiator of this program is the use of various intensive therapeutic specialists within the home. It includes the following unique elements (DFFH, 2021a):

- **Cultural framework:** Specifies "Partner ACCOs" to provide cultural supports in the model guidelines, although to date VACCA has been the only partner.
- **Carers/staff:** 24/7 awake staffing.
- **Young People:** The most traumatised and behaviourally complex young people in the state.
- **Matching:** Single sex units.
- **Case Management:** Contracted Case Management with Family Engagement Worker, Mental Health Clinician, Psychiatrist, Community Engagement Worker, Skills Coach, AOD Practitioner and Educational Specialist in addition a Case Manager.
- **Therapeutic supports:**
    - Life skills education programs
    - Emotional Regulation and Impulse Control (ERIC)
    - Strength based approach
    - HEALing Matters training program

Given that there are no published evaluations of this program, there is a lack of evidence regarding its effectiveness. Nonetheless, it is worth noting that some of the initial placements lasted less than a week with predictable placement breakdown due to the co-housing of extremely traumatised young people with high-risk behaviours.

Other Proprietary Models

Many providers have their own self-made models of care. A couple of these have published journal articles describing them (in particular Lighthouse) but most are self-described through internal procedures and policies. For example:

- **Allambi** - Needs-Based Restorative Framework
- **Lighthouse** - Therapeutic Family Model
- **Uniting** - Therapeutic Model of Care for Working with Children, Young People and Families
- **MacKillop** - Power to Kids
- **Concern Australia** - Triple C - Connect, Coach, Community
- **Gateways** – Reach for the Stars
- **Mallee Accommodation and Support Program Limited (MASP)** - MASP CARES
- **Merriwa Community Services** – PRIDE Model
- **Backtrack Youth Works** – Backtrack Core

Therapeutic Frameworks Used in Victoria

From the 2000s onwards, there has been a shift in academic literature and policy towards residential care needing to have a therapeutic element to respond proactively to the effects of developmental trauma (Ainsworth & Bath, 2023). Leading Australian academics studying residential care believe therapeutic care does not exist in Australia. Most therapeutic models in Australia have not been empirically tested and in many cases are proprietary to local service providers or consultants (Ainsworth & Bath, 2023).

Huefner and Ainsworth (2021) present a basic criterion for therapeutic care: milieu (or 24/7 living environment), care (through relationships), treatment (multidisciplinary and evaluated by a reputable source), nurturing (warm relationships), teaching (perspective, behaviours, education, skills) and order (safe structure of the home and program without coercion).

Common theoretical ideas in frameworks used by Australian providers include the following:

- **Milieu** (Bettelheim & Sylvester, 1948) – The social, physical and organisational environment should be strategically considered for care and healing, not just formal therapies.

- **Attachment** (Bowlby, 1988) – Children develop trust and connections with those particular adults who provide for their daily needs. This can be diminished by early childhood trauma.

- **Strength-based** (Weick et al., 1989) – Children may overcome challenges in life through focussing on growing their strengths rather than fixing their problems.

- **Resilience** (Werner & Smith, 1982) – Some children have the innate, learned or supported ability to endure and recover from difficulty more than their peers.

- **Emotional Regulation** (Gross & Thompson, 2007) – People have different levels of ability to respond to and express their own emotions. The management of emotion is a skill which can be learned.

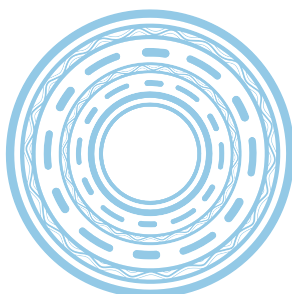
- **Stability** (Bollinger 2017; 2024) – Instability of placement, routine and relationships increases pain-based behaviour while stability decreases it and aids the healing process.

- **Congruence** (Anglin, 2002) - Consistency in the therapeutic approach across all aspects of the organisation and program is as important as what your approach is.
- **Trauma-informed** (Harris & Fallot, 2001) - An approach to caring for people through services which understand and respond appropriately to trauma.

Neurosequential Model of Therapeutics (NMT)

Used by: Berry Street (including Take Two), Hurstbridge Farm, Lighthouse Foundation

Made famous by American psychiatrist Bruce Perry, this model is a generalised neuroscience approach to working with traumatised children and young people. It has a strong focus on understanding the developmental history of the child and considering the effect on biological brain development (Perry & Hambrick, 2008). The key factors considered are attachment and resilience. The process involves three stages of assessment, functional review (including visual mapping of brain capacity and development) followed by targeted interventions (Perry & Hambrick, 2008). Interventions often include strategic sensory activities, play and art therapy and cognitive behaviour therapy. It encourages relational stability, environmental safety and repetitive activities in the home environment.



Teaching Family Model (TFM)

Used by: Berry St

One of the first so-called "evidence based" approaches, the Teaching Family model is designed specifically for residential settings caring for children and adolescents. Like many modern evidence based psychological models of care, the Teaching Family Model requires compliance and accreditation to be used by an agency. Significant practices include transactional consequences and rewards for good or bad behaviour, shared decision making, daily group conferences, systematised feedback to negative behaviour and mutual relationships (Wolf et al., 1995). The system includes specific methods of recruitment, training, consultation, evaluation and administration. A distinct feature is the use of live-in teacher parent couples with unique training and accreditation (Wolf et al., 1995). This is widely used overseas.

Therapeutic Crisis Intervention (TCI)

Used by: Safe Places for Children, Life Without Barriers, MacKillop, Junction, Berry St, Anglicare, VACCA, Brophy, Uniting, MASP

With a focus on preventing and de-escalating crisis events, TCI is a behaviour support system teaching practitioners to anticipate and respond to children's physical and emotional needs proactively. Its focus is on creating an effective and safe residential care system, with less of a focus on formal therapy. This framework is preferred by DFFH due to its practical approach to incident and trauma response and is used by almost every provider in the state. TCI requires accreditation.

The CARE model is the comprehensive whole systems approach which corresponds to TCI

used by Safe Places for Children, Life Without Barriers and Anglicare and is an extra level of commitment to the TCI approach.

Sanctuary Model

Used by: MacKillop

Sanctuary was originally an approach for adult trauma care settings but has been widely applied to youth residential care and other therapeutic live-in settings (Bloom, 2004). The model focuses on trying to reform the organisational setting and culture which children and young people are raised in before trying to heal the child (Bloom, 2004). Four elements - Safety, Emotional management, processing Loss and Future focus - make up the SELF framework used to guide leadership and relationships between carers and with children and young people (Bloom, 2004). Strategies to achieve this include community meetings twice a day, safety planning and trauma training for carers as well as children and young people (Bloom, 2004). Sanctuary requires accreditation.

Circle of Security

Used by: MacKillop

Primarily a parenting program, Circle of Security draws heavily on attachment theory and focuses on strengthening the bonds between carers and children (Hoffman et al., 2006). The program attempts to identify each child and carer's attachment styles and then educate and train the carer to respond in ways which build healthy attachment and respond to the child's needs (Hoffman et al., 2006). As it is more of a psychotherapy approach it would need significant adaptation to apply in residential care but has been used in residential care Case Management in some organisations. Circle of Security requires accreditation.

Foster Care/Residential Care Hybrids

A variety of approaches currently exist which are clear throwbacks to Family Group Homes and reflect a growing trend back towards live-in carers. They function as a hybrid between residential care and foster care.

Designed specifically to replace residential care services, treatment foster care is currently being trialled by OzChild and Professionalised Individual Care using the Treatment Foster Care Oregon (TFCO) model. While technically foster care and taking place in the carer's own home, this approach involves paying the carer a significant allowance to make care their full-time responsibility. OzChild is also trialling a new program for Professionalised Foster care where the carer is classed as an employee and commits to volunteering their time in addition to their paid employed hours.

An alternative spin on this is live-in foster care where carers are given an allowance and live in an agency house with free accommodation and utilities paid. This provides an allowance and benefits equivalent to a full-time salary with the reduced burden of the house not being your own but the positive effect of having the child live with their carer full time instead of a paid staff model.

Some providers have attempted to continue using a mix of live-in carers and rostered staff, notably the Lighthouse Foundation and Queensland Safe Houses but the house parents have generally been phased out due to recruitment, retention and safety challenges.

Other Therapeutic Frameworks

Other notable therapeutic approaches from overseas which have been adapted less commonly in Australia include:

- Dyadic Developmental Psychotherapy (DDP)
- Positive Peer Culture (PPR)
- Attachment, Regulation and Competency (ARC)
- Motivational Interviewing (MI)
- Low Arousal Approach (LAA)
- Life Space Crisis Intervention (LSCI)
- Trust Based Relational Intervention (TBRI)

Mixing Frameworks

Most providers in Victoria use Therapeutic Crisis Intervention in some form due to its practical nature and simple implementation as a training system. An interesting trend by some is the use of multiple frameworks such as Berry St (Teaching Family Model and Neurosequential Model of Therapeutics) and MacKillop (Circle of Security, Therapeutic Crisis Intervention and Sanctuary Model). It is likely difficult for these approaches to be trained and embedded when used simultaneously.

Some therapeutic models are very principle based and theoretical, while others are more pragmatic but can become very specific and rigid in how they are applied. Berry St is presumably using Teaching Family Model as its in-house practice model while the Neurosequential model is its clinical approach to developing individualised behaviour and care plans.

What do we really want a therapeutic approach to do for Aboriginal children and young people? Some key functions would be to give staff direction about how to respond to children and young people's pain-based behaviours while encouraging developmental growth and healing from trauma.

The Australian Institute of Family Studies (AIFS) (2019), distinguishes between:

- Therapeutic framework
- Therapeutic model
- Crisis intervention model

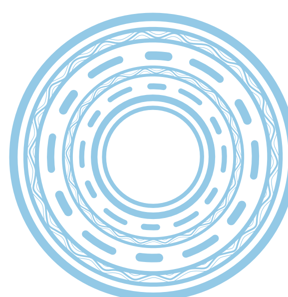
Other possible subcategories of therapeutic approach AIFS don't mention are:

- Cultural healing framework
- Clinical approach

Creating an Aboriginal-led model of residential care requires consideration of the above approaches. Can a purely cultural model or approach be considered therapeutic or does it need to be academic, Western, peer reviewed, clinically supported, and statistically significant etc?

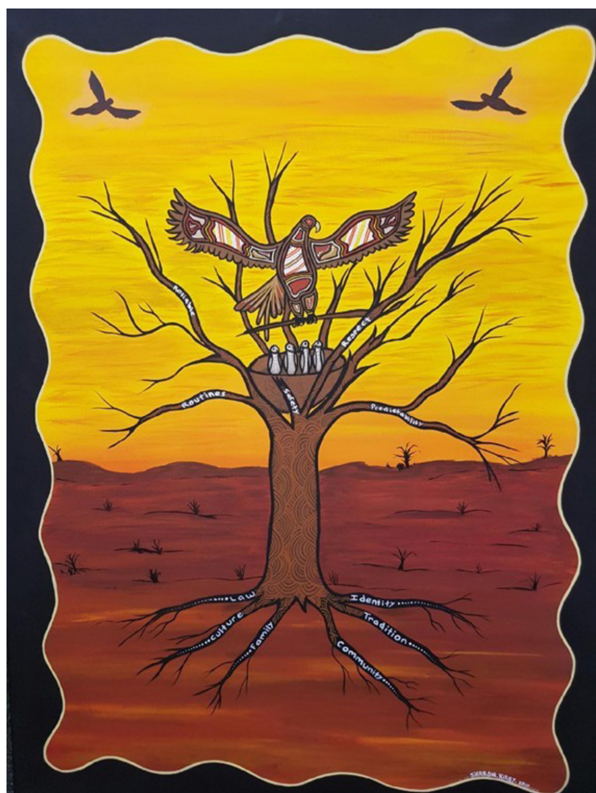
Aboriginal Cultural Models

There are few recorded, publicly available models of care designed specifically for Aboriginal children and young people (Bath, 2008; Frederico et al., 2018). Those approaches that do exist are mostly run by local community ACCOs with one or two houses staffed by community caring for local Aboriginal children and young people.



Mallee District Aboriginal Services, VIC

MDAS was one of the first providers of Therapeutic Residential Care in Victoria, included in the first trials (Verso, 2011). Their model uses imagery of an Eagle symbolising the values of community Ancestors (Mallee District Aboriginal Services [MDAS], 2023). The Tree represents the organisational structures of MDAS and the policy/legal context provided by government (MDAS, 2023). Their framework makes reference to Trauma Informed Care, Strengths Based Approaches and Attachment Theory as theoretical foundations for practice (MDAS, 2023).



(MDAS, 2023).

VACCA Residential Care, VIC

The Victorian Aboriginal Child and Community Agency's (VACCA) cultural model of residential care has been operating for around a decade and includes an approach for delivering therapeutic residential care that is embedded with culturally appropriate understandings of child rearing. The model identifies six pillars, including:

1. Cultural safety
2. Cultural rights and responsibilities
3. Aboriginal understandings of family and kinship structure
4. Aboriginal understandings of culture as resilience
5. Adherence to the Best Interest Principles
6. Adherence to the Aboriginal Child Placement Principle (Bamblett et al., 2014).

The pillars are enacted through various programme components, including culturally informed assessment and planning, return to Country activities, cultural support plans, and community and cultural participation" (Frederico et al., 2018).

Since 2021, VACCA have attempted to integrate the KEYS model developed by Anglicare with their 2014 cultural model but have been unable to consistently staff the therapeutic specialist positions required. Compared to other Victorian therapeutic models, VACCA has experienced particular staffing challenges due to "family business" commitments (Verso, 2011), in addition to the industry-wide challenges of recruiting and retaining Aboriginal staff. VACCA revamped

their cultural model in 2024 and 2025. This is yet to be published but VACCA have undertaken initial implementation work funded through a DFFH Innovation and Learning Fund Grant.

Geoff Guest Petford Camp, QLD

Geoff Guest OAM and Aunty Norma have cared for more than 4000 young people on Geoff's bush farm property in Dimbulah QLD (Petford Wellness Association, 2024). A member of the Stolen Generation, Geoff made it his life's mission to care for Aboriginal young people challenged by substance use, aggression and criminal behaviour (Laceweb, 2014). Geoff's unique approach involved young people in manual work and physical activity including horse training, leather work, swag making, eucalyptus and tea-tree oil production, smelting and metal work on a rural farm property where he and his wife live (Laceweb, 2014). Geoff used self-authored therapeutic approaches of education in nutrition, health, cultural healing and neurofeedback therapy (Laceweb, 2014). Geoff's program was documented in a 60 Minutes segment in 1992 which can be watched on Youtube. This model must be considered with child safety and risk at the forefront.

Halls Creek Way, WA

From 2008, Yurag-Man-Gu Taam-Purru ('a good place for kids') was run by local community in the town of Halls Creek WA with 90% local Aboriginal staff (Hodgkins et al., 2013). The model had up to 20 children of varying ages in two houses (Hodgkins et al., 2013). It had seven key strategies: A commitment to recruiting local staff; Maintaining links to culture; Staying connected to family; Keeping kids strong; Learning through play; Staff are learning too; Celebrating milestones and our identity (Hodgkins et al., 2013). Positively, local community members have described the program as having a family feel that reflects local Aboriginal ways (Hodgkins et al., 2013).

Particularly unique was the practice of parents visiting the home and being encouraged to care for their child through "feeding, bathing and playing" in an open-door policy for family (Hodgkins et al., 2013). Another notable practice not commonly found in Victorian residential care was staff taking children hunting and gathering bush food (Hodgkins et al., 2013). In March 2025, the Halls Creek Child Protection office confirmed via phone call that the home had been shut down some years ago and the property transferred to the management of a mainstream CSO providing residential care on the same site. They were not able to provide the reason for its closure.

Tangentyere Out-of-Home Care Houses, NT

Tangentyere Council Aboriginal Corporation in Mparntwe Alice Springs NT have a community led approach to care operating in two houses of 5-6 beds for children aged 0-12 years of age (Brown et al., 2024). The houses are for children aged up to 12 years of age and are used when placement with family is not possible. They have a set of 8 care principles: Collective Care and Relational Practices; Structuring Safety; Bringing Staff Along; Culture in Everything; Replication of Familial Structures; Sharing the Care; Belonging and Connection; Child's Voice in Decision Making (Brown et al., 2024). Interestingly, Tangentyere say they do not "view The Safe Houses as residential care, rather, we see ourselves as temporarily looking after children for their families while they receive support to heal

and care for their children" (SNAICC, 2023). The team encourage family visits, and assist cultural connection through language use in the home, Elders visits, bush trips and Aboriginal staffing (Brown et al., 2024).

Safe Houses, QLD

Safe Houses are an alternative to youth residential care established between 2009 – 2010 (Downey, 2025). They have high proportions of local Aboriginal and Torres Strait Islander staff and are intended to prevent placement in residential care units in regional centres. By keeping young people in local Community and on-Country, Safe Houses are designed to encourage reunification and cultural connection. Originally intended to operate with a house-parent model, this was abandoned within the first 12 months of establishment due to challenges with recruitment and retention of carers. They are run by ACCOs or CSOs in partnership with Traditional Owners Groups (Act for Kids, 2021). The QLD Government planned to transition control of all Safe Houses from CSOs to ACCOs, however, for various reasons this has not been achieved. Providers include:

- Palm Island Safe House, Palm Island, QLD
- Jalaa Nyalmungan Mangarda, the Mornington Island Safe House, Mornington Island, QLD
- ITEC, Horn Island, QLD
- Act for Kids, Aurukun, Kowanyama, Napranum, Pormpuraaw and Doomadgee, QLD

Family Preservation and Reunification Houses, VIC

Njernda's Yakapna Family Centre and VACCA's Family Restoration House are funded under Aboriginal Family Preservation and Reunification to run a temporary housing program for families in need of support. Families live in the house for intensive support for a limited (14 week) period. Njernda have a publicly available information booklet describing program elements and eligibility criteria.

Aboriginal Models (Unpublished)

The following Aboriginal communities run residential care but have no published description of their models of care:

- Aboriginal Family Support Services, Adelaide, SA
- Diydg Pamle Pamle Crisis Accommodation, Cairns QLD

Cultural Healing Centres

Some ACCOs around the country have dedicated Cultural Healing Centres for young people struggling with AOD, homelessness, criminalisation and other challenges. These centres often have a combination of clinical staff (e.g., psychologists) and cultural supports (e.g., Elders, cultural mentors). These are not residential care and not designed for long-term out-of-home care placement but provide examples of accommodation for children and young people which could be adapted to the out-of-home care setting. They are generally

set up with a holistic approach to care and culture. Examples include:

- Nungurra Youth Accommodation Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale VIC
- Baroona Youth Healing Place, Njernda Aboriginal Corporation, Echuca VIC
- Tirkandi Inaburra Cultural & Development Centre, Coleambally NSW
- Myalup Karla Waangkiny, Foundation for Indigenous Sustainable Health, WA

Overseas Indigenous Models

Like Australia, New Zealand, the Pacific and North America have some Indigenous controlled residential care homes for children and young people with similar poor historical treatment of children and young people in government institutions. Few of these are recorded in publicly available documents or peer-reviewed sources with some exceptions noted below.

Maori Led Models – Aotearoa New Zealand

Various Iwi (tribes) and Maori led organisations are providers of Youth Justice Community Homes, Specialist Group Homes and Family Group Homes with young people referred from Oranga Tamariki Ministry for Children (Oranga Tamiriki, 2023). While there is a lack of published models, approaches used by Maori-led organisations commonly include the Te Whare Tapa Whā wellbeing framework and the Mana Taiohi youth work framework.

Ho’oponopono - Hawaii

Some Hawaiian adolescent drug treatment centres and youth programs have used the cultural process of Ho’oponopono, loosely translated as “restoration” or “correction” (Shook, 1985). Ho’oponopono is a youth work framework and a facilitated process for working with young people from backgrounds of trauma but has not been published as a therapeutic framework (Shook, 1985).

Circle of Courage – North America

Used by: Concern Australia, Allambi

A strength-based model drawing common threads between various psychological therapeutic approaches, the Circle of Courage is a unique combination of Western academia and traditional Native American Lakota and Sioux child raising practices (Brendtro et al., 2005). The model claims to reflect “universal needs” *for belonging, mastery, independence and generosity* which apply across all human cultures and contexts, although they may be described and applied contextually (Brendtro et al., 2005). The Circle of Courage has a training curriculum known as Response Ability Pathways and a closely associated academic journal, *Reclaiming Children and Youth*.

While not specifically an approach to residential care, as a community development framework for working with traumatised young people its principles, practices and training have been applied in various forms to youth residential care settings. Uniquely, the Circle of Courage has been culturally adapted to various North American and Pasifika cultures. In most of the Pacific (e.g. Solomon Islands, Fiji, Samoa) culturally adapted versions exist as wood carvings and are not available in digital formats.

Cultural Adaptations of the Circle of Courage

Culture: Lakota & Sioux

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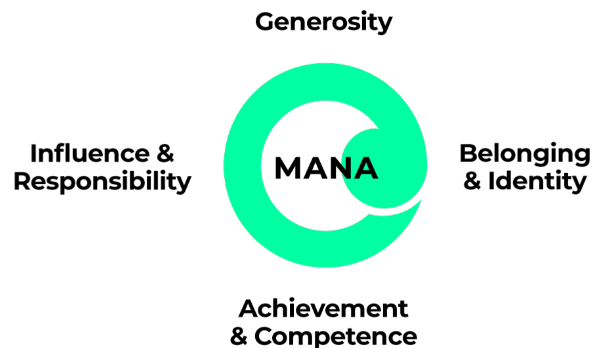
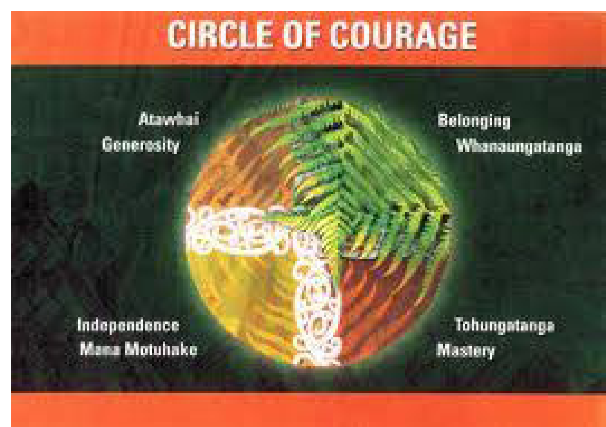


Culture: Pasifika

The Circle of Mana. Reprinted by the VACYPA from Praxis, 2019 (https://praxis.org.nz/circleofmana). Copyright by Praxis.

Culture: Coast Salish

The Circle of Courage Reframed. Reprinted by the VACYPA from Inquire2Empower, 2017 (https://carriefroese.wordpress.com/2017/05/07/circle-of-courage-reframed/. Copyright by Inquire2Empower.



Culture: Maori

Circle of Courage. Reprinted by the VACYPA from Te Ora Hou, n.d. (https://www.teorahou.org.nz/the-circle-of-courage). Copyright by Te Ora Hou.

Aboriginal Cultural Healing

Healing from trauma is often understood by Aboriginal people as involving reconnection and healing of cultural trauma. Elements of cultural healing can include:

- Physical and cultural safety (Atkinson, 2002)
- Ceremonial participation (Atkinson, 2002)
- Sharing stories, yarning and deep listening (Atkinson, 2002; Balla et al., 2022)
- Connecting with community and family (Atkinson, 2002)
- Creating culturally safe spaces (Balla et al., 2022)
- Restoring and reconnecting with culture (Balla et al., 2022)
- Connection with country (Zubrick et al., 2014)
- Truth telling and systems change (Aboriginal and Torres Strait Islander Healing Foundation [ATSIHF], 2017)
- Power sharing and self-determination (ATSIHF, 2017)

Some of these elements could be considered in design of an Aboriginal model of residential care to encourage healing and care. In 2012 SNAICC completed a paper on Healing in Practice describing principles of practice which could also be considered (SNAICC, 2012):

1. Addressing the causes of trauma
2. Aboriginal and Torres Strait Islander ownership
3. Aboriginal and Torres Strait Islander worldview
4. Strength based approach

Aboriginal Pedagogy

Pedagogy refers to the "interactions between teachers, students and the learning environment and the learning tasks" (Murphy, 1996) — in other words, a way of teaching or educating. Aboriginal pedagogy is "the understanding of Aboriginal knowledge, Aboriginal ways of learning, Aboriginal ways of being, knowing and doing and our worldviews" (Leroy-Dyer, 2018).

Some elements of Aboriginal pedagogy include:

- Valuing traditional knowledge (Leroy-Dyer, 2018)
- Valuing local knowledge (Leroy-Dyer, 2018)
- Hands on learning (Leroy-Dyer, 2018)
- Telling and listening to stories (Yunkaporta, 2009)
- Learning from land, animals, plants and natural features (Yunkaporta, 2009)
- Non-linear processes (Yunkaporta, 2009)
- Yarning, which means sharing relationship, information, ideas and stories through conversation (Bessarab & Ng'andu., 2010)
- A different approach in different Aboriginal cultures (Hughes & More, 1997)
- Using observation and imitation rather than verbal instruction (Hughes & More, 1997).

For the purposes of this project, a Research Topic Yarning methodology was adopted:

> "Yarn that takes place in a un or semi structured research interview. The sole purpose is to gather information through participants stories that are related to the research topic. While the yarn is relaxed and interactive it is also purposeful with a defined beginning and end. Research topic yarning is a conversation with a purpose. The

purpose is to obtain information relating to the research question" (Bessarab & Ng'andu, 2010).

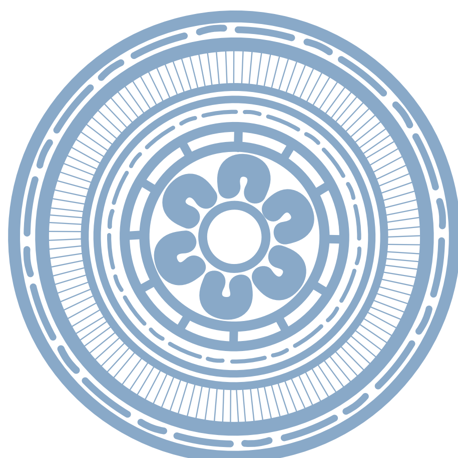
Gaps in the Literature

A significant gap in the literature is Australian Indigenous models of residential care.

"There have been attempts to develop targeted care and treatment models utilising Indigenous staff members, but these have rarely developed into sustainable programs and there are no current descriptions of such programs in the literature" (Bath, 2008).

"There is very limited literature that specifically describes therapeutic approaches for Aboriginal children in residential care settings locally, nationally or internationally" (Frederico et al., 2018).

There is also a lack of published descriptions of overseas Indigenous led models for comparison. Most therapeutic frameworks are firmly rooted in a Western academic tradition.



Conclusion

Regarding **Historical Models**, we need to be wary of attempting to reinvent the wheel, utilising structures which have a strong connection with the Stolen Generation, or which have faded from use for practical reasons. Cottage Homes and Family Group Homes are approaches which predate modern labour laws and were partially reliant on women without children who weren't able to access forms of employment outside of nursing and childcare. In the 21st century, we may have difficulty staffing homes with payment-in-kind models, which have fallen out of use due to difficulty of recruitment and differing economic conditions. That being said, having live-in carers could have a huge positive impact in providing stability, compassionate care and a more natural home environment for Aboriginal children and young people and this should be considered in our consultations.

In terms of **Mainstream Models**, while Hurstbridge Farm and KEYS are viewed favourably by the government, they are limited in scope due to the running costs and a lack of measurable outcomes for the children who live there. Many models appear to be supportive and therapeutic by nature, but lack practical ways of working with young people and measurable outcome evidence.

Most **Therapeutic Frameworks** contain very similar psychological concepts but are lacking in specific application in residential care settings. They also look similar regarding basic program elements (staffing, location, matching etc.). Where they vary significantly, these practices are easily compromised by providers struggling to staff and train their teams. TCI is by far the most practical and also the most widely used. It is likely we will need TCI or a

similar Crisis Intervention Model to train staff and may find it difficult to create our own.

Local and overseas **Indigenous Models** give some hopeful inspiration about what a cultural model could entail but it is difficult to find detailed descriptions of them. The Geoff Guest Petford Camp and Halls Creek Way models are inspiring but dependent on local community dynamics which may be very different in Victoria and should give weight to child safety and compliance. Of the overseas models, Circle of Courage is simple and general enough that it could be culturally adapted through the creation of a Victorian Aboriginal version.

Aboriginal Cultural Healing and **Pedagogy** could easily inform values and objectives of our model to help fulfill the expectations of DFFH guidelines for Therapeutic Frameworks (**Appendix 7.2**) but would need to considered by each individual ACCO as part of operational planning.

Notes

Victorian Aboriginal
Children & Young
People’s Alliance