Evaluation of the Family Time Program in the Family Reunification Service in South Australia.

"It made me want to get out and go to the access visits".

March 2024.

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Contents

Acknowledgement of Country

We acknowledge the traditional owners of the land where the Family Time work took place – the Kaurna people. We pay our respects to Kaurna Elders past and present.

We also acknowledge the traditional owners of all Aboriginal and Torres Strait Islander nations throughout Australia where family time processes take place and pay our respects to Elders past and present.

We acknowledge the love, commitment, care, and advocacy that Aboriginal and Torres Strait Islander families have shown and continue to show to their children. We express our gratitude to Aboriginal and Torres Strait islander families for their willingness to persist and to lead, in spite of systemic racism and other barriers. We are also grateful for the leadership being shown by Aboriginal and Torres Strait communities across Australia to stop the harm being caused by child protection systems and to create the conditions for families to heal, strengthen relationships and reunify.

Acknowledgements

Introduction

This report describes the design of the Family Time Program (FTP) at LWB, it's initial implementation in the Family Reunification Service (FRS) in South Australia, and the evaluation of that implementation.

Family time occurs when children in out-of-home care spend face to face time with or otherwise have contact with their parents, siblings, or other family they don't live with. Almost all Australian children in care experience family time in one way or another. Regular, frequent, and high-quality family time, often known as family contact or access, contributes to reunification (Atwool 2013; Labrenz et al 2020) and to other positive outcomes.

Quality and frequent family time is necessary for children in out-of-home care to experience *family inclusion*[1] where families are meaningfully participating in their children's lives (Ross et al 2017; Ross et al 2023). Life Without Barriers (LWB) has been working towards family inclusion with the children and young people we support in out-of-home care since we began implementing our CARE Practice Framework in 2016.

The terms parents and family are used interchangeably in this report. Any references to children and families in this report have been deidentified.

Australian policy context

Reunification of children in out-of-home care to their families is an urgent policy priority in Australia.

Reunification rates in South Australia overall are low – around 11% in 2020/21 (Australian Institute for Health and Welfare (AIHW), 2023). However, the AIHW only measures reunification rates for children for whom reunification is a case plan goal as set by the Department for Child Protection. If all children removed from their families are considered, not just those with a reunification case plan goal, the SA rate falls to 3.8% (SNAICC 2023)[2]. This low rate is driving long stays in care and consequent high numbers of children in out-of-home care in Australia (Cocks, 2020; Tilbury 2009). Evidence suggests that "business as usual" child protection processes, including family time processes, are failing to reunify children even when it would be safe and possible to do so (Davis, 2019).

Organisational context

LWB's Strategy 2025 includes Family Strengthening. The FTP was developed as part of the LWB Strategy.

The FTP was developed alongside and within the Family Reunification Service (FRS) in South Australia. It informed family time processes used within the FRS in South Australia and aimed to avoid the implementation of *family contact as usual* processes from the early stages of the FRS. The FRS is an intensive family reunification service supporting safe reunification of children in out-of-home care to their families and has been delivered since 2021. Its establishment coincided with the design of the FTP.

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[1] Family inclusion is defined as the active and meaningful participation of parents and families in the lives of children. Family inclusion is not something that can be 'done to' or 'for' children. It can be supported by practitioners and agencies in close partnership with families and requires professional relationships between parents, workers, and carers characterised by equity, trust, and respect. For more information on family inclusion please see: www.finclusionh.org.
[2] Reunification rates in Australia are measured by the Australian Institute of Health and Welfare and include children for whom reunification is being actively planned. SNAICC (2023, p. 31) has challenged this definition and counts all children in care and children subject to third party responsibility orders. Both rates are provided here for accuracy.

Put simply, the FTP aims to harness the power of children's time with their families to increase safe and smooth reunification for children and families.

Messages from research

We did a literature scan [3] to review evidence before design and implementation. It reviewed:

1. The role of family time in reunification for children in out-of-home care, and

2. What family time practices and approaches are supported by the research evidence in achieving reunification.

The research supports a coached and supported approach to family time. High quality family time is linked to reunification and improved parenting skills (McWey and Cuii 2021; Fischer et al 2020; Taplin et al 2020). Supervision of family time without support can be experienced by children and families as punitive and unhelpful (Create 2014; Thorpe 2016; Ross et al 2017). Despite the importance of family relationships to children's wellbeing and long-term outcomes, there are very few services and support available to help parents, family and children strengthen their relationships when they are separated by out-of-home care (Healy et al 2023). Key messages from the research are:

Regular, frequent, and high-quality family time is linked to reunification and other positive outcomes.

- Families and children benefit from intentional help and support to have quality time together and to reunify (Taplin et al 2020; Fischer et al 2020).
- Aboriginal and Torres Strait Islander children placed away from their culture see their families less frequently and are less likely to go home (Delfabbro et al 2002; Davis 2019).
- If family time is infrequent then reunification chances are reduced for all children (CWIG 2011).
- Carer and parent relationships increase reunification chances (CWIG 2011; Boyle 2017).

Other outcomes for children linked to family time include**:**

- Improved mental health outcomes, extending into adulthood, well past the "going home" date (McWey and Cuii 2018).
- Improved stability in out-of-home care (Sen and Broadhurst 2011; Moyers 2006).
- For Aboriginal and Torres Strait Islander children, family connection and family participation help ensure cultural and linguistic connection (Mendes et al 2020).
- Improved employment, education, and health outcomes (Mackillop 2020; Mendes et al 2020).

Parents and family face barriers to family time, arising from social disadvantage and trauma.

- Parents and family may experience a range of emotional and structural barriers to family time including poverty, mental illness, transport, family violence and more (Ross et al 2017; Harries 2008; Kiraly and Humphries 2015).

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[3] The full Family Time Evidence Scan is at this link.

- Many parents and family have trauma histories and have been failed by services and systems. They may fear and distrust service providers (Davis 2019; Broadhurst and Mason 2013).

Family time is morally contested and complicated.

- Family time raises strong emotions and views among stakeholders (Atwool 2013; Ankersmit 2016).
- Carers, family, and children need support and resources to navigate family time (Taplin et al 2020; Davis 2019).
- Biases and strongly held views in practitioners and carers may lead to non-evidence informed decision making and a reduced focus on children. Evidence based and culturally safe practice guidance is rare (Larkins et al 2015; Davis 2019), although some resources are now starting to emerge. (For example: Black et al 2023 and Family Inclusion Strategies in the Hunter 2020).

Child and family experiences of family time.

- Children want to participate in planning and "doing" family time (Create 2014).
- Children want family time to be safe, fun, relaxed and non-stigmatising – as normal as possible (Create 2014; Kiraly and Humphries 2011). Safety is more than physical safety (Moore et al 2020).
- Children and families mostly prefer that their time together is not formally supervised. If there is a need for a supervisor, children and families need to understand why, give feedback, and have the opportunity for this to be reduced whenever possible (Collings et al 2021; Ross et al 2017; Create 2014).
- Despite facing barriers, many parents are very committed to family time as they see it as one of few ways to support their relationship with their children and exercise a parenting role (Ross et al 2017).
- Children are less likely to see and know their fathers (Kertesz et al 2021).
- Families and children often find transition times (saying goodbye) very difficult (Haight et al 2002; Ainsworth and Hansen 2015).

"Contact is always supervised but it's never explained why…my mum would never do anything to us". Young person, Create 2014, p, 17.

"It feels like a being in a cage: for most of the visit, when there's no space and we don't get a say", Young person, Thorpe, np.

Theory and Research to Practice: the CARE Practice Framework.

Developed by Cornell University, CARE is the Life Without Barriers' organisational and evidence-based practice framework for all our work with children and families. CARE helps Life Without Barriers to take evidence from research and from theory and apply them in practice. CARE is informed by attachment theory, social learning theory, child development theory, ecological /systems theory, strengths-based practice, relationship-based practice, and trauma theory. CARE has 6 core principles which we brought to the design processes and to the design of the FTP.

CARE Principle	What this looks like in the Family Time Program.
Trauma Informed	Responses from families and children to stressful family time processes can be pain-based and open to misinterpretation. The FTP intentionally helps parents and families to improve their availability to the children through acknowledgement of their pain, through advocacy, coaching and support.
Competency Centred	Children and parents and family are encouraged to learn new skills in family time. Parents are encouraged to identify skills and knowledge they want to learn or improve such as playing with the children, responding to children, and learning about trauma. They set goals and work towards fulfilling these goals before, during and after family time.
Ecologically Oriented	Family time processes occur in the broader context of the care system and society where families are often experiencing great challenges and hardship. Families and children often lack control over their ecology, and this inhibits participation. The FTP uses skills and techniques such as advocacy, practical support and sharing of knowledge and information with families to increase family agency. The FTP also intentionally works toward typical, healthy experiences that reflect children and family's interests, routines, and community norms.
Family Involved	When families participate and lead in planning, decisions and in family time activities then children will do better. We use skills like advocacy and service navigation to help break down barriers to participation. Using ideas from empowerment theory, critical theory and Salveron 's work on parent identity (Salveron et al 2020), we have framed parents and families as leaders and change agents. The role of the practitioner or coach is to support and encourage parent and family identity and participation.
Relationship Based	The FTP intentionally builds relationships between coaches /practitioners and parents and acknowledges and address power imbalances through parent agency and parent expertise and intentionally working towards equity. The FTP aims to strengthen parent /child relationships.
Developmentally Focused.	Children don't stop learning and growing when they are in care. Families are key enablers for children to learn new skills within their zone of proximal development. The FTP helps parents learn about their child's developmental needs such as language, play and social interaction. It explores the parent's own developmental readiness to be available to their child and helps them to strengthen their parental identity and grow as a parent.

Design process

Parents with lived experience of child removal and reunification, carers, practitioners, and cultural experts were invited to contribute to the design. One of the parents was also in out-of-home care as a child, and experienced family time processes as a young person. The design process is summarised in Figure 1.

Throughout the design, participants were invited to think about family time processes and how they affect relationships between children and families and enable or impede reunification. They were invited to imagine how they could design family time processes.

We asked participants to reflect on a question that rarely gets asked: *Why does family time matter to children and families?* We also spent time exploring the ecological barriers to family time and family relationships and were careful to challenge individualistic and simplistic beliefs and explanations.

By combining lived experience and practice wisdom with evidence from research we came up with design features as described in Table 2 below.

Table 2 – design implications.

What participants said.	Design implications
I was baffled that I was being assessed (in family time) for things you know I can't do. Parent	**Support, not surveillance.** It's not ethical or in children's interests to assess for a problem or capability and then withhold help to address it. Our new approach will explicitly help parents to set goals and learn skills.
We want the kids to have a great time. How can we do this? Carer	**Children need to have fun.** Children who are separated from their families by the care system want to have fun with their families. They want to do enjoyable and normal activities and feel relaxed, safe and happy.
DCP expects a lot from parents and don't ask them what they need. Like travelling down from country. Cultural Planner	**Advocacy, practical support and helping parents be available to the children.** We need to create the conditions for success. It's not ethical to expect parents to do things they can't afford or are not emotionally ready for. By advocating for parents and family and being available for them, we will help them be available to the children.

Family time needs to strengthen children's essential connections. Practitioner.	**Relational Permanence and Reunification – with an end point.** Family relationships are a fundamental right for all children – not just for reunification. Family time needs to support ongoing and permanent family inclusion. Support provided by paid helpers needs to be planned to step down in intensity and exit, as everyone gains skills and confidence.
The location of family time matters. Parent	**Natural and normal locations** No one supported family time in offices or behind mirrored windows unless it was necessary, and when families knew the reason. We agreed that a key goal was for family time to happen where parents and children wanted it to be – in homes, playgrounds, parks and similar.
First Nations parents need First Nations staff. Practitioner.	**Cultural expertise** Aboriginal and Torres Strait Islander children and families need support from Aboriginal and Torres Strait Islander staff and organisations. Parents and family are sources of cultural expertise and knowledge. For example: culturally appropriate child rearing practices.
(We need to) hand over authority for planning and organising family time. Practitioner	**Parent and family leadership** Family will be there for the long term while workers and even carers, will leave. By encouraging and enabling parents to take the lead we will strengthen their self-efficacy and their role in the long term.

Participants argued that family time supervision processes are rarely helpful and shared examples of ongoing (and expensive) supervision and transport processes that continued over many years without change. This was the case even when child protection issues had long been resolved.

I have not hugged my son without someone watching…for 10 years. Parent
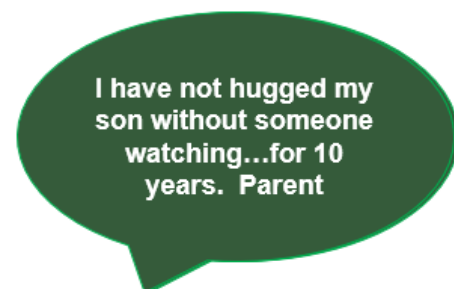
Other design implications that emerged from the workshop were:

- Tangible ways for parents to participate in processes such as visit planning, report and case note writing. In conventional family contact processes, these processes are the domain of practitioners and are often not seen by parents or children.
- In conventional family time processes anger, frustration with the system and shame are often problematised and may lead to reduced family time. We wanted to integrate time and space for parents to process their emotions without judgement or blame.
- Addressing systemic and ecological issues – not just parenting deficits.
- Children need support from families and staff to participate in family time and in planning and reviewing family time in normal, relaxed ways.
- Family Time needs to be goal oriented, tailored to the case plan and the goals of reunification.
- Families and children need to be able to give and receive feedback.
- Share clear and accessible information about family time with children and parents.
- Provide ways for parents and family to lead.
- Development of specific support to help children and families manage goodbyes and difficult conversations.

Participants talked about the important role that foster and kinship carers and residential care staff play in supporting family time processes. Carers did participate in the design workshop and in subsequent processes. However, in the Family Reunification Service, our teams may not have contact with the carers of the children and may have limited ability to involve carers. There is opportunity in future for increased and purposeful carer involvement to help drive better family time.

Participants recognised early that substantial change was needed. The Family Time Program is not a practice improvement strategy aimed at improving, or mitigating the harm of what we are already doing. The FTP aimed to change family time processes and change the role of staff and parents. For example, children and families have told us clearly that conventional supervision practices are damaging. As a result, the FTP aims to reduce or eliminate supervision and work towards natural and family led family time, using support and coaching.

Program design summary.

The Family Time Program intentionally frames parents and family members as leaders and as holders of solutions and potential. The FTP requires practitioners to take the role of coach and supporter, implementing the three key phases of Family Time: pre-visit coaching, the family time session, and post-visit reflection. The practitioner /coach may not be present during family time and will likely step away as the family's goals are being reached and reunification approaches. This is not prescriptive or rigid. The three phases can be implemented in a variety of ways to suit the needs of children, especially as reunification nears and relationships strengthen. The specific needs of children and families separated by out-of-home care are uniquely addressed by the FTP. For example, practitioners work with families to help them manage difficult goodbye transitions and to navigate emotions and distress associated with navigating the child protection system.

The Family Time Program uses coaching and support instead of supervision. Coaching is defined as a strength based, parent and family led, trauma informed, relationship-based process between coach and family members. The coach and supporter in the FRS is also the child and family practitioner who is providing reunification casework services.

Figure 2 below provides an overview of the coaching process in the Family Time Program.

Figure 2: Overview of the coaching process of the Family Time Program
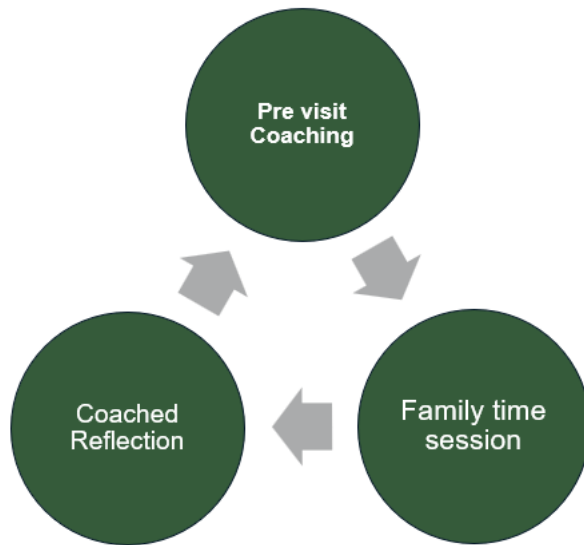
One of the key differences between the Family Time program and "family contact as usual" is the role of the practitioner /coach[4]. Unlike a contact supervisor, this role is more important before and after the family time session. The role of the parent or other family member is the central role during family time.

An output of the pre-visit coaching session may be a written family time plan that is co-produced by the coach/practitioner and the parent or family member. An output of the coached reflection on family time may be a co-produced family time report. When children are old enough and willing, they can contribute to these documents and processes.
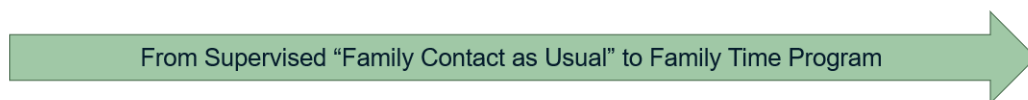
Table 3 summarises some of the differences between *family contact as usual* and the Family Time Program.

Table 3 – Differences between family contact as usual and the FTP.

From Supervised "Family Contact as Usual" to Family Time Program

Supervised Family Contact	Supported Family Time Program
Supervised	Coached – coach may or may not be present.
Reports written by staff (often strangers) about families and children.	Reports written by /with family (co-produced).
Agencies in charge – parent identity is limited.	Families in charge – parent identity is strengthened.
Focus solely on child safety – as perceived by adults.	Focus on children having fun (without reducing safety).
Worker focus is on the family time event. The worker role may continue unchanged over time.	Coaching is a process, before, during and after the family time event to provide coaching and reflection. The coaching role decreases over time and eventually ends.
Is concerned with complying with rules about family contact and the identity domain of child development.	Is concerned with strengthening family relationships and the child's healthy development in all domains.

Table 4 is the Family Time Program Logic and Theory of Change. This provides an overview of the program design and its planned outcomes.

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[4] In the SA Family Reunification Service, the Child, Youth and Family Practitioner had the role of the coach and implemented the Family Time program with families. This Practitioner also provided the range of reunification casework functions in collaboration with DCP.

Table 4 Program Logic: Family Time Program

Theory of change: Trauma Informed coaching and support to have fun, flexible family time with children and families separated by out-of-home care will improve parenting skills and parent/family /child relationships. In turn this will contribute to improved family relationships and increased reunification from out-of-home care.

Problem statement	Inputs	Outputs: activities	Outputs: participation	Short and Medium Term Outcomes (within 12 months)
Children and young people in out-of-home care need to have regular high-quality time with their families. Children and families report conventional family time arrangements do not help them to strengthen relationships with their children, support reunification, and are often distressing.	Staff (including with lived experience expertise) Funding. Family Time practice tools and resources, Family Time workshop. Practical resources eg toys, transport. Family friendly venues. Supervision and reflective practice. Organisational Practice Framework that is non punitive, trauma informed, ecologically oriented and relationship based (CARE Model).	**Family time** • Pre session planning • Frequent Family Time activities in natural settings • Reflection sessions **Other activities** • Co-produced family time reports. • Co-produced • reviews to inform case plan. • Case plans reflective of family time reporting. • Feedback to and from children and families • Advocacy and practical support.	Children, young people, families, and their natural support network/kin. **Care team:** • CYF Practitioners • Carers • Cultural specialists • Therapeutic Specialist • Parent Peer Advocate or other lived experience expertise. • Elders • Lawyers • Court /judicial officer • Statutory worker • Other stakeholders e.g., GP, allied health.	Increased reunification rate More family time in natural settings. Children are having increased fun. Children are safe during family time. Parents attend increased (65% or more) family time sessions. Improved parenting skills and improved parent and child relationships. Fewer supervised family time sessions. Increased parent participation. Families and children report better goodbyes.

Implementation

Implementation in complex systems requires a multi-pronged approach. Practitioners and leaders face barriers to doing things differently and considerable pressure to stick to business as usual. Consistent with implementation science we applied several strategies.

1) The Family Time workshop. We developed and trialled a workshop (1.5 days) to support practitioners to move from supervision to coaching and support. The workshop content included a range of activities and topics.

   - Exploring the evidence around family time, reunification, and children's relationships.
   - The vital role of parents and family in improving children's lives.
   - How to support and strengthen parent identity and role in family time.
   - The nuts and bolts of coaching.
   - Helping parents to be available to the children.
   - Practicing skills (eg: planning for goodbye time) and reflective practice.

2) Practice resources and tools such as sample co-produced report templates, tools to help parents be available to the children and tools to guide the role of lived experience experts in workshops.

3) Involvement of parents with lived experience of family time. We included lived experience experts at every step of the design, on our implementation team and in the delivery of our workshop. Every workshop included a lived experience expert as a participant and advisor. Feedback from lived experience helped shape the workshop and associated resources. Lived experience experts were always paid for their participation.

4) An implementation and design team from a range of LWB teams oversaw the initial implementation and provided regular feedback on strategies and progress.

5) Data monitoring of outcomes.

Methodology and limitations

17 families and 23 children participated in the FTP while engaged with the Family Reunification Service from October 2021 to May 2023.

Methodology

Data was collected between October 2021 and May 2023 by the authors. Data was collected in three main ways.

1) A file audit of all the children's files. Reviewers sought evidence that outcomes had been achieved. For example, evidence of reunification, evidence that children were having fun and evidence of any safety incidents during family time.

2) A focus group with 3 members of the Family Reunification Service staff team.

3) Interviews with 2 parents. We conducted semi structured interviews with one parent (Sally) who had her children returned to her care and with one parent (Aleisha) who did not.

Data collection instruments that were used during the evaluation are available as an Attachment to this report. Participants in the focus group and interviews received an information sheet, gave consent, and were advised they could withdraw their consent and

their data if they chose. Participants all had the opportunity to review the report content and provide feedback.

Limitations.

This is a small, internal evaluation conducted by the same team (Stride Team) which led the design of the Family Time Program. It is not an independent evaluation, and it has not been subject to external peer review. Its findings have value to inform the continued design and implementation of the program and to inform future evaluation efforts.

At the time of writing, the program is a newly implemented approach on a small scale. The evaluation has involved 23 children and 17 families. As is the case in reunification practice in Australia, the primary adult family contact in each family were the parents and, in some cases, stepparents. While this reflects systemic practices which tend to exclude extended family, it remains a limitation that extended family and siblings did not always participate.

The timeframe meant that long-term outcomes could not be reported on.

The FRS is a relatively small service working with a small number of families at any one time. Although this new approach to family contact was an important part of the FRS service offering, it is not the only part, and many other variables were at play in families' lives that may have affected outcomes. We cannot say that the outcomes achieved are all directly connected to the FTP.

This evaluation did not invite the views of children and young people. We did explore children and young people's experiences in other ways such as reviewing files and exploring their experiences from the perspective of parents and practitioners. However, this remains a limitation that future implementation efforts need to address.

While the design of the FTP did include Aboriginal and Torres Strait Islander cultural experts, the program has not yet been implemented with Aboriginal and Torres Strait Islander children and families.

It was difficult to obtain data that related specifically to some of the planned outcomes. Future trials will need to work with teams to ensure data is collected that relates as closely as possible to the planned outcomes.

Evaluation Findings

17 families and 23 children participated in the Family Time Program while engaged with the Family Reunification Service from October 2021 to May 2023 or 20 months in total. None of the children were Aboriginal or Torres Strait Islander[5]. This report provides data on all 23 children – summarised below in Table 7[6].

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[5] Life Without Barriers is committed to Aboriginal and Torres Strait Islander children and families receiving culturally safe services from Aboriginal Community Controlled Organisations (ACCOs). There are ACCOs who provide reunification services in South Australia with Aboriginal families.
[6] Names have been changed.

Table 5 – the children in the Family Reunification Service.

#	Children	Age range at referral	Length of time receiving services	Reunification Outcome
1	Fiona	0 – 2 years	8 months	Reunified
2	Ari Tom Luke	2 – 5 years	16 months	Reunified
3	Matt Sasha	0 – 2 years	11 months	Reunified
4	Harry	0 – 2 years	8 months	Not reunified
5	Anna	Over 5 years	11 months	Working towards reunification at time of exit
6	Mia	0 – 2 years	9 months	Not reunified
7	Jeremy	0 – 2 years	13 months	Reunified
8	Thomas	0 – 2 years	6 months	Reunified
9	Tilly Anthony	0 – 10 years	7 months	Not reunified
10	Abdul	2 – 5 years	5 weeks	Not reunified
11	Lillian	Over 5 years	10 months	Reunified
12	Patrick Joseph	0 – 5 years	6 months	Reunified
13	George	0 – 2 years	Ongoing at May 2023.	Reunified
14	John	0 – 2 years	6 months	Reunified
15	Oscar William	2 – 5 years	6 months	Reunified
16	Maggie	Over 5 years	Ongoing at May 2023	Reunified
17	Tina	0 – 2 years	Ongoing at May 2023	Reunified

Age ranges of children or sibling groups, rather than actual ages, are provided to help ensure anonymity. The rest of this section will provide commentary on the planned medium-term outcomes of Family Time Coaching.

Increased reunification.

Source of data: File audits.

Reunification was defined as the physical return of children home to the care of their families combined with a revocation or lapse of court orders that placed children in the custody or guardianship of the Chief Executive of the Department for Child Protection. Information about reunification was sourced from case files and double checked with practitioners.

For children in this evaluation the FRS has achieved a reunification rate of 74 per cent. The children had been in care for an average period of 10 months with a range from 2 – 34 months.

And I just fought for them. I mean, it felt like forever, and I always felt like I was never going to get there. But then one day, all the hard work paid off, and it went really fast. Going from nothing, to feeling good enough, to "bang", we're going for reunification. Sally.

More family time occurs in natural settings.

Source of data: File audits, practitioner focus group and parent interviews.

Evidence was collected from files suggesting that most family time occurred in carer homes, in family homes or other community settings such as libraries, swimming pools and playgrounds. Family time arrangements changed over time, often following advocacy from practitioners, with rules or requirements becoming progressively more relaxed. For example, moving from the DCP office to the library to the carer home, to the family home.

Example of file note: *Family time sessions have moved to the family home, hours increased, and we are working towards overnight stays. [Practitioner] has advocated for changes which have been agreed by DCP and visits are occurring at the home on Friday.* File audit.

Practitioners described an explicit focus on creating the ecological conditions for success through family time happening in natural settings – away from DCP offices.

So a lot of the time when I've started with families, they've been having visits in the DCP office and that's a really unpleasant environment for them. But they say that's all they've ever known…. So we move it from there into the community, so we'll go to the park or a library or wherever and then we'll move it to the house. So for us it becomes quite quickly doing it in the home so we can set up the routines and make sure that the parents have the skills before we move to the sleepovers. Practitioner Focus Group.

Sally described a progression from office-based family time to family time in the community to time together at home, intentionally leading to and driving reunification.

But I think what helped was the transition. Rather than going into the playground, we moved them into the home, and then we just gradually built it up. And then they didn't want to go, so their attachment was kind of here. [They said] 'Mum, we want to stay here'." Sally.

Aleisha's family time commenced in the Department's offices and, after advocacy from herself and the practitioner, moved from there to her own home. She also spent time with her child in other places such as markets and family events. Although Aleisha did not have her child returned to her care, she had most visits in her home and developed home routines that they enjoyed together.

We are confident from the experiences of practitioners and parents that family time did tend to move to more natural settings such as parks, libraries, cafes, and family homes however there are gaps in the data which create some uncertainty. For example, practitioners,

parents, and children may have had different views about what was a natural setting and where they wanted to have family time. There is an opportunity in future implementations to describe a natural setting from the perspective of children and families, and to explore when and how often family time occurs in those settings. It is likely that parents and children experience family time quite differently, depending on the natural setting. For example, whether parents and children choose the setting themselves, who is present, and perceived differences between family time in a playground or park and more private settings, such as the family home.

The experience of families in this evaluation may indicate that for them the setting for family time may have aided progression in case plan goals.

Children are having increased fun.

Source of data: File audits, practitioner focus group, parent interviews.

We found evidence that the children were enjoying their time with their parents.

For example, Harry's file indicated that he ''lights up' when he sees (mother). He waves his arms and legs, gets very excited and hugs and kisses (parent)". Ari, Tom, and Luke's file indicated "the children have positive reactions to (parent) at visits by smiling, laughing, engaging in play and exploring and returning".

Practitioners felt the children were having fun during their time with their parents and described children playing, laughing, and doing a range of activities.

"We had a picnic, she brought food, we took a blanket and they had, like they were so happy. I got photos of them laughing, smiling. I put all that in their report. Yeah, I think they definitely have fun. I'm yet to see a child not have fun when they are with their mum and dad on visits". Practitioner Focus Group.

Practitioners described advocating and helping parents plan for fun activities during pre and post visit sessions. This included advocating for changes to help create the conditions for fun and relaxed family time.

So we changed the time. That was the first thing that we did. We only changed it by half an hour so she could get in and be settled. Like it wasn't that big a deal. And we got to do things with her that she wouldn't have got to do otherwise. And she got to plan that, plan her birthday, have her for Christmas... Practitioner Focus Group.

Parents also felt their children enjoyed family time although they could find it difficult themselves. Aleisha said she found it hard to relax during family time. However, because of her efforts, she felt her child had fun.

Aleisha: *"(I was) constantly telling him what I'm doing and "legs straight, legs up." He already knew, and if he got a bit excited, he used to love this, and I'd put that on the change table here, and so there were cues and everything. I'd go "legs up"— he had already known—and I'd say "clean, clean."*

Sally described the children enjoying family time more once the conditions had been created for them to have fun. For her and her children this included spending time together in community settings such as playgrounds and parks. She linked this to the advocacy of the practitioner.

"It was just really hard in that little room to give all three my attention at the same time. But once we moved the visits out [out of the DCP office] into the community and [LWB

practitioner] was involved, it became less stressful, less chaotic, and the kids seemed to enjoy themselves a lot more. They didn't have outbursts; they were just able to run free, and that's what they love. So, it was really good." Sally

Children are safe during family time.

Source of data: File audits, review of LWB incident records, practitioner focus group, parent interviews.

A review of reported safety incidents during the time that children were engaged with the service indicated no safety incidents were recorded during family time when it was supported by the FRS.

The qualitative data indicated that family time had been planned with safety in mind and that practitioners provided practical support to help parents keep children physically safe, such as holding the baby while parents attended to other children and planning for safe family time venues.

So that's something we do planning around, the safety aspects of it. Making sure things are in a safe environment physically and making sure we've got everything in place to support them…[For example] I went out with a mum with two little boys and we went to a park that had a fence around it cos he's a runner and he's [age] and so we went to a park with a fence purposely and she picked the park, she'd been there before with the older boy and checked it out. Practitioner.

Practitioners were also very aware of children's felt and emotional safety and integrated this into coaching conversations with parents, encouraging them to try new ways of communicating and relating to the children and learning from mistakes, to build emotional safety.

And emotional safety like some of the language or name-calling, or misunderstanding behaviour…So I think that is also a plan for safety because that's what we're assessing and that's what we're building on, but having the mistakes that we can observe is always useful because it will target the next visit or in those tricky conversations in debriefing around what didn't quite go right and what could we do better next time. Practitioner.

Parents are more likely to attend family time.

Source of data: File audits, practitioner focus group, parent interviews.

File audits, interview and focus groups suggested that parents were regularly attending family time and were only cancelling when they were unwell or for some other compelling reason such as Covid restrictions.

But once [practitioner] got involved I think I found…it made me want to get out and go to the access visits and things like that. It's a little bit more comfortable with [practitioner] than it is with DCP. Sally.

Unfortunately, quantitative data collected in SA was not able to accurately measure parent attendance at family time in relation to planned family time. This is a very important outcome measure that needs to be carefully addressed in future trials.

Improved parenting skills and parent /child relationships.

Source of data: Practitioner focus group, parent interviews.

The data from interviews and focus groups did indicate that parents were learning skills and forming stronger relationships with their children as a result. Practitioners felt that parents were learning a range of skills before, during, and after family time.

"And then there's opportunities around developing coregulation skills for parents…I'm thinking of [parent's name] and examples where you've got young people who are really heightened. You have coaching sessions around how you manage some of that, her putting that into practice during some of those visits as well…building those skills."

"Yeah so in the one family we reunified a baby and she had [another child] … We used Therapeutic Crisis Intervention (TCI) and talked through how it would work and what she could do and how she could step back, and it made a huge difference because she would generally have just arced back up and so we talked through that and [parent] was really pleased with how she's done that, and it worked really really well." Practitioner Focus Group[7].

Parents also talked about learning new skills during the time with their children and with the help of the practitioner. Aleisha felt her skills and knowledge as a parent were not always recognised. She also felt her concern and advocacy for her child during family time was seen in negative ways by DCP.

But I was looked at as being a little bit too precious and a bit too anxious and/or protective, which I wasn't. I was advocating for him and trying my best. Aleisha.

Sally felt that family time and coaching helped her to learn and apply new skills in the moment. She also felt that any feedback was used in a positive way – that she was able to make mistakes and learn from them without being judged.

It was really helpful, and it helped me just having someone to support me with all three children. It made things easier for me to go back into that routine and be able to manage giving all three my attention…. It was all new to me, and they had obviously gotten a little older with age from the time they weren't with me until they were with me. Everything was different. It wasn't like how they were when they were with me before they were removed. So, it was really challenging as well. So, it was great to have [practitioner] there to support us. Sally.

Future implementation efforts may benefit from the use of a validated parenting self-efficacy instrument or similar.

Reduced supervision of family time.

Source of data: File audits, practitioner focus group, parent interviews.

Family time was initially attended by the practitioner while and until plans were made for this to be reduced and removed as the reunification case plan was progressed. There was evidence that practitioners took a coached and supportive approach to family time rather than a supervisory approach, but they faced barriers. They intentionally tried to change the families past experiences of family time. They had to balance this with external stakeholder

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[7] Therapeutic Crisis Intervention (TCI) is a trauma informed crisis prevention system used within Life Without Barriers which supports parents and caregivers to respond more effectively to young people's needs and behaviours. It provides a range of practical tools and techniques that enable young people and caregivers learn and grow.

expectations that they would continue to be present and have a surveillance focus rather than a coached and supported focus.

> *I'd go and sit outside and work on my laptop and then go back in about an hour or something. That was what I was doing with [client] when they first started going for longer visits. And you can hear, you can hear them so your still there. It's just to give them some time.* Practitioner.

Practitioners described a prevailing expectation of supervision from other stakeholders – where families are observed and may be expected to demonstrate skills, but they are not helped. They challenged this view but faced some barriers.

> *The first contacts that we had, in the Department office and she was trying to learn how to feed baby, who was screaming…it was horrible. She was changing his nappy and I passed her a nappy and I got told off for that, because she needs to be able to do it all on her own. Absolutely she needs to be able to do it all on her own before he goes home…. Not today.* Practitioner.

Practitioners described undertaking a range of supportive roles, such as being an extra pair of hands when this was needed and providing in-the-moment feedback. But they saw their role in the family time session itself as secondary to the parent's role and they tried to be unobtrusive unless there was a purpose to this. They described their role as more important when it was time to reflect and discuss.

> *I explained to her… I'm basically going to sit in another room and be here. I'll interact sometimes but I'm not going to be the focus of everything that you do. Cos this is about you spending time with her and then we're going to have our conversation separately later.* Practitioner.

Stakeholder expectations may have created a barrier to replacing supervision with coaching and support. There may also be differing understandings about what supervision means and how a supportive and coached approach aims to help parents and children strengthen relationships and build the skills parents need, not just observe, and assess them.

Parents who were interviewed described a difference in the way their time with the children was supported. For example, Sally described her previous experience of supervised visits in an office with a mirrored window, being observed by staff she couldn't see. She was often unaware of who was watching her, and she did not receive feedback or help. She sometimes received reports some weeks later documenting problems and weaknesses. She described a contrasting approach with the FRS, which, for her, signalled a change in the direction of her case.

> *Yep. And you keep hearing the door bang, and at the end of the visit, three DCP workers walk out. And you're like, "Oh, I thought it was only one sitting in there, and all three of you are sitting there." It's very confronting…it would all be written in a report, but nothing gone over with you before court for you to improve. The difference with [Practitioner], it was great having [her] there because then and there we would talk about anything what I could have done different so then I know for next time. I think that's when I felt like things were better.* Sally

While this evaluation did not invite children's views, practitioners and parents did talk about how children experienced LWB practitioners when they were present. Practitioners spent significant time with children as they often drove them to spend time with their families and

remained with them during family time until reunification was closer. This led to them developing close relationships with the children, as well as with parents and family. Consistent with the evidence, children in this evaluation may have preferred to be alone with their families during family time. One 7-year-old child may have noticed the difference between a conventional supervised visit and the approach to family time in LWB.

I have the 10-year-old. He has said he likes it better when I'm not there and it's just him and mum. Like we get along really well but he's got very limited time with her, and I do understand it and I do feel for him… And the 7-year-old has said we like it when you're here, but we don't like it when the DCP are here. Practitioner.

Future implementation of the FTP may benefit from a careful and explicit description and definition of the difference between supervised visits and the supported and coached approach used in the FTP to share with funders and other stakeholders. Practitioners, families, and children may benefit from communication resources to help statutory and other staff understand a coached and supported approach and how help and support are linked to better outcomes for children. This is a changed way of working and may need better explanation to all stakeholders.

Increased parent participation.

Source of data: File audits, practitioner focus group, parent interviews.

Parent participation is linked to improved reunification outcomes and is a central part of the FTP. Participation opportunities in the FTP include participation in family time planning and in coached reflection sessions as well as taking charge of the family time session itself. The program encourages parents to take charge and lead the time with the children.

While parents described participating in family time processes in improved ways they still had mixed experiences and satisfaction levels.

Sally described having a central role in her time with children, with the ability to ask for help if she needed it – taking a leadership role. For example, Sally had active children to manage and goals to improve her relationship with them through play and other activities. She needed to plan her time carefully and use the resources she had at hand to exercise agency and make decisions in the moment. The resources she had to hand included her practitioner.

Sally: *[Practitioner} was really useful. She never wanted to intervene, as she wasn't sure if it would make me feel uncomfortable. But she always made it very clear that at any time if I did need some support or anything, I would reach out, to let her know, "Hey, I'm just going to focus on [child] here. Can you just help me with [child]?"*

Interviewer*: So she did step in and do some stuff?*

Sally: *Only if I asked.*

Aleisha described doing a range of activities with her child in the community and at home. She said she would have liked to do more, but it was not always allowed. She felt this was because the statutory agency put restrictions on her and on LWB.

I took him to the markets a few times,… took him to the zoo once. I had him booked for kinder gym, Gymbaroo, but the [stakeholder] said that may not be suitable... Also, kinder music just here; he would have loved, but that never eventuated. I believe the department said: "Oh no, don't do this so much, do that". Aleisha.

The co-production of reports and records is one way the FTP aims to increase participation. In the FRS, LWB is required to provide written monthly reports to DCP, and practitioners described providing parents with these reports as they were written, to allow them to record their own views and feedback. Reports were co-produced in various ways such as parents writing comments, giving feedback and practitioners ensuring parents saw reports.

Aleisha felt her participation was documented in ways that were not always accurate. She felt this was done to convey change and progress and that she was improving in her skills and knowledge. Aleisha felt she already had many of the skills and knowledge being documented.

She had [childcare skills] as a reference again in the reports, which makes me feel like I was portrayed a bit stupid, incapable, and again it was to show progression, that you're taking positive steps to do this. Aleisha

She did see the reports and participated in writing them including correcting information. This is important evidence of participation and accountability that is created when reports and records are shared with parents. It also improves the accuracy of reports as described here.

So, I corrected them a few times. There was one time she did it by herself and it was submitted to court, given to DCP to give to court. I rang [practitioner] up and corrected it, and so she re-wrote it, and [this was] submitted to court as well, and so they had the correct information about what was going on. Aleisha.

Sally participated in report writing mostly by reading what her practitioner wrote about the family time with the children. She said the practitioner was open to her views and to making changes if she disagreed.

So she would write them, but I would go over it and agree and…she would tell me if I wasn't happy with anything in the report then I should talk to her about it. Sally

Overall, Sally described a lot of participation in family time sessions, far beyond what she had experienced previously.

Practitioners described how they encouraged participation in family time and in family time documentation from their early contacts with parents, establishing an expectation of participation.

I saw my new client yesterday and I started to put some information into the family time [planning template] and when I see her again tomorrow, I'll be going through that with her and explain to her what we are gonna do and how she can have her input and how we can do that together. Practitioner.

Material from files suggests that parents did provide written reflections on family time and /or read and provided feedback on reports. However, the focus group data suggested that practitioners encountered some barriers to co-producing documents and may even have been duplicating reports at times. For example, there was evidence at times that a report had been co-produced, and a separate observation report was also written by the practitioner which may not have included parent or child views or had parent or child participation. The co-production of reports is an important part of the design of the FTP. It is an intentional strategy to improve family participation, challenge power imbalances and to encourage parent leadership. It is a big change from conventional practice and may need more implementation support.

Families and children experience better goodbyes.

Data was sourced from file audits, from the focus group and from parent interviews.

Separating from each other at the end of family time remained challenging for parents and children. It may have been improved by acknowledgement and validation as well as practical support and encouragement. Practitioners described it as very challenging as they witnessed children and parents, who often desperately wanted to be together, saying goodbye.

It's horrible, its simply horrible. There's no other way to describe it. It's horrible, its heartbreaking. You guide them and teach them but it's hard. It's hard on the kids, it's hard on the parent and its hard on the carer, hard on us. Practitioner.

Practitioners said parents had been told by DCP that they could not show emotion during goodbye time when their children were distressed and that this was very hard for parents and for children to process. Instead of expecting parents to shut down or suppress their emotions they described working with parents to develop goodbye routines to help them and the children cope better. They also described parents working to implement those routines and keeping their emotions in check until the children had gone. Practitioners described supporting children and parents after family time sessions, to process emotional goodbyes.

I think how parents have got to manage that space [goodbyes] is really a trigger and a trauma for them, as much as it is for children. So I think there's beautiful rituals that you create around the parent in goodbyes…. And I think the phone calls after, all the check ins later really speak to someone holding you in that space.

I give a 10-minute warning when it nearly time to go, so they will contain themselves, pack everything up, they put the children in the car. I've had a few [children] that will cry when they are leaving and mum and dad will stand and say "seeya, seeya next time". And I'll be saying in the car "that's alright, we are coming back tomorrow, or coming back on Thursday" and we'll talk it through in the car. But I know that as soon as they're out of view the parents will be in tears and be really upset. But they [parents] hold it together really well. So that phone call afterwards to say "yep, they were fine, they didn't… yeah that's really important". Practitioner focus group.

Both parents interviewed felt goodbye times had overall gone well, while remaining challenging. Aleisha described carefully and skilfully planning for saying goodbye, preparing her child with routines and cues to help him process saying goodbye.

And so when he left, [I would say] 'Oh, say goodbye to the cats, say goodbye to the fish. Now with [practitioner], you're going to go in the car again.' Make it sort of fun, and he's like [mimics child's happy sound] because he loved the music in the car. And again, leaving, the bumps and going outside and talking to him before I put him in the car and strapped him in {goodbyes} not distressing… Oh no, because I knew he was coming back, and he had to have positive feelings of going home. Aleisha.

Sally had started seeing her children more often when reunification was being planned, after a period of reduced family time. She felt she had to rebuild her relationship with them, and the changes were unsettling for them. She and the kinship carer had a good relationship. With the support of LWB they collaborated to make goodbye times easier for them.

They were definitely running up to me like, "Mummy!" Sometimes they didn't want to go, but it was more so that it became easier towards the end. They knew it was [carer]. They grew an attachment to her as well. They were really, really attached to her. When they would see

her, they would just go towards the end… Yeah, it became like a routine for them. They knew when they were going to see me. Sally.

File audits also described some challenging goodbye processes and revealed some planning for goodbye times and some goodbye routines. For example, planned routines for getting in the car seat and waving goodbye and evidence that parents received education, support and encouragement to reassure their children and keep their emotions in check. Overall, this evaluation supports an intentional focus on goodbyes and planning for other difficulties.

Implementation learnings and overview

Table 6 describes an overview of key learnings and next steps for the continued implementation and evaluation of Family Time in relation to each outcome measure. Other implementation learnings are also discussed.

Table 6 – Outcomes and Learnings.

Outcome measure	Learning	Proposed next steps
Increased reunification.	This trial was dependent on DCP funding. Once our engagement with families ends, LWB does not have access to data about reunification outcomes including re-entry to care data. Post-reunification support was provided to most families but was time limited.	Future trials can partner with statutory agencies and families to follow up outcomes over the longer term. LWB will continue to advocate for longer post-reunification support for at least 12 months to help us measure this outcome.
Family time in natural settings.	In this small trial, family time moved quickly to natural settings in homes or the community. Very little family time stayed in office settings. However, this may be more challenging in larger implementation. More exploration of a possible link between increased natural settings and progress of case plans is needed.	Develop and test a definition of a natural setting for family time and collect data on where family time occurs. Consider exploring any link between progression to natural settings to case plan progression.
Children having fun	This is a subjective measure that may not be easily quantified. While parents and practitioners felt children had fun, we did not ask the children themselves. We did collect qualitative data from practitioners and parents that suggested the children enjoyed their time with their parents and siblings.	Develop strategies to ask children about their experience of family time and whether they are having fun. Explore the evidence (including the views of children and families) about what makes family time fun.
Children are safe.	Children's safety was measured qualitatively (parents and practitioners	Develop strategies to ask children about their experience of family time and whether they

	only) and quantitatively through reviewing and counting safety incident reports.	feel safe. Explore the evidence (including the views of children and families) about what makes family time feel safe.
Parents are more likely to attend family time	This outcome was not able to be quantitatively measured although there was a belief (by parents and practitioners) that family time was well attended.	Work with stakeholders to develop and apply consistent measures of parent and family attendance at planned family time.
Improved parenting skills and parent /child relationships.	There was some qualitative data suggesting that this outcome may have been achieved and the reunification rate also suggests it was achieved.	Consider applying a validated pre and post-parenting self-efficacy or similar instrument in future trials.
Reduced supervision	Practitioners and parents described a shift towards a coached and supported approach which was different to past experiences. However, they faced barriers in reducing the focus on observation /surveillance. The concept of supervision vs coaching and support may not be well understood by all stakeholders.	Work with LWB teams and other stakeholders to further conceptualise supervision vs support and coaching. Ensure the goal of reduced supervision and increased parent and family participation and leadership is well understood by funders and other stakeholders.
Increased parent participation	Parents and practitioners described high levels of participation in Family Time. They also described barriers to parent participation such as time and expectations from other stakeholders. A key strategy to promote participation was co-produced records about family time which did happen but may not have been consistent. Children's participation was not explored.	Practitioners and parents may need increased implementation support to ensure records are co-produced. This element may also need improved communication with stakeholders. Consider adding child participation as a planned outcome of the Family Time program.
Families and children experience better goodbyes.	This evaluation has revealed that significant planning and effort have gone into improving goodbyes for children and families, including the development of routines and follow-up support being offered to parents and children. The evaluation has reinforced the need to support and help children and families say goodbye.	Continue to develop resources and support to help children and families at goodbye time. Seek the views of children in future trials.

Table 7 describes some of the other learnings and issues that arose during implementation.

Table 7 – Other learnings from implementation

Other implementation issues	Learning	Proposed next steps
Aboriginal and Torres Strait Islander children and families.	Records indicate that no Aboriginal or Torres Strait Islander children and families participated in this trial.	Seek cultural advice and expertise.
Involvement from carers	The trial in SA did not allow for planned involvement from carers in family time. A foster carer was involved in co-design processes and in the trial of the Family Time workshop. Parents and practitioners talked about the important role carers could and did play in supporting family time.	Explore opportunities to involve carers in future and measure the effectiveness of their involvement.
Ongoing support for implementation.	The implementation strategies for the new Family Time Program were received well by stakeholders.	Consider offering regular coaching sessions to staff implementing the Family Time program inclusive of coaching from lived experience.
The importance of creating the ecological conditions for success – not just focusing on parental change.	The ecology or system around the family is a key point of intervention in the Family Time program. For example, practitioners used advocacy skills to help parents and children strengthen their relationships and intentionally modified the family time environment to create the conditions for outcomes to be met.	Continue to focus on the ecological conditions around families and children and challenge the idea that parent change and parenting capacity is the only focus for practice. Consider integrating advocacy skills and practice resources into implementation strategies
Involvement from lived experience.	We had lived experience experts involved throughout the co-design and in every workshop. During the implementation of the Family Time program the reunification service commenced a peer support role in the FRS team, but this was not included in the original design of Family Time or evaluated.	Consider exploring and evaluating a role for peer workers in Family Time. Continue to involve lived experience in the delivery of the Family Time workshop and explore other ways of integrating lived experience.

Conclusion

Evidence suggests that family time is a poorly utilised process in out-of-home care that, if changed to build and strengthen skills and relationships, has the potential to improve outcomes for children and their families and drive reunification.

The initial trial and evaluation of the Family Time Program suggests it should continue to be trialled and evaluated and potentially scaled more broadly in the sector. It suggests that by focusing on family time as a driver of reunification and addressing the challenges facing parents and children separated by out-of-home care, we may be able to alleviate those challenges, increase reunification, reduce stays in care and improve child and family relationships.

There are barriers to the successful implementation of the FTP as it challenges conventional practice, rules, and processes. Future implementation efforts need to be accompanied by a communication strategy to help funders and other stakeholders understand the design elements of the program and why various elements have been included, such as co-production of records and goals to reduce supervision and moving family time to natural settings.

The FTP has been implemented with children and families who are working towards reunification. This should be continued and expanded to other children and families who may not be working towards reunification but will benefit from improved relationships. All children have a right to have strong and healthy connections with their families and family time processes are key to achieving this.

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