INTERNATIONAL JOURNAL OF ADOLESCENCE AND YOUTH
2024, VOL. 29, NO. 1, 2367116
https://doi.org/10.1080/02673843.2024.2367116

Stakeholder experiences collaborating with My Place: a service supporting pregnant and young parents in the child welfare system in metropolitan Adelaide

Michelle Jones[a], Helen McLaren[b], Tina Brodie[c], Jasmine Bishop[d], Kara York[d] and Laura Edney[b]

[a]Justice and Society, University of South Australia, Magill, South Australia; [b]Flinders Institute for Mental Health and Wellbeing, Flinders University, Bedford Park, South Australia; [c]Wardliparingga Aboriginal Health Equity, South Australian Health and Medical Research Institute, Adelaide, South Australia; [d]College of Education, Psychology and Social Work, Flinders University, Bedford Park, South Australia

ABSTRACT

My Place is a therapeutic and health service for high-risk, vulnerable children and youth (12–25 years), connected with the child protection system, who are pregnant or parents whose infants are at risk of removal. Qualitative interpretive phenomenology guided the focus group interviews with staff, stakeholders and health consumers ($n = 30$). My Place was reported to be trauma-responsive, culturally-sensitive model of care and was viewed as responsible for the development of trust, empowerment, and self-determination among young people due to therapeutic interventions, case management, health information and support with service system navigation. Contributing to practice-based evidence, stakeholders considered the programme delivered kind, gentle, and healing care to young people and developed collegial, trusting, and collaborative relationships with workers across service systems. Stakeholders reported that My Place improved their own trauma-responsive practices. My Place is an early intervention for young, at-risk cohorts, providing a foundation for trauma-informed child welfare systems across metropolitan Adelaide.

ARTICLE HISTORY
Received 11 September 2023
Accepted 4 June 2024

KEYWORDS
Health services; young people; child protection; trauma responsive; risk; early intervention

Introduction

Children and young people who have themselves been part of the child welfare system, who are pregnant or parents of infants, represent some of the most vulnerable groups in society. They can experience vulnerability, discrimination and disadvantage associated with their age, socioeconomic factors, disability, gender, ethnicity and race, care status, homelessness, mental health status, drug and alcohol use. In 2020–21, 72743 Australia children were under care and protection orders with 5,354 in South Australia (Australian Institute of Health and Welfare, 2022). Evidence suggests Indigenous[1] Australian children and children with a disability are significantly over represented among children under care and protection orders (Australian Institute of Health and Welfare, 2022). Information about the numbers of children and young people pregnant whilst in care is not routinely reported, though recently it has been publicly reported that there were five pregnant young women in State Care (Richards, 2023), and confirmed the Minister for Child Protection in South Australia, is

CONTACT Michelle Jones michelle.jones@unisa.edu.au

This article has been corrected with minor changes. These changes do not impact the academic content of the article.

notified of pregnancies, the conception conditions, and any ongoing legal requirements for children and young people under care and protection orders (ABC Radio 28/2/23).

The Child Protection Review (Layton, 2003) recommends the need for prevention and early intervention services to promote the health, safety, and well-being of children and, over time, greater efforts to reduce the number of children in care. When adopting a public health approach involving early intervention for those in need of greater support, it is recommended to include secondary or targeted interventions with vulnerable families who exhibit risk indicators for child maltreatment (Australian Research Alliance for Children and Youth, 2008). An early intervention approach was also supported by the Review of Child Protection SA (Alexander, 2022; Child Protection Systems Royal Commission, 2016).

Children and young people in State Care who are either pregnant or parents are at an increased risk of a variety of adverse outcomes or have previous adverse childhood experiences (ACEs), including reduced and/or poor quality prenatal care, preterm delivery, low birth weight, and high risk of infant removal (Anastas et al., 2021; Newton, 2020; O'Connor et al., 2020; O'Donnell et al., 2019; Taplin, 2017). Consequently, engagement across multiple service systems (including health, disability, drug and alcohol, mental health, and child welfare) may be required. Navigating these systems is particularly difficult for vulnerable young people, such as those who have limited trust in systems that may have abused or failed them (Mason et al., 2020).

Developmental and intergenerational trauma is common among children and young people in the care system (Mason et al., 2020). Compounding this trauma, infant removal is frequent among parents who are part of the child protection system (Broadhurst et al., 2015). This, together with the assessment of parenting and environmental adequacies against Western ideals (Newton, 2020), has particular cultural implications for young Aboriginal parents, who have disproportionately high levels of infant removal (Chamberlain et al., 2022; O'Donnell et al., 2019). These child removals may repeat historical wrongs and, as O'Donnell et al. (2019) suggested, may create another 'stolen generation.' As a result, early intervention requires services to take a whole-system approach to building trauma-responsive capacity for both Aboriginal and non-Aboriginal parents. All those involved in the system need to work together to best respond to trauma (Government of South Australia, 2021).

Through the eyes of stakeholders, staff and health consumers, this research explored the impacts of an early intervention programme embedded within the health system, My Place, which provides services to pregnant children and young people who have been part of the child welfare system.

My place program

My Place is part of Yarrow Place Rape and Sexual Assault Service, Women's and Children's Health Network, South Australia, funded by the Department for Human Services. Consisting of a small multidisciplinary team of social workers, midwives, and an Aboriginal Social and Emotional Wellbeing Worker. It provides therapeutic healthcare to priority populations of children and young people aged 12–25 years who are or have been in the child protection system and are either pregnant or have children at risk of entering the statutory systems.

My Place worked from a trauma-responsive, early intervention framework to disrupt intergenerational patterns of abuse, neglect, and subsequent out-of-home care experiences. Unique to My Place, the young person's outcomes were not pre-prescribed and the programme worked from where the young person was at. Therapeutic assertive outreach was delivered to young people over up to an 18-month period. The following services were provided advocacy, system and service brokerage, accompaniment, health services (e.g. peri-natal care, promotion of healthful behaviours such as reducing drug use and healthy eating, access to mental health services and contraception) and parenting education. My Place provided options that might prevent removal, prevent pregnancy or subsequent pregnancies, post removal, and/or enhance a healthier relinquishment of the baby; and/or enhance parenting to support young people

during access visits or reduce the risk of traumatic removal, work towards reunification and/or work towards an ongoing, safe relationship with their child regardless of the care arrangements. The service continued to support the youth in a range of parenting settings, including if the infant/child was no longer in their care. While My Place primarily targets young women and mothers, the term young people will be used herein as the term favoured by stakeholders that also represents young fathers involved in the programme and those who do not identify within gender binaries.

Method

Research design

This study represents exploratory evaluation research, which means that programme theory has informed the design and development of research (Jones et al., 2016). The evaluation research was a cross-sectional, interpretive phenomenological, mixed-method design based on interviews with service users and focus group interviews with stakeholders and health consumers to ascertain the experiences of the programme. Qualitative research methods included culturally sensitive face-to-face interviews with service users and online focus-group interviews with stakeholders. While not linked at the individual level, the qualitative data provided a nested understanding of the programme. The current paper reports on the findings from focus group interviews with stakeholders, staff and members of the health consumer governance group in the My Place service system.

Participants

Online focus group interviews were conducted with My Place staff, stakeholders and members of the health consumer governance group that form part of the service system, as identified by the My Place Team Coordinator. Online focus group interviews were selected as the preferred method to ensure ease of access for all participants. The research was conducted at a time when health services were still burdened by responding to COVID, making access to a central meeting location difficult. All participants were English-speaking and had either worked with or for My Place.

Analysis

Eleven focus groups interviews were held in total. Ten focus group interviews were conducted in MS Teams (author 1) and one face-to-face (author 1).Nine of the ten were auto-transcribed in MS Teams. The face-to-face and, owing to technology failure, one online focus group interview was voice-recorded and transcribed by an external transcription company. Auto-generated transcripts were checked for accuracy against the recordings, and all transcripts were de-identified prior to sharing them with other members of the research team for analysis.

Inductive thematic analysis (Braun & Clarke, 2006) was undertaken independently by two researchers not involved in conducting the focus group interviews (author 4 – Gunditjmara woman and author 5). A third researcher (author 1), who conducted the focus group interviews, cross-checked the themes for consistency. The themes duplicated across both independent analyses are reported herein.

Ethics

Limits to confidentiality were explained to participants due to nature of focus group interviews and reporting of stakeholder groups. All participants consented. This study was approved by institutional, and University Human Research Ethics Committees.

Findings

The focus group participants included: five staff, three health consumers from the Yarrow Place Health Consumer Reference Group and 22 stakeholders across metropolitan Adelaide (Table 1). The stakeholders represented the National Disability Insurance Service providers, Department for Child Protection, SA Health workers, Aboriginal Community Controlled Health Services, Attorneys General Department, and Foster Carer of a young person who had aged out of the system.

Two upper-level themes were identified, each of which contained subthemes. The upper-level themes were (1) trauma-responsive relationships and (2) building trauma-informed systems. Each theme and sub-theme are explored by supporting quotes from focus group interviews.

Trauma-responsive relationships

Focus group interviews reflected on the nature of the trauma-responsive relationships My Place had established with young people as well as with their services. The Director of Youth Women's Safety Wellbeing (YWSW) talked about the fundamental need to create feelings of safety for the young people with whom My Place worked:

> Teaching people who've been so harmed in their early development that some adults can be trusted and will not harm you is a fundamental way in which [My Place] can establish safety in that first phase of a trauma recovery model. It may be for some of these people, years before they ever get to processing the trauma. (FG7)

> A focus group stakeholder commented on My Place's conduct of 'real' trauma-responsive care: My Place program offered a really good example of what can happen and what can occur and the changes we can make in people's lives when we do what we set out, when we fulfill our intentions so that *real trauma informed* [emphasis added] kind of background and *empowering and collaboration* [emphasis added] … the benefit for me has been to … experience and be a part of that, and to learn from that. (FG1)

This stakeholder recognized, in collaborating with My Place, that empowerment and transformation have happened for both the consumer and for them as practitioners. Another stakeholder was added in the same focus group interview.

> The real benefit and strength [of] My Place from our perspective was their understanding and knowledge around parenting through trauma … their main consumer is a young parent who has their own developmental trauma. Then they're also tasked with involvement from DCP and a range of other services, to increase their own parenting skills … Understanding around trauma and how that impacts their ability to [parent]. So, we found

Table 1. Sample demographics.

Focus Group Interviews	Participant Group	Participants (n)	Organisations represented
1	Stakeholder	8	DCP ($n = 2$) NDIS ($n = 2$) SA Health ($n = 3$) AGD
2	Stakeholder	2	NDIS Health
3	Stakeholder	6	SA Health ($n = 3$) DCP ($n = 2$) Aboriginal Health
4	Stakeholder	2	DCP SA Health
5	Consumer Governance Group	3 (+2 observers)	Health Consumers ($n = 3$)
6	Stakeholder	2	DCP ($n = 2$)
7	Staff	1	Director, SA Health
8	Staff	3	My Place staff, SA Health
9	Stakeholder	1	Foster Carer of aged out young person
10	Staff	1	My Place Staff, SA Health
11	Stakeholder	1	Aboriginal Health, SA Health
		30 participants	

> that the knowledge of those clinicians was really fantastic, and they had the time and again that assertive model to really make it accessible for those consumers. (FG1)

This stakeholder observed the therapeutic relationship between the My Place worker and the young person as *trusting and respectful*. In addition, stakeholders recognized the *time* invested in by My Place to build these relationships. A DCP worker stated My Place: 'were able to get these young people who really had no reason to trust adults ever again to begin to trust adults or begin to trust another person' (FG1), another DCP worker added: 'The effort My Place made to build a level of epistemic trust with their client really enabled us' (FG1). A Youth Health Worker added: '[My Place established] very trusting safe relationships that were consistent and predictable' (FG1). Similarly, another DCP worker stated,

> I think the parents really trusted the service [My Place] because they were there knowing that background of those young people. . . . We've referred cases to My Place and we've been able to stop removals happening. (FG2)

This quote highlights the early intervention role My Place has undertaken in preventing infant removal. Specifically, in relation to an Aboriginal young person being supported by My Place, a worker from an Aboriginal health service talked about the lack of trust in service systems that compelled the young mother to resist seeking support from external mental health services. This prevented the Aboriginal health service from supporting the reunification of the young mother and her child. The worker said, 'My Place worker from her background as a social worker, was able to offer mental health support for her because she trusted her'(FG2).

In relation to trust, a worker from the Office of the Public Advocate, Attorney General Department, had a similar experience:

> I know that there's one particular client who had a real distrust of multiple services. [The young person] has now been able to build relationships with other services, build relationships with staff [who] were able to then build evidence to get 24/7 care for them. They now voluntarily go to Yarrow Place to have the assessments and there's a whole care plan. Like, none of this would have happened two years ago. (FG1)

The trusting relationships between the young people and their My Place workers had ripple effects on other services. This meant that My Place workers' ability to work with other services engendered greater trust in the services of the young person. A DCP worker commented, 'having them [My Place] there to support the clients, which allowed really in-depth conversations about concerns' (FG2). In a different focus group interview, another DCP worker stated, 'It helped us build a level of trust . . . they [young person] could see that we were working with them [My Place]' (FG6) in role modelling relationships.

An Aboriginal health worker within Health commented that many of the cases involving My Place provided continuity of care for young Aboriginal women. There was one young Aboriginal woman, however, who they felt required a complex trauma response. The stakeholder stated:

> There were a number of services she [young Aboriginal woman] was linked into which made it challenging for her to attend, giving the social complexities of her situation. In that case, [I] felt like she had been set up to fail. . . I don't feel that she was necessarily well supported, but in other situations, the continuity of care that My Place has provided to other [Aboriginal] women in that space has been positive, especially for those women. (FG11)

In this case, the Aboriginal health worker talked about the complex trauma that this young woman had experienced previously and that infant removal could have been avoided from the outset if the source of her trauma or the trigger was avoided, which was the hospital.

Culturally safe and sensitive practice

A person from the health consumer reference group commented on the contributions of My Place to Aboriginal young people's healing journey:

> Half my mob are in there [My Place]. All of my government [child protection] kids are in there and they've had a positive experience and it has been a very rewarding and a beautiful journey, they've built that relationship, those connections. (FG5)

This quote highlights the role My Place has played supporting Aboriginal young people on their healing journey. An Aboriginal worker in Health stated, 'I saw information that service [My Place] was really well attended by Aboriginal women. In fact, I think a large number of their clientele [are] Aboriginal women that had really positive outcomes' (FG11).

My Place service model helped provide a culturally sensitive environment to support the healing journey and develop trust. My Place worker stated:

> that cultural context for me is how we're gonna get our mob to talk. You know, it's not going to be in four walls. It's not going to be in a clinical setting. . . . when I'm doing therapy, when I'm doing that kind of outreach stuff with my clients, I don't want to be in four walls. (FG10)

The worker then reflected on the importance of flexibility and being person-centred when working in a culturally sensitive manner:

> My Place [are] asking the questions, you know they're asking, Do you identify? What do you know [about your culture?] . . . So it's asking those questions . . . It's do you want to find out? How can we help? Because culture and identity are a huge part of anybody's life, it's another sense of belonging, being Aboriginal and if you are disconnected from growing up and not knowing your identity and your culture. Then finding out if you are Aboriginal or you have somebody to be able to help you find your Aboriginality, it's another sense of belonging. It's another sense of being able to actually help through that trauma or help through their next stages of their life and moving forward. And I think that's a beautiful thing if you're able to help somebody go through that journey with them. If they choose to do that. (FG10)

My Place was sensitively supporting young people to navigate exploring their identity, recognizing the strengths of culture, and if the young person wants, building their cultural connection:

> some of the clients . . . their identifying that they're Aboriginal, but they don't know where they belong, they don't know their cultural connection. . . . I've grown up in Adelaide. I'm not from here. This is not my country. However, I have been able to build a lot of rapport [with] a lot of people that I know in the Community [and I] bring that together and kind of say 'ohh you could be related to so and so, how about I look into that for you?' Do you know given there's a last name, given that I might know that person or that family or I know the services that I could potentially provide that young person to be able to find who their mother or who their family is?. (FG10)

My Place was not only supporting young people to work through their trauma and loss but also working to build or rebuild their cultural connections and a sense of belonging.

Flexible, person-centered, continuity of care

My Place workers' relationships with young people were built on practical supports, for example, through the provision of transport and access to services, food, housing, fun and joyful activities, health and medical information and services (contraception, abortion, and pre-or antenatal care), and parenting support. The interests of young people were centred throughout the provision of practical support. For example, when enroute to appointments, the My Place worker emotionally prepared the young people for these, such as, knowing what to expect, what parts of their body will be touched, and the nature of the medical procedures they could expect. They implemented strategies while waiting for appointments, such as finding safe, quiet, and non-triggering places. A My Place worker stated the importance of: 'working side-by-side and gaining trust and showing up and repeatedly demonstrating yourself as trustworthy, and that they could connect with you' (FG8). A worker from the Multi Agency Protection Service (MAPS) stated, 'You know generally therapeutically we're looking at 12 sessions, we wanna see your goals and achieve those goals. But if you're particularly a young person with a trauma history, there needs to be significant flexibility about that' (FG3). A health worker stated, 'The team as a whole had reflected

on that, you know, they just saw better rapport, better outcomes with the women feeling more comfortable asking questions when they had that continuity in their care. … I think that's probably the biggest learning … The real importance of continuity' (FG1). Similarly, a disability worker stated, 'It's just able to actually bring some stability in her life and her decision making … like a year since My Place has been involved, her decision making, a lot of health and other supports have just improved tenfold' (FG1). An Aboriginal worker from Health commented, 'We know that continuity [of care] models are a gold standard, so having that same care provider [from My Place] that they [Aboriginal young person] can build a trusting relationship. To the best of my knowledge so far, there's been a lot of positive outcomes for young women, being able to keep their babies as well and get the level of support that they require and need' (FG11). All stakeholders provided evidence in support of My Place, providing person-centred, flexible, continuity of care.

Kind conversations about tough issues

My Place workers would have kind conversations about tough issues with the young people, such as the potential or planned removal of their child, possibilities for reunification (or not), sex, sexually transmitted infections, racism, past (or current) sexual exploitation, and trauma. A youth health worker stated,

> These [young] women had their own trauma. And I think what assisted was the My Place program being able to have those really tough conversations beforehand and planting some seeds and feeling comfortable … [My Place were] supporting the providers and other people who perhaps may be less comfortable in having these difficult conversations in ways that they could support the young person as well, so that they weren't setting this person's expectations up, but they weren't also then re-traumatizing the person by perhaps saying things that might trigger them or provide hope that perhaps wasn't actually possible. (FG1)

Stakeholders commented that the My Place worker had high-level communication skills and provided developmentally appropriate explanations and support to young people. A disability worker stated:

> [Without My Place's involvement] there would be no way this person would have had any access to healthcare and would not have had access to the Mirena (contraception), that therapeutic approach, there's been two years of intensive therapy that has helped this young person to understand consent. I don't think people understand how there is almost nowhere for a young person with a disability to learn about consent and to understand it at the level that they need and to be given the time to learn about it over two years. This young person can tell you what 'enthusiastic consent' [means]. Most of society does not know what that is, and that kind of therapeutic engagement is not possible in my work because we are so under the pump. And so everything from therapy to having the Mirena to going to their access appointment [with their child]. So, the My Place program has supported a young person to remain connected with their [child]'. (FG3)

While having tough conversations with young people, the stakeholders also recognized the empowering impact of these trauma-responsive conversations on young people. A disability worker explained how, through their collaboration with My Place, they had been part of a process that empowered a young person: 'Fundamentally experienced first-hand that effective empowerment to the young person and how that can reduce those chronic behaviours of concern through their attempts to find some choice and control, and I've been able to embed that in my practice with other young people and I think the other part is all about trauma. Through that constant connection with a young person [FG1]. This stakeholder provided an example of the empowering effects of My Place services on young people.

Outreach and intensive therapeutic care

The *intensive and outreach* nature of the therapeutic relationship was reflected by stakeholders as a point of difference from what their services offered. A youth health worker stated,

> [My Place is] really thorough in their work and their connection and collaboration. But we've also found it very helpful in knowing that there's clinicians sitting in the My Place program who can provide that intensive support to consumers because often we don't see people that regularly maybe every four weeks or so. So knowing that we can then work with those clinicians within My Place to be able to provide psychoeducation or interim support has been very, very useful. (FG1)

A specialist unplanned pregnancy stakeholder described the benefits of an intensive therapeutic approach for young people:

> It [My Place] was an intensive program, which is I think what young people need when they're most vulnerable. And I found that they [My Place] were able to really build a strong relationship with their client, which is great based on their flexibility. And I do think that for young people like, their challenges, change from one day to the next. Could be drug and alcohol one day or pregnancy the next. And [being] flexible to be across all different settings is really important because young people when they come to you have lots of different things happening. So it's about not saying 'oh, I can just talk about this one thing or another'. Just being able to case manage and to be there intensively is what they need. (FG5)

An Aboriginal worker from Health supported the need for outreach to support Aboriginal young people.

Self-determination and control

The ability of the My Place worker to be responsive to the young person allowed opportunities for the young person to regain control over their often-chaotic lives and the way services worked. The stakeholders shared: '[the young person] didn't have to retell her story multiple times and that [they were] able to make and maintain control over the situation at all times' (FG5) and the health worker commented that having the My Place midwife 'gave [young person] a bit more control over her antenatal care, so it wasn't just ringing up our women's assessment unit and speaking to a different midwife every time you would call' (FG1). Young people using the service were self-determining and involved in the decisions made about their lives.

A health consumer from the Yarrow Place consumer reference group summarized the value of building connections and trauma-responsive therapeutic relationships offered by My Place when they stated:

> To build that trust and respect and with that connection. To build that rapport is everything because it's your deepest traumas that you're discussing. And your deepest healing that you're going through is a journey. You need to be able to have a relationship and a connection. And to build that it's not going to take overnight, and it's not going to happen in 6 months. It's going to happen consistently and to be able to have that connection weekly, that was the thing with [My Place] … you're able to have that connection, build that relationship. And you were able to do fun activities, it wasn't always doom and gloom. It was different, it was a therapeutic way. (FG6)

In this statement, the consumer recognized the importance of working over a long period of time, consistent with the worker.

A worker identified a potential limitation of the intensive trauma-informed therapeutic approach adopted by My Place. Following the withdrawal of My Place services (due to cessation of funding), a DCP worker stated:

> [A] byproduct of such a service is a really high likelihood of enmeshment in family situations and in our [DCP] experience, that was certainly a problem that we needed to take some responses, some kind of leadership over … [when] we were talking [with a young person] about what actions and goals need to be undertaken to, potentially prevent, your child being removed. (FG1)

This situation may have occurred because of the premature withdrawal of My Place services before the young person was ready. The same stakeholder suggested the need for My Place to offer longer-

term psychotherapy to young people, aligned with DCP requirements, prior to reunification with their child. The stakeholder added,

> The parents I'm thinking of what they were experiencing was a therapeutic relationship. They weren't experiencing therapy and the therapeutic relationship is healing. But, only to a certain extent and certainly not to the extent that the clients that I'm concerned about often need. (FG1)

This suggestion demonstrates the competing interests between services and the 'boxes that need to be ticked' e.g. 'need for therapy,' rather than being person-centred and determining whether the young person is ready for therapy and beginning to work through their trauma.

Building trauma-responsive systems

The following themes identified how My Place contributed to building trauma-responsive systems across metropolitan Adelaide when responding to young people who are part of the child welfare system and are at risk of having their infant removed.

Collaborative decision-making within and across service systems

Many stakeholders provided examples of how My Place either drove collaboration across services or supported collaborative efforts, working for both young people and unborn infants, and enabling collaborative decision-making. A DCP HRI stakeholder stated,

> I also think it's the collaborative assessment that's done as well, because obviously we've all got the same focus and that's the safety of the baby or the infant that we're all striving for. … That collaborative work, it's assessment because what a non-statutory organization may see something different to a statutory [organization]. yes. … that's been really important and that communication between both has been very, very valuable. (FG2)

In the focus group interviews, there was much evidence of the collaborative work of My Place. In the first focus group interview, a Women's Health worker stated,

> We had quite a collaborative approach between the two services as to who was providing the key services for the woman, but also being a connecting point for when she was accessing antenatal care through the hospital and then subsequently birthing with our program as well. (FG1)

In the same focus group interview, the OPA worker added,

> [My Place has a] very collaborative approach. We worked with My Place in the sense that they would provide us with clinical information and the risk to allow our office to make any decisions that were required that we were authorized to make as part of the person's guardianship and their proper care and protection. (FG1)

In the same focus group interview a Disability worker supporting this: 'with the collaborative approach that was built through the My Place involvement and with all the parties we were able to facilitate an [infant] removal that was as least traumatic as possible' (FG1).

The theme of collaborative practices between My Place and its stakeholders was consistent throughout the focus-group interviews.

Information sharing

Information sharing and communication was seen as a core and highly honed skill of My Place. A disability worker stated:

> [My Place has demonstrated] real transparency of shared information. There's no ego. There's a lot of ego in a lot of places sometimes decisions get made without all of the information. … There wasn't always an understanding that the primary goal was to improve and to support this young person and in order to do that, we all had expertise and we all had things to contribute and there was never a decision made solely by the social worker at

> My Place or by me or by the OPA. We all brought our information together. And I think that there was a constant sharing of information. So there was an understanding that care team meetings when it's someone's life and it's someone's future and it's someone's child and all those big, big things, there was a regular collaboration and regular meetings and regular sharing of information. (FG3)

In this quote, the disability worker identified the importance of collaboration, information sharing, and shared decision-making in this line of work and recognized the expertise that each service brought. A stakeholder from the OPA stated:

> Some of these clients were disengaging completely from services. The fact that they [My Place] were health-based meant that we were able to obtain timely information from health records about high-risk presentations. They were able to share information with appropriate resources. (FG1)

The disability worker held value in the links My Place had within health. My Place was a conduit to health records and information to inform timely decision making for the young person's health, well-being, and safety.

Systems navigators

Several stakeholders marvelled at My Place workers' capacity to work across systems advocating for young people. A disability worker commented on the challenges of navigating the health system and that My Place's location within health allowed seamless navigation:

> coordination is quite limited when it comes to health connections. It's just an unfortunate thing that our systems are quite siloed. It's a lot easier for someone in health to collaborate and to be able to make connections through health than it is for me [outside of health]. (FG3)

All stakeholders supported the importance of having the service situated within a health service; 'otherwise, that young person wouldn't have been able to get that health check done that day and they would not have gone to a hospital, they would not have gone into a clinic. And it was done. And it was done because they were flexible' (FG3). And in another focus group 'they provided the Mirena, they provided ongoing health connection so that this young person had a direct link when there was sexual exploitation involved. There's a direct link to get healthcare, immediate healthcare' (FG1). The consumer reference group member highlighted the importance of not just any medically oriented health service, but a trauma-informed health service: 'I think Yarrow Place is the one that holds that safe space and has that therapeutic value towards it' (FG 6). A worker from within health commented on My Place's ability to navigate across multiple systems.

> [My Place] were able to work between lots of different systems and look at any barriers young people face to accessing services and having that link in with the child protection setting as well. That close relationship was really pivotal in helping a young person to be transparent around what their options were and what the risk factors were. (FG5)

Another stakeholder commented,

> a particular success … was [My Place] willingness to engage different services and for me, that's a massive systemic shift … but they're obviously has been some quite significant success in having all of those services coming together and doing that. (FG3)

My Place has a reputation among stakeholders as system navigators.

Discussion

This study has provided an opportunity for front-line workers to reflect on their experiential accounts of working to support young people in collaboration with My Place. These are related to two key themes. First, the contributions of My Place in the provision of relationship-based trauma-informed therapeutic care to empower young people, prevent pregnancies, reduce infant removals, and

increase access and parenting capacity towards reunification; and, finally, collaboration that has contributed towards the development of a trauma-informed child welfare system in South Australia. Importantly, conversations about the work of My Place with staff and stakeholders, in the focus group interviews have framed the importance of the location of this work in health systems. This location, in Health, enabled My Place to provide a safe, healing, wellbeing, trauma-responsive approach to the care of this vulnerable population group.

During the focus groups, the stakeholders shared examples from cases with vastly different circumstances and contexts. They variously involved working with young people in relation to the termination of pregnancy, the prevention of future pregnancies, prevention of infant removals, reducing re-traumatization during the removal of an infant from the care of a young person, or involving reunification. In all these contexts, the young person is part of the child welfare system. Despite the potentially retraumatising outcomes that may be experienced in these contexts, stakeholders consistently reported positive impacts arising from the engagements between My Place and young people. Stakeholders described the nature of My Place Workers' relationships with young people as trusting, respectful, self-determining, developmentally appropriate, and trauma-responsive. These observations of My Place accord with trauma-informed practices that involve the principles of safety, trust, collaboration, choice, and empowerment (Levenson, 2017).

In their trauma-responsive work, My Place workers adopted relationship-based practices involving role-modelling with young people, resulting in healthy 'working' relationships and the creation of 'working alliance' (Howe, 1998; Trevithick, 2003). A meta-analytic review showed that the therapeutic alliance between a person and their worker may be therapeutic in and of itself (Martin et al., 2000). Stakeholders reflected that My Place recognized both past and current trauma as well as the lack of trust formed from historical experiences, meaning that some young people may not be ready to engage in therapy beyond the therapeutic alliance for some time. A key feature in the provision of these relationship-based care practices, identified by the stakeholders, was the continuity of care, reliability, and consistency (Burch et al., 2020; Howe, 1998; Trevithick, 2003) in the provision of services at My Place to vulnerable young people.

While engaging in practical activities, such as driving young people to places, medical appointments or 'fun' activities, the My Place workers took the opportunity in these moments to build the therapeutic alliance. These actions resulted in stakeholders reporting improvements in young people's access and utilization of their services, behaviour, engagement, and trust in systems beyond the health system. In preparing young people for appointments and engaging with other services, My Place workers put control back in the young people's hands, empowering them. They offered consistency, control, and choice, even when the available options were limited (e.g. their infants were removed). My Place workers were known to have tough, but kind, developmentally appropriate conversations with young people in providing person-centred care. In consideration, person-centred care requires a more holistic approach that incorporates all dimensions of the person, including context, individual expression, preferences, and beliefs (Santana et al., 2018). My Place workers knew the young people well and were able to advise stakeholders on the young people's capacity, thereby informing stakeholders' professional judgement and decision-making processes.

Trauma informed systems

Beyond therapeutic engagement with the young person, My Place was observed by stakeholders to contribute to the construction of trauma-informed child welfare systems. In South Australia, multiple reviews of the child protection system have been conducted, and hundreds of recommendations have been made. In the foreword to the Review of Child Protection in SA (2003) QC Robyn Layton asked the readers, if there was 'one message' she wanted conveyed if would be for inter-agency collaboration. Stakeholders reported positively about their engagement with My Place and attested to the collaborative skills and engagement of My Place. Collaboration is a central component in building trauma-informed systems (Esaki et al., 2013; Government of South Australia, 2021;

Middleton et al., 2019; Quadara, 2015). Stakeholders appreciated the leveraged trust that My Place had achieved through hard work and invested time with young people, and in collaboration with My Place, stakeholders experienced benefits in their own engagement with the same young people.

Collaborating, working across systems to support vulnerable young people engaged with My Place or who need such support, requires several conditions in which to succeed with trauma-responsive work. The following conditions were identified as necessary for the creation of a trauma responsive environments: 'minimize the risk of making things worse for the children or families who have experienced trauma and maximize the possibility of improvement while helping to guarantee safety and even recovery,' and the 'workforce as a whole develops skills for teamwork, cross-collaboration, and interprofessional system integration' (Middleton et al., 2019, p. 239). There is strong evidence from stakeholders that My Place is a trauma-responsive service that has contributed to the development of trauma-informed child welfare systems across metropolitan Adelaide.

A key finding of this project was the demand from stakeholders and health consumers governance group for programmes such as My Place to be embedded within trauma-responsive health services. Many stakeholders commented on the importance of My Place links to health, including its ability to share information and benefits related to direct and immediate access to health and medical services (including pregnancy-related but also mental health and substance use support services) and, importantly, timely access to safe, long-term contraception. Similarly, other research has shown the benefits of support for similar vulnerable groups of young people located in the health system (Quadara, 2015), as opposed to remaining in systems that may be responsible for their historical trauma. In addition, having My Place located within another Government Department allowed greater information and risk sharing and trust between government departments. Stakeholders agreed that by improving access to health and medical care for both the young person and their infant, they also encouraged access to other support services such as drugs, alcohol, and mental health care.

There are both strengths and limitations to this study. A strength of the study was the broad range and number of stakeholders that elected to be involved, allowing saturation to be reached. In addition, our use of online focus groups allowed for sector specific understandings to be identified. However, as a qualitative study using a non-representative purposefully selected sample of My Place staff, stakeholders and health consumers the findings may not be generalizable to 'like' programmes across Australia or internationally. This study may be further strengthened by triangulating the findings with qualitative data from My Place service users and quantitative service data from the costing analysis.

Conclusion

Practice-based evidence collected directly from staff, stakeholders and members of the health consumer governance group demonstrated that embedded within a health service, My Place has supported the most vulnerable young people in society to be more self-determining and to bring about changes in their behaviours. This has resulted in increased access to health and social services among young people. Based on the information garnered, My Place has contributed to early intervention and was pivotal in navigating change across systems for service users and through role-modelling trauma-responsive care to the stakeholders. My Place has contributed to the development of a trauma-responsive system of child welfare across metropolitan South Australia.

Note

1. In this paper we use the term 'Aboriginal', unless a source refers directly to 'Indigenous' or 'Aboriginal and Torres Strait Islander'. This research was conducted in South Australia where the Indigenous peoples of the land self-identify as

Aboriginal; hence, we use the term in consideration of the preferences of the Aboriginal people involved in this research.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

Researchers received contract funding from Women's and Children's Health Network. The authors would like to thank the staff and stakeholders of My Place for their cooperation in being part of the focus group interviews.

ORCID

Michelle Jones http://orcid.org/0000-0002-6694-4288

References

Alexander, K. (2022). Trust in Culture: A review of child protection in SA. https://www.childprotection.sa.gov.au/documents/report/trust-in-culture-a-review-of-child-protection-in-sa-nov-2022.pdf

Allen Consulting Group. (2008). *Inverting the pyramid: Enhancing systems for protecting children*. Australian Research Alliance for Children and Youth.

Anastas, J. W., Payne, N. A., & Ghuman, S. A. (2021). Adverse childhood experiences and complex post-traumatic stress in pregnant teens: A pilot study. *Maternal and Child Health Journal*, *25*(5), 741–750. https://doi.org/10.1007/s10995-020-03041-y

Australian Institute of Health and Welfare. (2022). Child protection Australia 2020–21. *Australian Government*. Retrieved 3 February from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/about

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Broadhurst, K., Alrouh, B., Yeend, E., Harwin, J., Shaw, M., Pilling, M., Mason, C., & Kershaw, S. (2015). Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England. *British Journal of Social Work* (Vol. *45*. pp. 2241–2260). https://doi.org/10.1093/bjsw/bcv130

Burch, K., Allen, V., & Coombes, L. (2020). Evaluation of positive choices in Calderdale for care experienced and other vulnerable young parents. Institute of Public Care, Oxford Brooked University.

Chamberlain, C., Gray, P., Bennet, D., Elliott, A., Jackomos, M., Krakouer, J., Marriott, R., O'Dea, B., Andrews, J., Andrews, S., Atkinson, C., Atkinson, J., Bhathal, A., Bundle, G., Davies, S., Herrman, H., Hunter, S.-A., Jones-Terare, G., Leane, C. . . . Langton, M. (2022). Supporting Aboriginal and Torres Strait Islander Families to Stay Together from the Start (SAFeST Start): Urgent call to action to address crisis in infant removals. *Australian Journal Social Issues*, *57*(2), 252–273. https://doi.org/10.1002/ajs4.200

Child Protection Systems Royal Commission. (2016). *The life they deserve: Child protection systems royal commission report*. http://www.agd.sa.gov.au/child-protection-systems-royal-commission

Esaki, N., Benamati, J., Yanosy, S., Middleton, J. S., Hopson, L. M., Hummer, V. L., & Bloom, S. L. (2013). The sanctuary model: Theoretical Framework. *Families in Society: The Journal of Contemporary Social Services*, *94*(2), 87–95. https://doi.org/10.1606/1044-3894.4287

Government of South Australia. (2021). *Trauma responsive system framework: A whole of system approach to building the capacity of the child and family support system*. https://dhs.sa.gov.au/__data/assets/pdf_file/0004/128803/Trauma-Framework_2022.pdf

Howe, D. (1998). Relationship-based thinking and practice in social work. *Journal of Social Work Practice*, *12*(1), 45–56. https://doi.org/10.1080/02650539808415131

Jones, M., Verity, F., Warin, M., Ratcliffe, J., Cobiac, L., Swinburn, B., & Cargo, M. (2016). OPALesence: Epistemological pluralism in the evaluation of a systems-wide childhood obesity prevention program. *Evaluation*, *22*(1), 29–48. https://doi.org/10.1177/1356389015623142

Layton, R. (2003). *Our best investment: A State plan to protect and advance the interests of children*. Government of South Australia.

Levenson, J. (2017). Trauma-informed social work practice. *Social Work*, *62*(2), 105–113. https://doi.org/10.1093/sw/swx001

Martin, D. J., Garske, J. P., & Davis, K. M. (2000). Relation of the therapeutic alliance with outcome: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, *68*(3), 438–450. https://doi.org/10.1037/0022-006X.68.3.438

Mason, C., Taggart, D., & Broadhurst, K. (2020). Parental non-engagement within child protection services—how can understandings of complex trauma and epistemic trust help? *MDPI Societies*, *10*(4), 93. https://doi.org/10.3390/soc10040093

Middleton, J. S., Bloom, S. L., Strolin-Goltzman, J., & Caringi, J. (2019). Trauma-informed care and the public child welfare system: The challenges of shifting paradigms: Introduction to the special issue on trauma-informed care. *Journal of Public Child Welfare*, *13*(3), 235–244. https://doi.org/10.1080/15548732.2019.1603602

Newton, B. (2020). Aboriginal parents' experiences of having their children removed by statutory child protection services. *Child and Family Social Work*, *25*, 814. https://doi.org/10.1111/cfs.12759 (4)

O'Connor, A., Harris, E., Seeber, C., Hamilton, D., Fisher, C., & Sachman, M. (2020). Methamphetamine use in pregnancy, child protection, and removal of infants: Tertiary centre experience from Western Australia. *Midwifery*, *83*(102641), 102641. https://doi.org/10.1016/j.midw.2020.102641

O'Donnell, M., Taplin, S., Marriott, R., Lima, F., & Stanley, F. (2019). Infant removals: The need to address the over-representation of Aboriginal infants and community concerns of another 'stolen generation'. *Child Abuse and Neglect*, *90*, 88–98. https://doi.org/10.1016/j.chiabu.2019.01.017

Quadara, A. (2015). *Implementing trauma-informed systems of care in health settings: The with study. State of knowledge paper*.

Richards, S. (2023). *'Less than five' pregnant girls in state care: child protection boss*. https://indaily.com.au/news/2023/02/27/less-than-five-pregnant-girls-in-state-care-child-protection-boss/

Santana, M. J., Manalili, K., Jolley, R. J., Zelinsky, S., Quan, H., & Lu, M. (2018). How to practice person-centred care: A conceptual framework. *Health Expectations*, *21*(2), 429–440. https://doi.org/10.1111/hex.12640

Taplin, S. (2017). Prenatal reporting to child protection: Characteristics and service responses in one Australian jurisdiction. *Child Abuse and Neglect*, *65*, 68–76. https://doi.org/10.1016/j.chiabu.2017.01.007

Trevithick, P. (2003). Effective relationship-based practice: A theoretical exploration. *Journal of Social Work Practice*, *17*(2), 163–176. https://doi.org/10.1080/026505302000145699