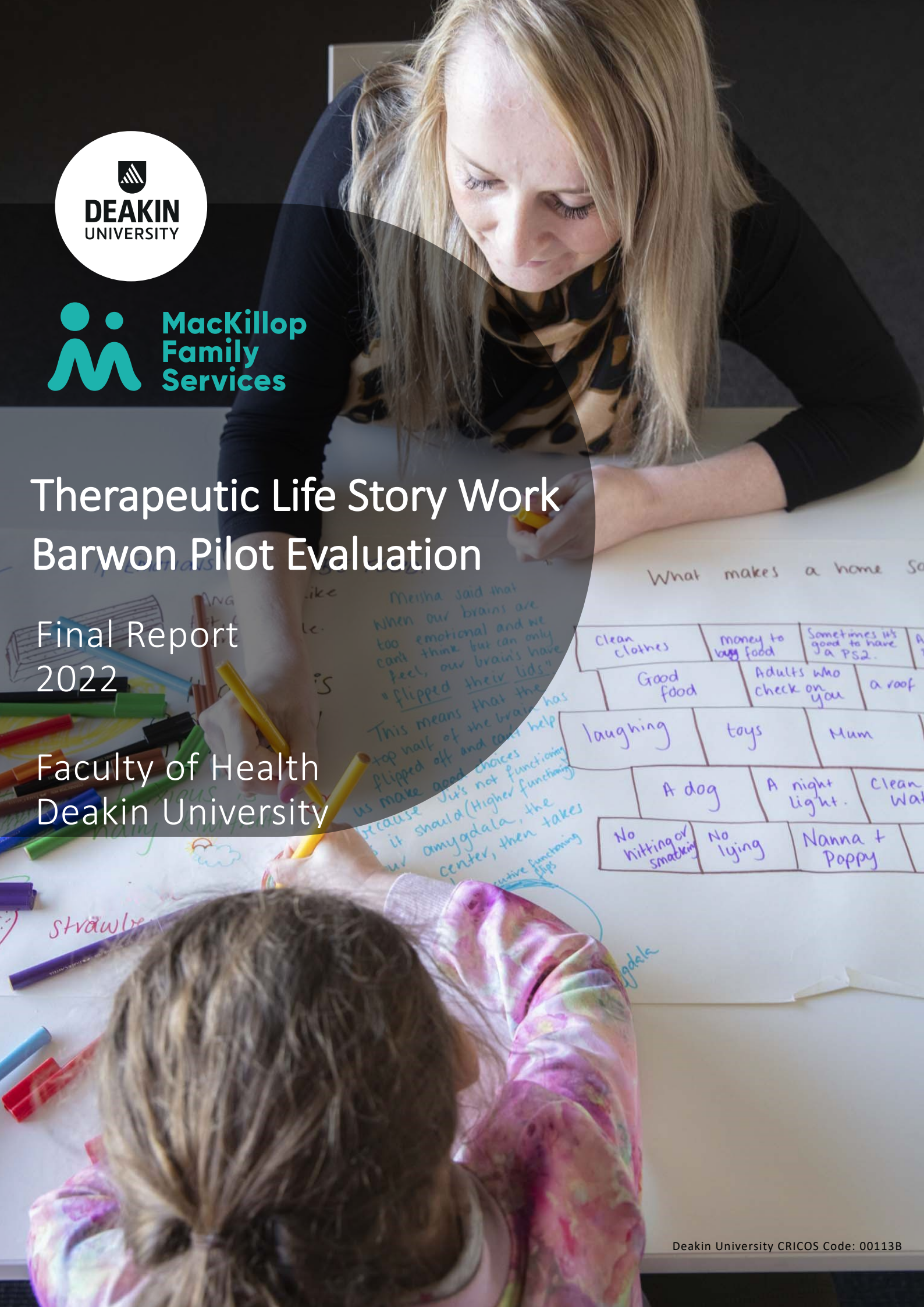

DEAKIN UNIVERSITY

MacKillop Family Services

Therapeutic Life Story Work Barwon Pilot Evaluation

Final Report 2022

Faculty of Health
Deakin University

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Acknowledgement of Country

The authors would like to acknowledge the Traditional Custodians of these unceded lands on which we work and live and pay respect to their Elders and Ancestral Spirits past, present, and future. The authors would also like to acknowledge and pay respect to all Aboriginal and Torres Strait Islander Peoples throughout these lands now known as Australia. These lands always were and always will be Aboriginal lands.

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Background

MacKillop Family Services' Out of Home Care Programs

MacKillop Family Services (MacKillop) works for the rights of all children to be free to enjoy their childhood in safe and loving homes, where they are nurtured and have a sense of belonging and cultural identity. Mackillop support disadvantaged and at-risk children, young people and families throughout Victoria, NSW, WA, the NT and the ACT. Established in 1997 and funded through a mix of government and community support, MacKillop understands how trauma impacts children and young people and uses this knowledge to inform programs and guide responses to those they support. MacKillop provides early intervention programs for over 8,000 at-risk families to help them stay together, provides out of home care for about 2,000 children unable to live with their birth family, offers education services to over 500 students, supports over 400 families with disability services, and supports approximately 100 homeless young people.

MacKillop's Out of Home Care Program (OOHC) currently includes foster and residential care in the Barwon region. As of October 2022, MacKillop Barwon is responsible for the care of 24 young people across seven residential care homes and 80 children and young people in foster care. MacKillop offers a range of therapeutic programs specifically designed to support children and young people in OOHC, for example the Seasons for Growth Program, Healing Matters Program, the Power to Kids Program, and the Sanctuary Model. The recent addition of Therapeutic Life Story Work (TLSW) is intended to complement these program offerings.

Therapeutic Life Story Work (TLSW)

Children and young people in OOHC have often experienced trauma and disrupted attachment resulting from abuse and neglect (Rose 2012; Jones 2017). As Jones (2017, p. 275) stated, "their story is often fragmented, discontinuous and characterised by confusion, misconception, blame and shame". Attachment refers to the relational bond that develops between a caregiver and infant. Attachment is critical in the early years of life because these relationships inform how we see ourselves in the world and how we should expect carers to be (Bowlby 2005). With secure attachment, the infant/child understands the caregiver to be someone significant to which they can return for care, safety and comfort (Bowlby 2005). With both secure and insecure attachment, the infant / child adapts to their circumstance and develops strategies to organise and protect the self over the life course (Crittenden, 2017). This indicates that as the young person matures, they can access more complex mental and behavioural processes and make meaning from earlier life experiences.

In response to these experiences of abuse and neglect, Rose's (2012) model of Therapeutic Life Story Work (TLSW) is underpinned by several frameworks such as attachment theory, trauma-informed practice, grief and loss models, narrative theory, and strengths-based practice. As an intervention, it supports children and young people to explore significant life events, and that of their wider family, to understand how they have come to be in care. The child or young person and their carer are instrumental throughout the process of examining present "behaviours, feelings and cognitive processes that manifest themselves within placement" (Rose 2012, p. 26) and how they are influenced by the child's/young person's past (Rose 2012). With this awareness, the relationship between the child/young person and carer is strengthened and enables a more positive future (Rose 2012). Furthermore, it can support the child or young person in improving their ability to regulate their emotional responses, choose healthy and pro-social behaviours when they feel unsafe or under threat (Jones 2017; Rose 2012).

Earlier versions of "life story work" in OOHC care settings provided an opportunity for the child or young person to recount their story and recollections for the creation of the life story book (Rose 2012). In contrast, TLSW, actively involves the child/young person and carer, with an explicit focus on supporting children and young people's recovery and healing from their trauma and loss experiences as well as strengthening their relational bond with their primary caregiver (Rose 2012; Rose 2017). While there are benefits for the child or young person (Rose 2012; Jones 2017), it is pertinent to note broader social advantages (Jones 2017), such as: "improved outcomes for children/young people in care, reduction in intergenerational trauma, improved stability of placements, and increased retention of carers" (Jones 2017, p. 282).

As the name suggests, TLSW explores the history or "life story" of the child or young person. Whilst the children and young people in this report entered care at various ages, their early childhood experiences of neglect can be linked to the quality of attachment they have with a primary carer (Streeck-Fischer & Van der Kolk 2000). As a result, when working therapeutically with the child or young person it is critical to understand the significant events throughout their life and not just the circumstances in which they came to be in care at a particular time.

The TLSW Barwon Pilot Program

The TLSW program at MacKillop is an adaptation of Rose's model (2012) and is a relational therapeutic outreach program for children and adolescents aged 6-17 in OOHC. The program is facilitated by a trained TLSW clinician and encourages the child or young person to ask questions about their past, present and future. Through a narrative approach along with creative and play therapy techniques, the program supports children and young people in OOHC to make sense of

past trauma and loss experiences; and how these experiences influence their present thoughts, feelings, and behaviours. Sense-making is then used, along with the strengthening of the child/young person's emotional, social, and behavioural skills, to enhance resilience and (re)construct a meaningful identity. Once this has been achieved it is hoped the child or young person will have gained the awareness and skills to enable the development of quality social and community relationships for the future. The TLSW Pilot Program is the first of its kind in the Barwon region and has been possible due to philanthropic funding. The longer-term aim is rollout of the program across OOHC services more broadly in Victoria and interstate.

The TLSW Pilot Program at MacKillop consists of six phases. These include: (1) Information Gathering, (2) Relationship Building, (3) "Story of My Past", (4) "Story of My Presence", (5) "Worries, Future Plans and Making Sense", followed by (6) Ending of TLSW with presentation of the book. The first phase occurs prior to engagement with the child or young person, whilst Phases 2 to 6 consist of the actual TLSW intervention. The sessions are held at the child or young person's foster or residential care home every week or fortnight. The child or young person drives the timing of the sessions. The content of the sessions reflects a balance between having structure while also allowing "organic" exploration between the child/young person, key carer and TLSW Clinician.

During Phase 1 (Information Gathering Phase; Pre-TLSW or Session "0"), the TLSW Clinician collects as much information as possible about the child/young person and their lives, specifically in terms of their family and the reasons why they have entered OOHC. This information is then shared with the child/young person during the remaining TLSW Phases. During Phase 2 (Relationship Building Phase, Sessions 1-4), the TLSW clinician works with the child/young person to begin developing rapport and understand what they consider important. In TLSW Phase 3 (Story of My Past Phase, Sessions 5-8), there is an exploration of the child/young person's life prior to birth, including presenting information to the child or young person about their grandparents and parents. This process allows the opportunity for reflection on intergenerational trauma and provides as grounding point for the young person to begin to understand that their story began before they were born.

In TLSW Phase 4 (Story of My Presence Phase, Sessions 9-14), there is an exploration of the child or young person's life commences and is worked through for each year of their chronological age. The TLSW Clinician uses child development theory, attachment theory, grief and loss theory and various art therapy and play therapy interventions to support the child's reflection and understanding of their experiences. This crucial element of the work allows the child to make sense of why things have occurred for them and why their experience may be different to others. TLSW Phase 5 (Worries, Future Plans, Making Sense Phase; Sessions 15-17), offers the child or young person the opportunity to raise any concerns or issues that have continued to bother them or that they have not fully

understood. This also allows the child or young person to develop a sense of future and plan for how they want their lives to continue. This stage in the process brings together the reflections and learnings from the previous phases and allows the child or young person to cement their sense of identity in the context of trauma and loss that they feel most comfortable with moving forward.

The last phase, TLSW Phase 6 (Ending Phase; Sessions 18-19), is used to celebrate the journey that the child/young person and carer have gone on together and is marked by the TLSW Clinician, carer and child/young person all engaging in a special activity together (e.g., birthday party re-enacted, dinner, fishing trip, horse riding, picnic in the park). The TLSW Clinician, in collaboration with the child/young person, creates a Therapeutic Life Story Book. At Mackillop, the young person is considered the editor of their TLSW Book, and they are given the opportunity to dictate the font, format and other features of the final book, prior to its creation and presentation at the end of the TLSW journey. The clinician takes photographs of the wallpaper, and uses these alongside typed information and family photographs and news clippings, to provide a rich narrative of the child or young person's life, including upholding their voice through the discussions. The book is provided to the child/young person to keep. The child/young person can add to their book in the future with support from their carer if they wish. The TLSW Clinician develops further reports for the Care Team to explain the journey that the child/young person has been on and any further outcomes or referrals that may be required.

Purpose of this Report

This report outlines the final findings from evaluating MacKillop's TLSW pilot program in terms of the key outcomes and process considerations involved in future delivery of the program.

Aim of the Evaluation

The aim of the evaluation was to evaluate the outcomes and process considerations of MacKillop's TLSW Pilot Program as they relate to the participating children and young people's ability to:

1. make sense of and create meaning from their critical trauma and loss experiences
2. strengthen their emotional, social, and behavioural skills and resilience
3. construct a meaningful sense of identity, and
4. develop quality social and community relationships

Methodology

Ethical Approval

This evaluation received ethical approval from Deakin University's Human Research Ethics Committee (Project ID: 2020-229) and from MacKillop's internal research committee.

Design

A longitudinal, mixed-methods design was utilised to gain a rich understanding of the therapeutic outcomes for the participating children and young people; as well as practical considerations in how conventional TLSW was adapted to the context of OOHC in Victoria's Barwon region.

Data Sources

The evaluation was based upon analysis of data from multiple sources to gain a "wrap-around" view of the pilot outcomes and practical considerations. Prior to providing the following data to the Deakin evaluation team, MacKillop removed all identifying information and allocated a unique identification code for each child or young people in the pilot. This code was used to match data across the different data sources and collection points in the pilot. The evaluation team at Deakin therefore, only had access to non-identifiable data.

Qualitative TLSW Wallpaper "Walkthroughs"

A series of visual and textual information is completed by the young person and the TLSW Clinician as part of the standard operating protocol of MacKillop's TLSW pilot. A non-identifiable version of these were provided to the Deakin evaluation team for the purposes of evaluating the pilot and includes the children and young people's TLSW wallpaper, created in collaboration with the young person and their TLSW Clinician at the end of their involvement in the pilot program. The content of the wallpaper was compiled in the children and young people's own unique TLSW Book.

Qualitative Key Stakeholder Interviews

Qualitative data in the form of audio narratives from key stakeholders comprising MacKillop staff and carers were gathered through individual semi-structured interviews conducted via zoom. The audio narratives included information about how key stakeholders' working relationships with the young people in the TLSW program have benefited, changed, or strengthened. These narratives were transcribed and inductively thematically analysed in combination with the Qualitative TLSW Wallpaper Walkthroughs.

Quantitative Social-Emotional Outcome Scales

The therapeutic progress of the children and young people was tracked with routine collection of quantitative data via the following psychometric scales. These data were collected after each major phase of the TLSW-PP. The psychometric scales included:

1. **"SHANARRI" Scale (Rose, 2012):** A TLSW Clinician administered quantitative instrument assessing the young person's wellbeing during the process of TLSW across 7 Domains: (1) Achieving and Learning, (2) Attachment to Primary Carer, (3) Physical Health and Development, (4) Emotional Intelligence, (5) How Included the Child is, (6) Identity, and (7) Ability to Concentrate and be Physically Settled. Each domain is assessed and rated by the TLSW clinician on a 5-point scale with varying rating descriptors with higher scores indicated greater attainment in the respective domain.
2. **Strengths and Difficulties Questionnaire (SDQ)-Carer (Goodman, 2001):** A 25-item quantitative instrument, assessing the young person's emotional and behavioural strengths and difficulties. Items are rated on a 3-point Likert scale (1 = *Not True* to 3 = *Certainly True*) by the key OOHC carer.
3. **Child and Youth Resilience measure-12 (CYRM-12) (Liebenberg, Ungar, & LeBlanc, 2013):** A 12-item quantitative instrument assessing the young person's levels of personal resilience. Items are rated on a 5-point Likert scale (1 = *does not describe me at all* to 5 = *describes me a lot*) by the young person.
4. **Health of the Nation Outcomes Scales for Children and Adolescents (HoNOSCA) (Gowers et al., 1999):** A 15-item quantitative instrument assessing the young person's social, emotional, and behavioural wellbeing. Items are rated on a 5-point Likert scale (0 = *No problem* to 4 = Severe to very severe problem) by the TLSW clinician.
5. **Child and Adolescent Needs and Strengths – Comprehensive Trauma Assessment (CANS-Trauma) (Kisiel et al., 2010):** A 110-item quantitative instrument assessing the young person's social- emotional needs and strengths. This scale also contains a 14-item domain related to exposure to potentially traumatic/adverse childhood experiences. The CANS-Trauma is completed by the TLSW Clinician.

Findings

The Children and Young People: Demographic Information

During the evaluation period (November 2019 to May 2022), there were a total of 14 children and young people who entered the TLSW Pilot Program, with 11 children and young people participating in TLSW Phase 2: Relationship Phase. At the end of the evaluation period, seven (50%) of the children and young people had completed all six TLSW Phases. Fifty percent of the children and young people identified as female across all six TLSW Phases. The youngest child who took part was seven years old, while the eldest young person was 18 years old. The average age of the children/young people in the program was approximately 13 years (Table 1).

Table 1

Demographic Information of the Children and Young People who took part in the TLSW Pilot Program during the evaluation period (November 2019 to May 2022)

TLSW Phase[a]	n	Age *M*(*SD*)	Age Range	Gender	
				Female	Male
1	14	13.21 (2.99)	7-17	7	7
2	11	13.00 (2.79)	7-17	5	6
3	10	13.10 (2.92)	7-17	5	5
4	8	13.38 (3.42)	7-17	5	4
5	8	13.75 (3.57)	7-18	5	4
6	7	13.57 (2.82)	9-17	4	4

[a] TLSW Phases: 1=Information Gathering Phase (Pre-TLSW); 2=Relationship Phase (Sessions 1-4); 3=Story of My Past Phase (Sessions 5-8); 4=Story of My Presence Phase (Sessions 9-14); 5=Worries, Future Plans, Making Sense Phase (Sessions 15-17); 6=Ending Phase (Sessions 18-19).

The children and young people who took part in the TLSW program had experienced a range of traumatic/adverse childhood experiences (TACEs) (e.g., sexual abuse) to varying levels of severity (from “no evidence” to “repeated and severe incidents”. It was not uncommon for the children and young people to have experienced more than one TACE and to a “multiple incidents or moderate degree” severity level. The TACEs reported as “multiple incidents or moderate degree” (the most frequently reported severity category across the children/young people cohort) included physical abuse (n=12), neglect (n=11), and witness/victim to criminal activity (n=11). Theses were followed by caregiving/attachment losses (n=10), emotional abuse (n=10), and witness to family violence (n=10). In some cases, TACEs occurred as “repeated and severe incidents”. The frequently reported TACEs at this severity category included emotional abuse (n=13) and community violence (n=9) (Table 2)

Table 2

Traumatic/Adverse Childhood Experiences (TACEs) of the Children and Young People who took part in the TLSW Pilot Program on entry into the program

Traumatic/Adverse Childhood Experience	Frequency (n)				Total (n)[a]
	No Evidence	Suspicion or single incident	Multiple incidents or moderate degree	Repeated and severe incidents	
Community Violence	0	0	4	9	13
Disruptions in Caregiving/Attachment Losses	0	2	10	1	13
Emotional Abuse	0	0	10	13	13
Medical Trauma	5	4	3	1	13
Natural or Manmade Disasters	6	7	0	0	13
Neglect	0	0	11	2	13
Parental Criminal Behaviour (birth parents and legal guardians only)	0	2	9	2	13
Physical Abuse	0	0	12	1	13
School Violence	4	6	3	0	13
Sexual Abuse	4	2	7	0	13
Terrorism Affected	13	0	0	0	13
War Affected	13	0	0	0	13
Witness to Family Violence	0	0	10	3	13
Witness/Victim to Criminal Activity	0	2	11	0	13
Total[b]	45	25	90	32	-

[a] missing data for n=1 child/young person.

[b] multiple children/young people experienced more than one TACE, hence total n > 13.

Inductive Thematic Analysis

Inductive thematic analysis (Braun & Clarke, 2019) was undertaken using the qualitative data sourced from the stakeholder interviews and TLSW wallpaper walkthroughs. At total of nine stakeholders participated in the semi-structured interviews. Four of the stakeholders were foster carers or residential care workers and the remaining were either a MacKillop case manager/worker or TLSW Clinician. Interviews were recorded and transcribed verbatim with any identifying information removed. Also, there were wallpaper walkthroughs for eight different TLSW wallpapers.

Through the inductive thematic analysis process, the evaluation team identified four primary themes: (1) Potential for re-traumatisation, (2) Healing and identity building, (3) Efficacy of the program, (4) System and logistical issues. These primary themes related to therapeutic outcomes as well as practical consideration in delivering TLSW in the context of OOHC. A description of each theme, with accompanying stakeholder quotes, are outlined in Table 3.

The first primary theme (potential for re-traumatisation) related to: (a) having a necessary and shared understanding of the complexities of trauma, (b) the potential for any history of physical, emotional and/or sexual abuse to be retriggered, and (c) questions around training for TLSW workers – specifically, Rose's (2012) training model and the breadth of clinician's knowledge around trauma and psychosocial development. This themes also related to TLSW's (positive) impact on mental health, for example, the children and young people finding out family history for the first time; or whether the children and young people have the emotional resources to be informed about their true background/family.

The second primary theme (healing and identity building) related to: (a) the children and young people's processing of their trauma, (b) the positive impacts of TLSW on their sense of self, identity, and healing, and (c) the positive impacts on their key relationships. The themes also related to the children and young people's increased sense of community and belonging and their sense of personal growth and confidence in their own life trajectory.

The third primary theme (efficacy of the program) related to: (a) questions around meaningful change for the children and young people from participating in TLSW, (b) the efficacy of organisational infrastructure to support TLSW delivery and therapeutic outcomes (e.g., foster carers being present for TLSW sessions within consistent timelines, and the adaptation of the TLSW delivery to cater for the individual developmental needs of the children and young people.

The fourth primary theme (system and logistical issues) related to: (a) the quality of inter-organisational communication (e.g., between DFFH, MacKillop, and police) to support TLSW delivery and outcomes, (b) continuity of care between organisations and departments, (c) the importance of the key carer role in TLSW, and (d) bureaucratic challenges regarding identification and communication of family of origin information during TLSW (Table 3).

Table 3

Key themes identified from the stakeholder narratives

Primary Theme	Description	Stakeholder Quote
Potential for Re-traumatisation	The potential for the young person's history of physical, emotional and/or sexual abuse to be retriggered through the delivery of TLSW program. Questions around training for TLSW workers to hold the space for the young person, including their breadth of knowledge around trauma and psychosocial development and The impacts of the delivery of TLSW on the young person's mental and emotional health as they find out their true family history for the first time and before they are old enough to leave care	"For this young person, he actually had the most horrific trauma histories I've ever worked with. So, he had significant physical abuse, sexual abuse, neglect histories… (perpetrated by) family members: mum, dad, extended family, uncles. So, for him he has an ID because he was shaken as a baby at three weeks old… (He was) in the foetal position for the whole session, so he would not engage at all…They opened the file and there we no notes on file… So, he actually escalated in that session and tore up his wallpaper and flushed it down the toilet… Because of his disability he didn't have the words to express what had happened, something significant had happened at school and he asked for his previous education file so that he could show us." "…Halfway through the process of working with this young person and the case manager and I discovered some information about [the child]'s father. He had been in prison for murder and had served 20 years, but what we had found out also was that he was actually in prison for murder and rape, they are the charges that he had pled guilty to… the father's family wanted to, I guess, jump the gun and share this information with the young person before we had the chance to do the right planning and before it was even at the point in this process where we would have those conversations. So, they did that outside of hours on a weekend and as a result [the child] became very distressed, escalated, tore up and then lit on fire their wallpaper…Destroyed the carer's home, cause significant property damage and then just became really angry with this whole system that that information had not been shared with them before that point in time, and then started to google newspaper articles and stories about the father which then confirmed what the family had shared."
Healing and Identity Building	The positive impacts on the young person's sense of self, healing, and relationships The positive impacts on sense of community and belonging	"…He said (of taking part in the program), 'You know it makes me feel happy to be a part of an extended family, my friends have said they've sort of noticed a difference in me; they want to hang around me more, I've changed to a senior school campus. Inside, my heart feels happier, I feel more confident, I feel more chilled, I'm not having very many worries in my mind anymore, I'm connecting more with dad and family…'" "… We've had four who didn't know they were Aboriginal and through Life Story work we have discovered they're Aboriginal."

Efficacy of the Program	Discussions around meaningful change taking place for the young person Efficacy of program organisation and structure	"So, overall, there's been an increase in the children and young people's social skills, so their ability to connect with carers, teachers, friends has significantly increased. Our young people who are engaged have demonstrated increased ability to self-regulate, so we're seeing less outbursts, less aggressive behaviour, and greater ability to actually enable a safety plan rather than just go from 0-100… We have seen increased education attendance and commitment, so increased days at school, we've had a few young people who weren't attending school at the start of Life Story work but are now engaged and attending multiple days a week, which is quite exciting." "… It was hard having us like one of us adults sitting there with them, like I understand that process but when you've got other kids and extracurricular activities and it's right at dinner time, you know, I don't know maybe that could be thought out a bit better."
System and Logistical Issues	The continuity of care with respect to involved organisations and departments and The importance of role of stable, involved carers Family of origin disruptions during the delivery of the program	"The other challenge we've had in residential care is change of placement so that can be really disruptive to the process of TLSW because it means sometimes that we have to change carers who support the young person… the breaking of that attachment can be really challenging in that space and we haven't yet successfully-- I think we've only completed one Life Story Work with one young person who had to change placements in the middle of the process, the other young people often will withdraw because it's too confronting." "…Mum started to challenge young person on wanting to continue with Life Story Work. It was really sabotage from mum's perspective because she was really shocked about how much young person knew about her life. Even though she consented and was on board when we had spoken quite a bit together, she was really, really cautious about what Young Person knew…"

Wallpaper Exemplars

A core aspect of TLSW is working with the children and young people on their "Wallpapers" – created with the use of large rolls of butcher's paper and kept by the children and young people. These wallpapers consist of all the individual activities completed within and between each TLSW session. They are in effect an ongoing documentation of the children and young people's progress through TLSW, their healing and identity building, and a physical documentation of their voice.

Each wallpaper could be in excess of 10-15 metres in length, containing image and textual reflections from the children and young people and provide a rich insight into the therapeutic outcomes and program adaptions that were required.

In complementing the four primary themes outlined above, three "snippets" or exemplars of wallpapers are provided below.

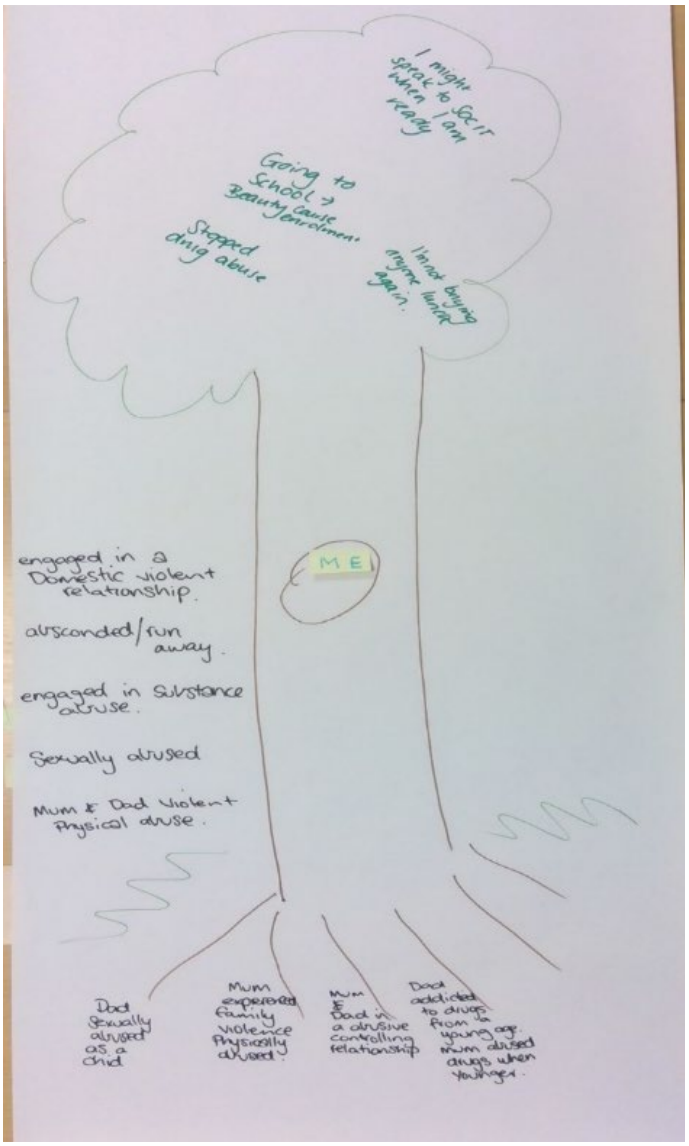
Wallpaper Exemplar 1 – The Behaviour Tree for Intergenerational Trauma

In Wallpaper Exemplar 1 (Figure 1) is a documented example of the *Behaviour Tree* activity designed to help children and young people reflect on the pattern of intergenerational trauma – in this case, over two generations. The roots of the tree symbolise the parents' challenges, strengths, and experiences; while the trunk represents what the child was exposed to while living at home with their parent/s. The leaves are possible problematic behaviours/outcomes and future hopes and dreams of the child or young person. The resultant tree depicts how the past does not necessarily determine the future for children and young people who have experienced trauma.

In terms of the primary themes identified in the thematic analysis, Wallpaper Exemplar 1 and the accompanying "walkthrough" provided a glimpse into the potential for re-traumatisation (primary theme 1) and therefore, the need for care around safety planning at the start of the TLSW process. In this specific exemplar, the child/young person highlighted via the trunk of their behaviour tree how they have experienced physical and sexual abuse in their home. The child/young person also noted running away from home, a history of substance abuse, and being involved in a domestic violence situation. In recounting such traumatic stories during the TLSW sessions, the potential for re-traumatisation was always possible. Mitigation of the likelihood of this occurring therefore demanded the guidance and support of the highly trained TLSW Clinician who "held" the space for the child/young person, and who had an appropriate breadth of knowledge around trauma and trauma-informed care.

Figure 1

Wallpaper Exemplar 1: The Behaviour Tree for Intergenerational Trauma



Also, the theme of broader bureaucratic and logistical issues (primary theme 4) is indicated via the child/young person mentioning in the leaf section that they may speak to the Victoria Police's Sexual Offences and Child Abuse Investigation Team (SOCIT) about the abuse they experienced. If so, such an action would necessarily demand the need to maintain continuity of care with respect to all involved organisations and departments. The goal ultimately, being to minimise the risk of retraumatisation (primary theme 1) that would invariably reduce the therapeutic outcomes for the child/young person.

The themes relating to healing and identity building (primary theme 2) and efficacy of the program (primary theme 3) are also evident in the leaf section, with the child/young person highlighting that they wanted to enrol in a beauty course. The child/young person's aspiration for future study in

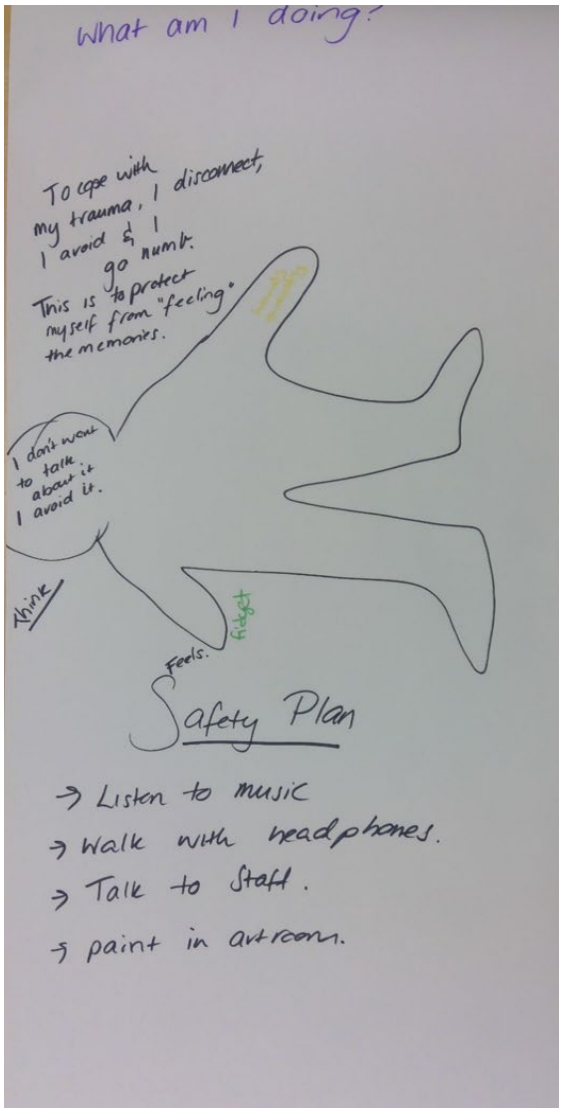
attaining a trade speaks to TLSW providing the safe space in which the child/young person felt empowered in creating their own future, self-esteem, and future goal setting – a core goal of TLSW.

Wallpaper Exemplar 2 – The "Think-Feel-Do" Activity for Safety Planning

In Wallpaper Exemplar 2 (Figure 2) is the *Think-Feel-Do* activity designed to help children and young people connect within themselves how certain thoughts and emotions arise when experiencing a lack of safety. Within this particular exemplar, the child/young person completed the Think-Feel-Do activity and subsequently developed a safety plan for them to draw upon when feeling overwhelmed, unsafe, wanting to self-harm and/or not go to school as a result.

Figure 2

Wallpaper Exemplar 2: The "Think-Feel-Do" Activity for Safety Planning



In this exemplar, the theme of healing and identity building through TLSW is evident through the child/young person's use of a safety plan, which can indicate both insight and reflection in unpacking

coping mechanisms developed in the past that may not have served this child/young person. They recognised how they "disconnect….avoid…go numb" in order to protect themselves from "feeling the memories" of their trauma. However, the positive impacts on the child/young person's sense of self, healing and relationships are clear as the safety plan promotes emotional growth and a stronger sense of self. All of which contribute to the child/young person better handling difficult or unsafe situations, as well as unhelpful challenging thoughts and feelings that may arise. This safety planning also supports the child/young person in establishing boundaries with regards to who they want in their life (and who they do not), especially when they feel unsafe or overwhelmed. In doing so, they can work toward meaningful relationships with safe and healthy people. The theme of broader bureaucratic and logistical issues is also indicated in Wallpaper Exemplar 2 via the third point of the safety plan which is "talk to staff". It was essential here that the child/young person was fully supported by their carers and staff members across all departments and organisations in order so that they feel safe enough to discuss any issue that may have arisen.

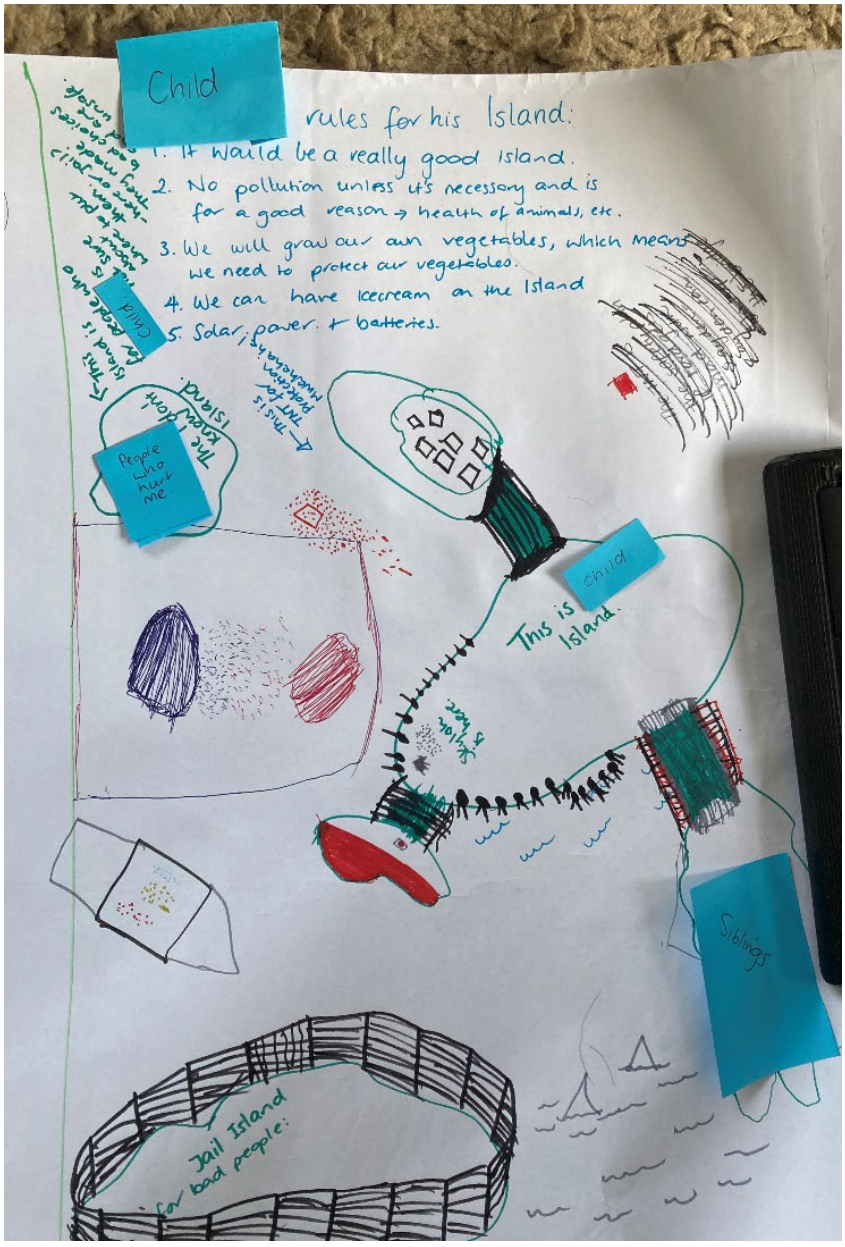
Wallpaper Exemplar 3 – Planning for the Future

Wallpaper Exemplar 3 (Figure 3) highlights a planned future world and the people in it from the perspective of one child/young person in the program. This activity involved the child/young person not only drawing, in this instance, the islands that make up their future world they wish to create; but also, the rules for those in the world (e.g., "we can have icecream [*sic*] on the island"). As seen in Figure 3, the islands in the world are deliberately placed and connected depending on how close or far apart they wanted the islands and the people and things on them. For example, the bridges connecting the island they will stay on have TNT underneath them as a form of protection against anyone who wishes to harm them. The bridges provide a connection to people the child/young person wants in their lives (e.g., their siblings). Also, there are the "don't know island" that contains people the child/young person wasn't sure about, plus the "jail island for bad people"; both of which are not connected the child/young person's own island via a bridge.

This activity and resultant drawing shows how the children and young people are able to, towards the end of the TLSW program, to plan for their future and the world in which they wish to live, as well as demonstrate the ability for boundary setting and who they see as important to themselves personally. All of which point towards healing and identity building (primary theme 2), the children and young people protecting themselves against re-traumatisation (primary theme 1). It also points to the efficacy of the program in meeting its objectives (primary theme 3) for supporting children and young people in OOHC towards meaningful change in their lives in the context of trauma.

Figure 3

Wallpaper Exemplar 3 – Planning a World for the Future



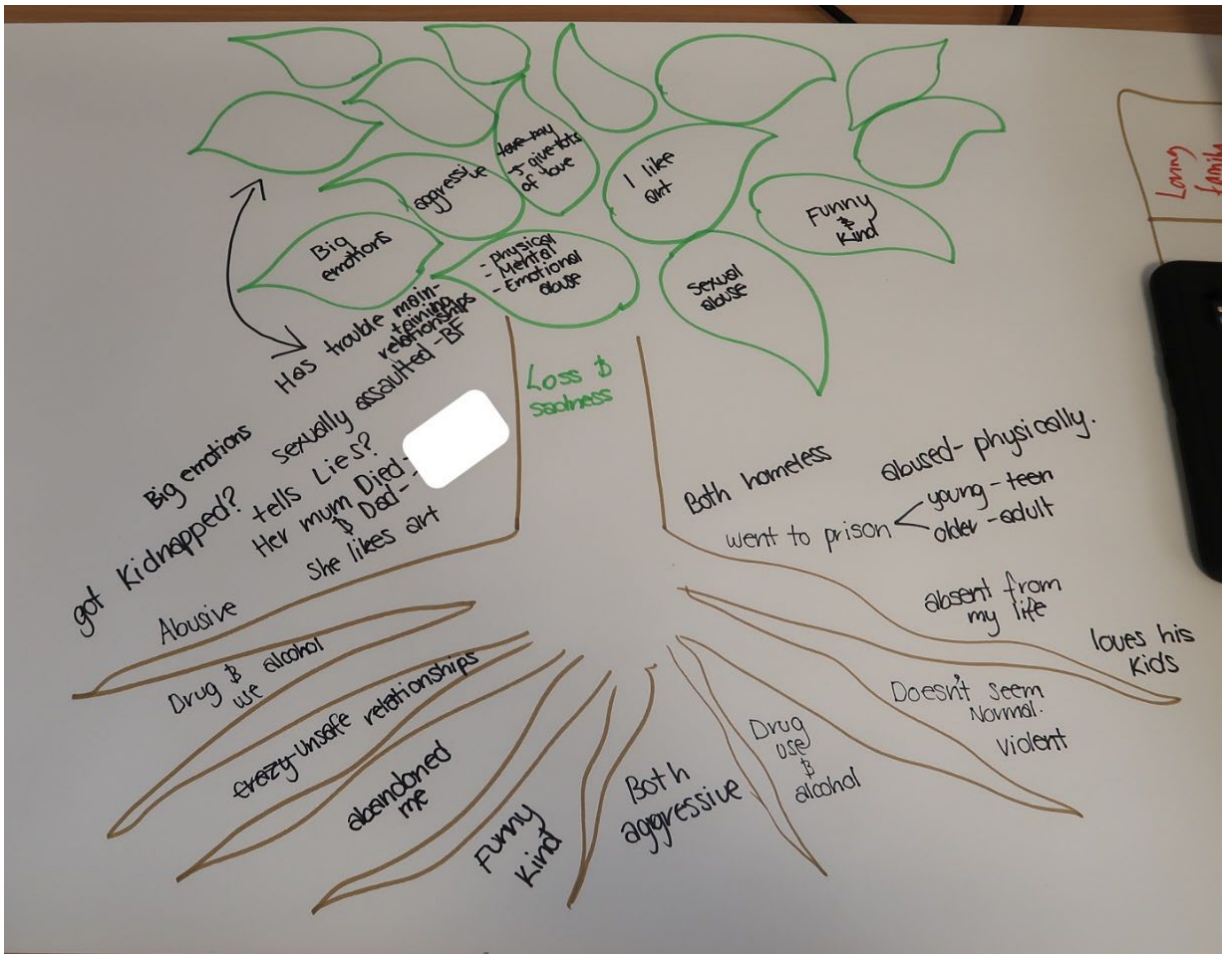
Wallpaper Exemplar 4 – Revisiting the Behaviour Tree for Intergenerational Trauma

Wallpaper Exemplar 4 (Figure 4) highlights another *Behaviour Tree*, again, used as a tool to reflect on intergenerational trauma within families. In this instance, it also demonstrates the child/young person's changemaking capabilities. This particular tree differs from the behaviour tree in Wallpaper Exemplar 1 in that it includes a more detailed reflection on the child/young person's parents' past – this pervasive sense of 'loss and sadness' which fans out across the roots and trunk. This pervasiveness speaks to how much intergenerational trauma has directly affected this child/young

person. This behaviour tree also differs from Wallpaper Exemplar 1 with its more extensive reflection by the child/young person regarding how they see themselves and how this connects to their parents. For example, it is noted within the trunk that the child/young person's mother likes art and, again in the leaves, that the child/young person also likes art. The theme of healing and identity building through TLSW is also evident through the child/young person describing the different facets of their personality and some of the attributes that make them who they are, such as being "funny and kind" and also "aggressive", but with "lots of love to give" and "big emotions". This kind of insight can promote a sense of self-esteem and self-worth on the side of the child/young person, all of which can contribute towards healing.

Figure 4

Wallpaper Exemplar 4 – Revisiting the Behaviour Tree for Integrational Trauma



Descriptive, Longitudinal Analysis of Quantitative Data

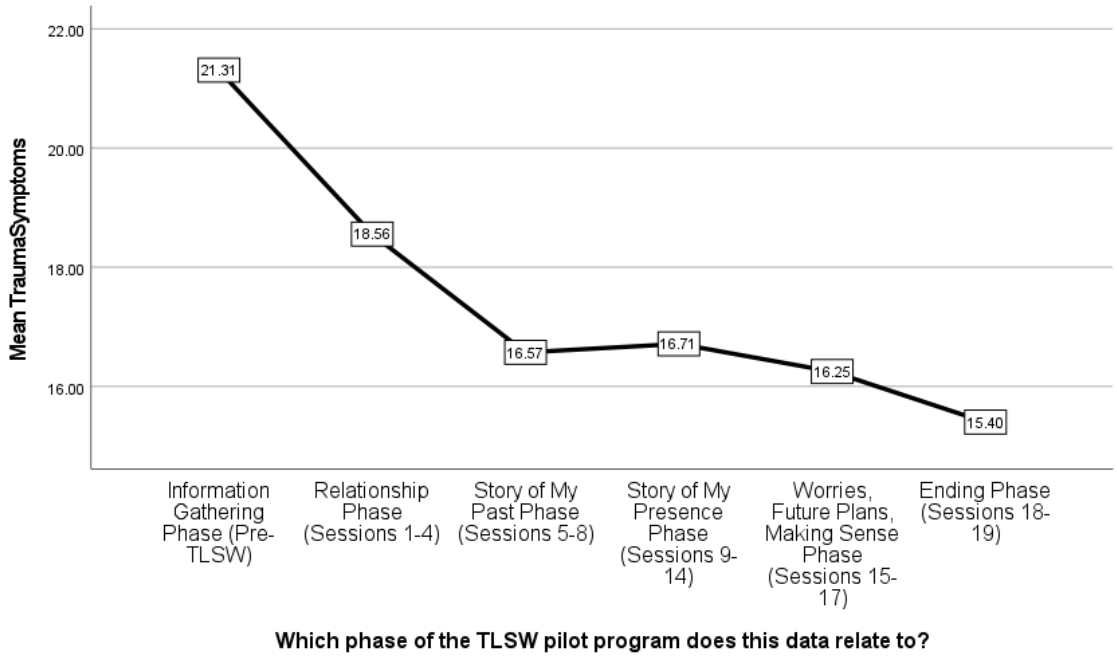
The quantitative data were collected at the end of each key phase of the TLSW program in order to capture the changes in social-emotional outcomes of the participating children and young people. Overall, the findings were positive with reduction in negative outcomes (e.g., trauma symptoms) and increases in positive outcomes (e.g., pro-social behaviour). There were unfortunately some difficulties in collecting data for all psychometric scales utilised, in particular the CYRM-12, SDQ-Child/young person version, and several domains of the CANS-T. As a result, only those scales with sufficient data are reported below, beginning with the CANS-T.

The CANS-T (Trauma Symptoms, Life Functioning, and Risk Behaviours Domains)

There was an overall reduction in average severity of reported trauma symptoms, from what can be considered "high" (mean=21.31) to a more "moderate" (mean=15.40) level (Figure 5). Example trauma symptoms included "re-experiencing", "hyperarousal", and "avoidance". It also appears that the greatest reduction in trauma symptoms occurred over the course of the first three phases (Information Gathering Phase, Relationship Phase, and Story of My Past Phase). This reduction in the first half of the TLSW program delivery corresponds with the focus on building rapport, safety, and relationship between the children/young people, their key carers, and the TLSW Clinicians. These reductions then held for the remainder of the children/young people's involvement in the program.

Figure 5

Mean Severity of Reported Trauma Symptoms from CANS-T by TLSW Phase

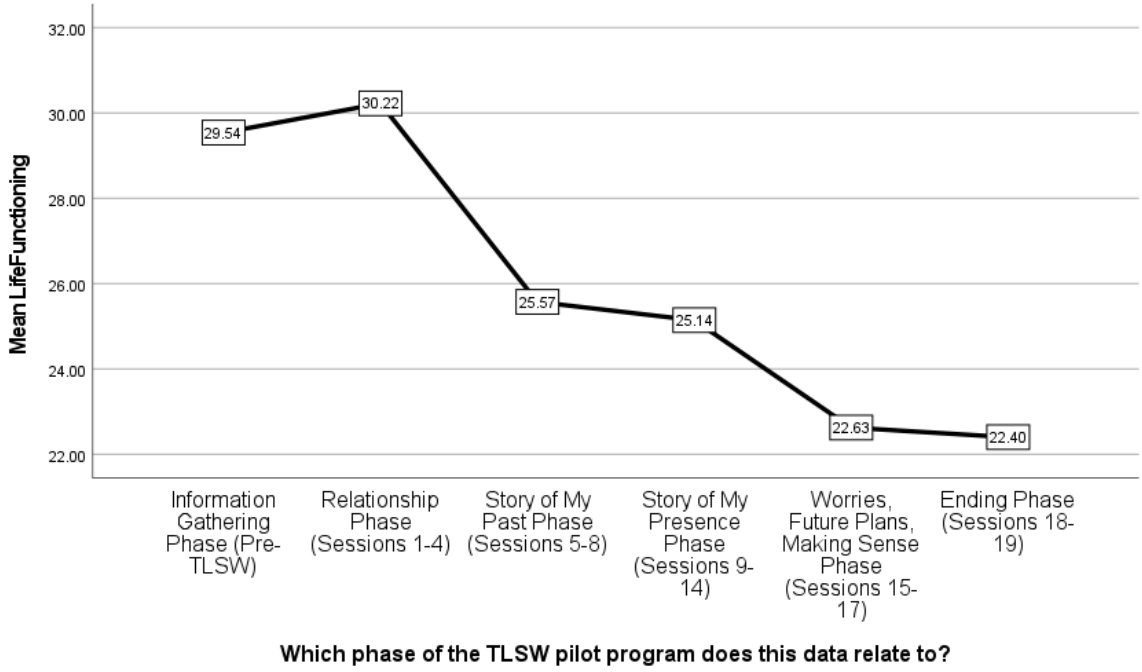


Note. Higher scores correspond with higher severity of trauma symptoms. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

In terms of the life functioning domain, there was on average a slight increase in challenges to life functioning from the Information Gathering Phase (mean=29.54) to the Relationship Phase (mean=30.22). This was followed a step-wise improvements in life functioning on average across the remaining TLSW phases. Overall, there was a large average improvement in life functioning (e.g., family, living situation, social functioning) between pre-TLSW (mean=29.54) and the ending phase of TLSW (mean=22.40) (Figure 6).

Figure 6

Mean Reported Life Functioning from CANS-T by TLSW Phase

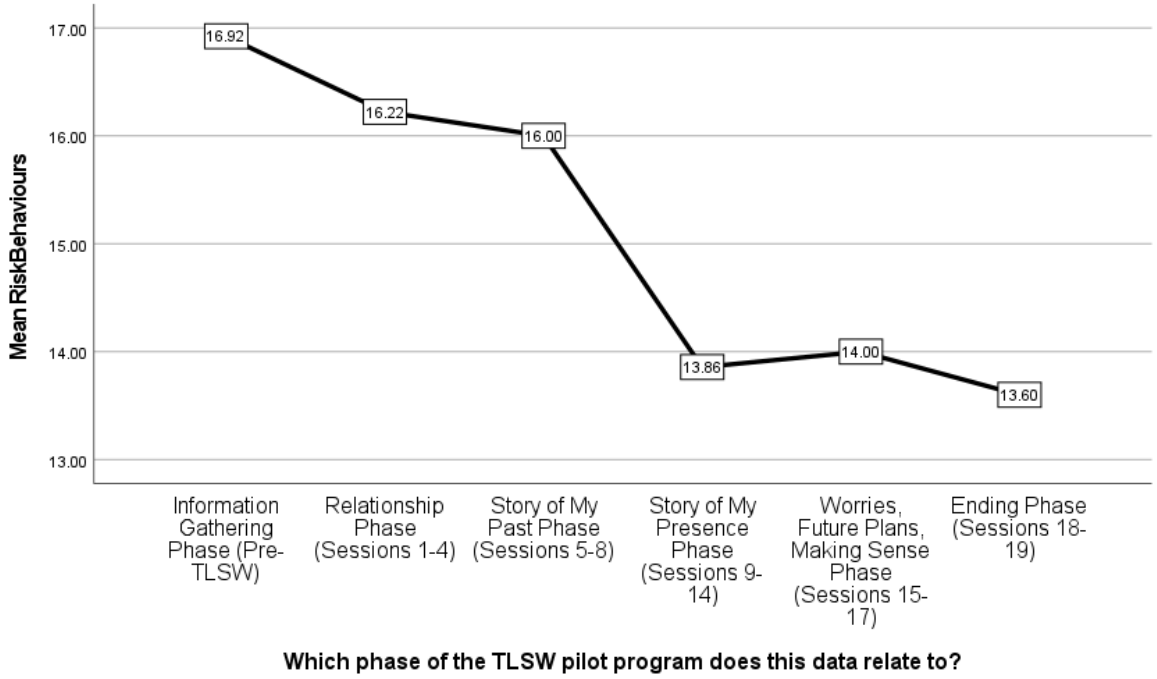


Note. Lower scores correspond with higher life functioning. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

There was also an overall average decrease in report risk behaviours (e.g., suicide risk, non-suicidal self-injury, and intentional misbehaviour) from a mean rating of 16.92 at the Information Gathering Phase down to a mean rating of 13.60 at the Ending Phase. It appeared that the greatest decrease was experienced between the Story of My Past Phase (mean=16.00) and the Story of My Prescence Phase (mean=13.86) (Figure 7).

Figure 7

Mean Reported Risk Behaviours from CANS-T by TLSW Phase



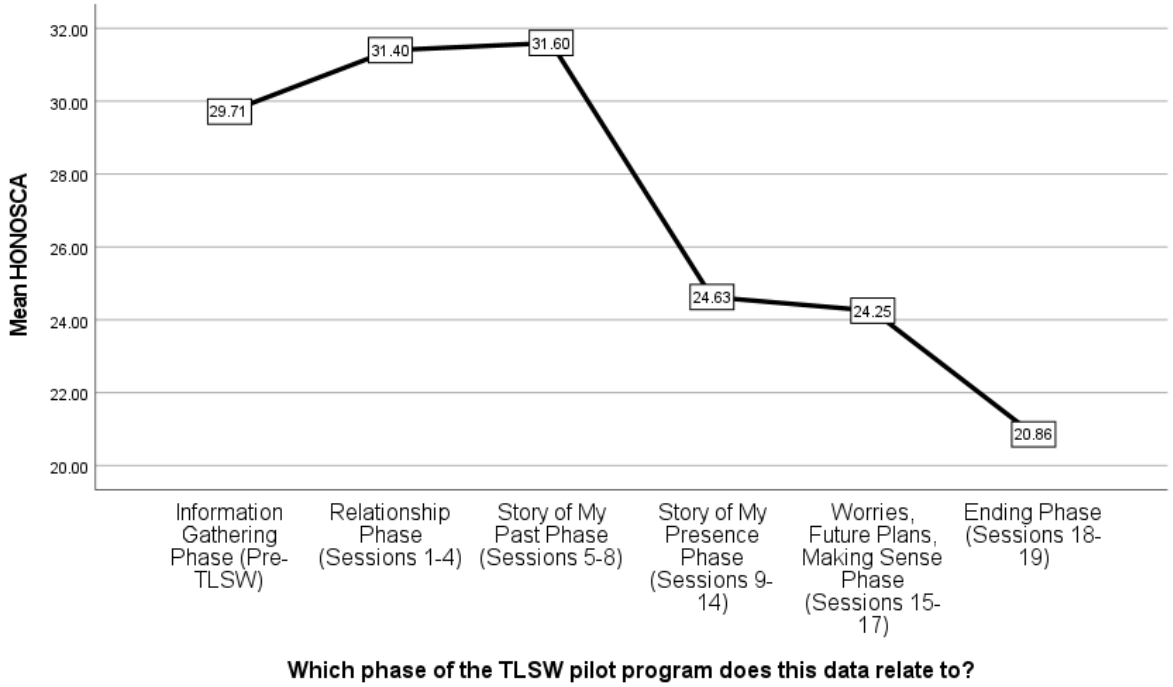
Note. Higher scores correspond with lower amount of risk behaviours. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

The HoNOSCA (Social, Emotional, and Behavioural Wellbeing)

In the first three phases (Information Gathering, Relationship, and Story of My Past Phases), there was an overall decrease in reported social, emotional, and behavioural wellbeing from mean=29.71 to mean=31.60. Aspects of social, emotional, and wellbeing assessed included “family life and relationships”, “school attendance”, and “self care and independence”. There were however large improvements in average social, emotional, and behavioural wellbeing observed at the end of the Story of My Presence (mean=24.63), which were maintained until the Ending Phase (mean=20.86) (Figure 8).

Figure 8

Mean Reported Social, Emotional, and Behavioural Wellbeing from the HoNOSCA by TLSW Phase



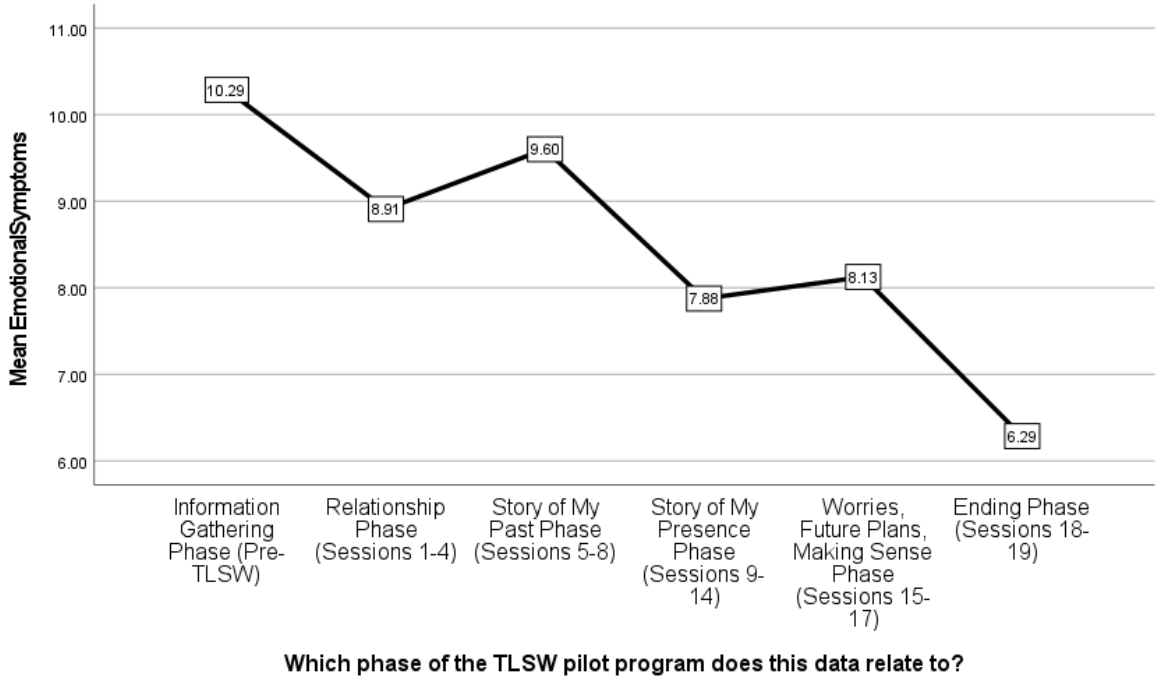
Note. Lower scores correspond with greater social, emotional, and behavioural wellbeing. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

The SDQ-Carer (Emotional and Behavioural Strengths and Difficulties)

Overall, there was an average decrease in negative emotional symptoms (e.g., worries, fears, and unhappiness) between the initial Information Gathering Phase (mean=10.29) and the Ending Phase (mean=6.29). The observed decreases followed an apparent "titration" whereby decreases in negative emotional symptoms in one phase were followed by increases in the following phase, but then followed an even greater decrease the subsequent phase. This finding created a step-like pattern in changes (Figure 9).

Figure 9

Mean Reported Negative Emotional Symptoms from the SDQ-Carer by TLSW Phase

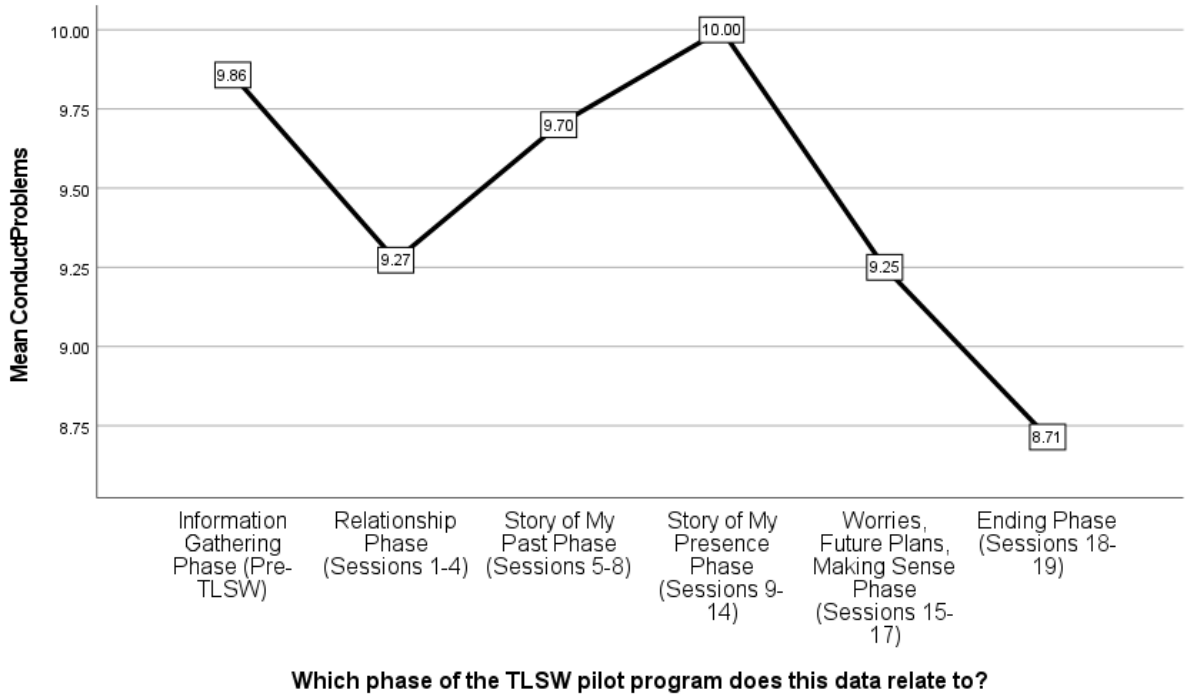


Note. Lower scores correspond with lower reported negative emotional symptoms. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

There were very small decreases, followed by increases, in mean conduct problems (e.g., “often fights with other children”, “often lies or cheats”, and “steals from home, school, or elsewhere”) reported between the first four TLSW Phases. It was not until the end of the Story of My Prescence Phase (mean=10.00) and the Ending Phase (mean=8.71) that larger decreases in conduct problems were observed (Figure 10).

Figure 10

Mean Reported Conduct Problems from the SDQ-Carer by TLSW Phase

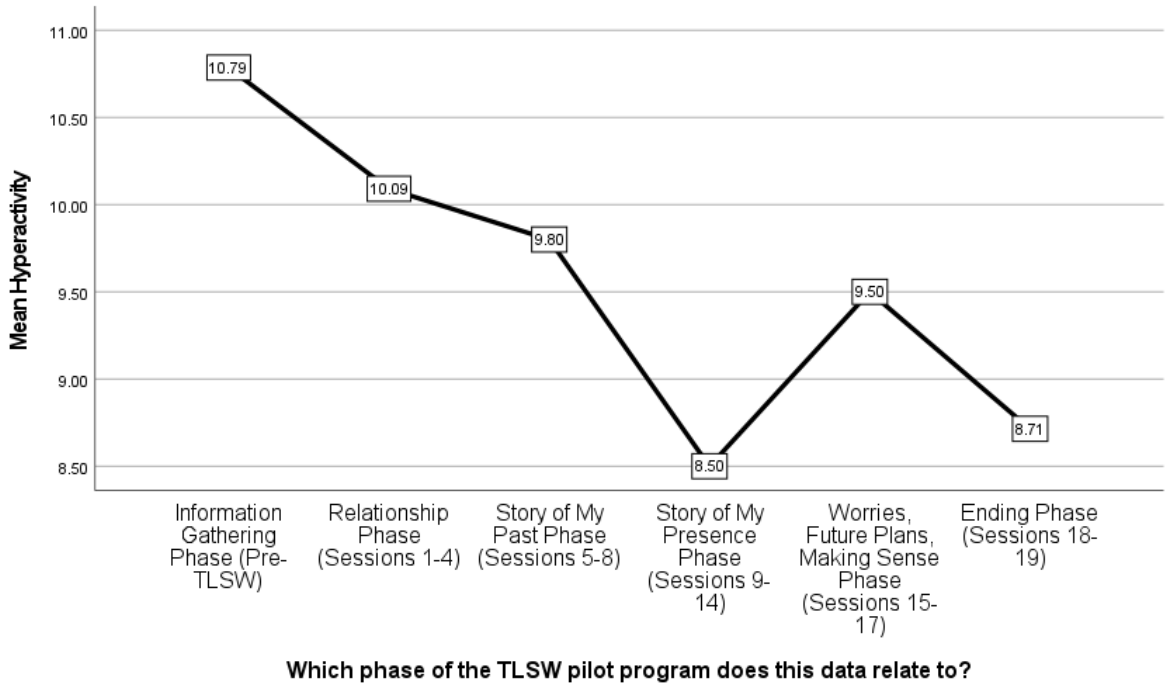


Note. Lower scores correspond with lower reported conduct problems. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

Overall, there was a gradual reduction in mean reported hyperactivity levels from the initial Information Gathering Phase (mean=10.79) to the final Ending Phase (mean=8.71). During the second-last phase (Worries, Future Plans, Making Sense Phase) there was a small increase in hyperactivity reported (from mean=8.50 to 9.50) before reducing again at the end of the program (mean=8.71) (Figure 11).

Figure 11

Mean Reported Hyperactivity from the SDQ-Carer by TLSW Phase

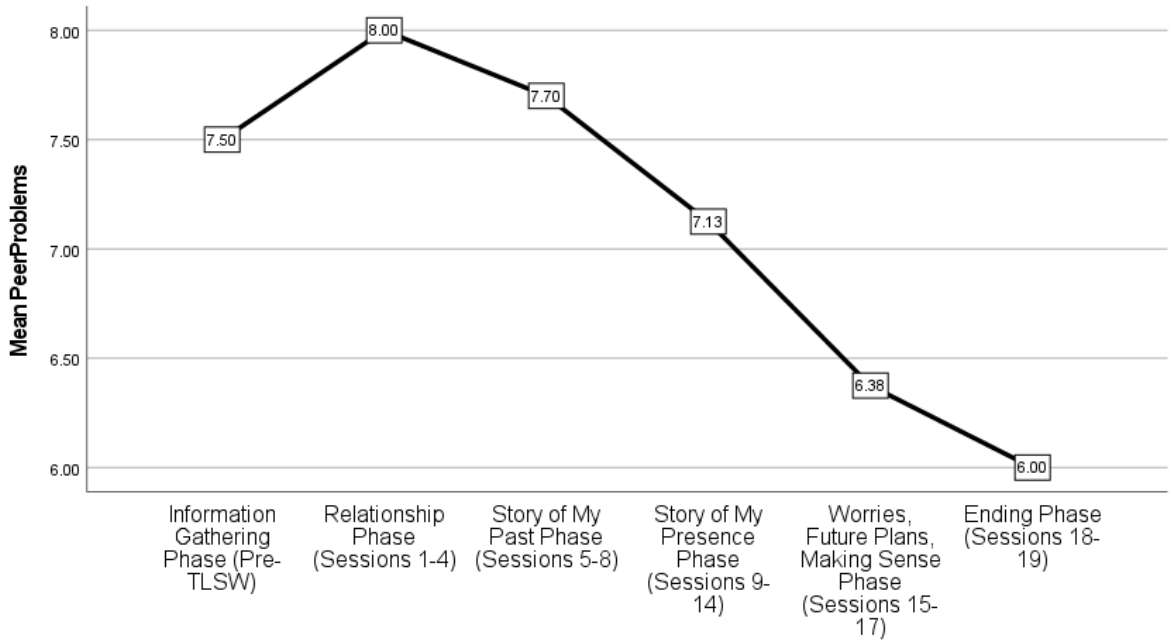


Note. Lower scores correspond with lower reported hyperactivity. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

Mean levels of reported peer problems decreased over the course of the TLSW process (Figure 12), while there was a "mirrored" increase in pro-social behaviours (Figure 13). Example peer problems included being "picked on or bullied by other children" and "rather solitary, tends to play alone". Example pro-social behaviours included being "considerate of other people's feelings" and "helpful if someone is hurt, upset or feeling ill". The initial changes were observed at the end of the Relationship Phase for both peer problems (mean=8.00) and pro-social behaviour (mean=12.64), right up to the Ending Phase (mean=6.00 and mean=14.71, respectively).

Figure 12

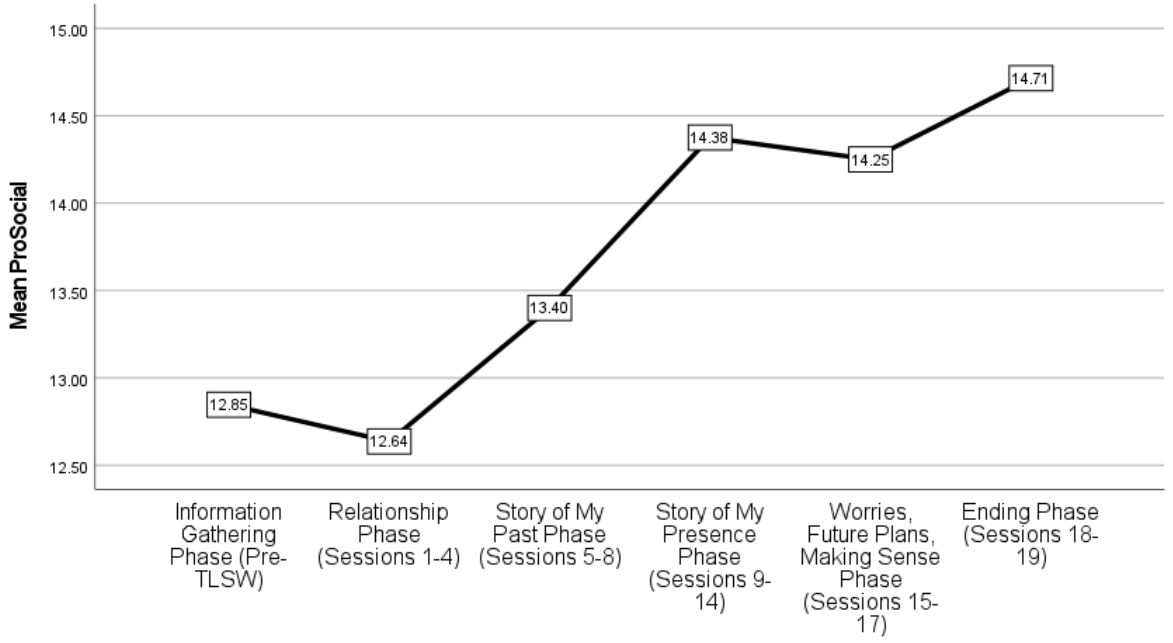
Mean Reported Peer Problems from the SDQ-Carer by TLSW Phase



Note. Lower scores correspond with lower reported peer problems. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

Figure 13

Mean Reported Pro-Social Behaviour from the SDQ-Carer by TLSW Phase

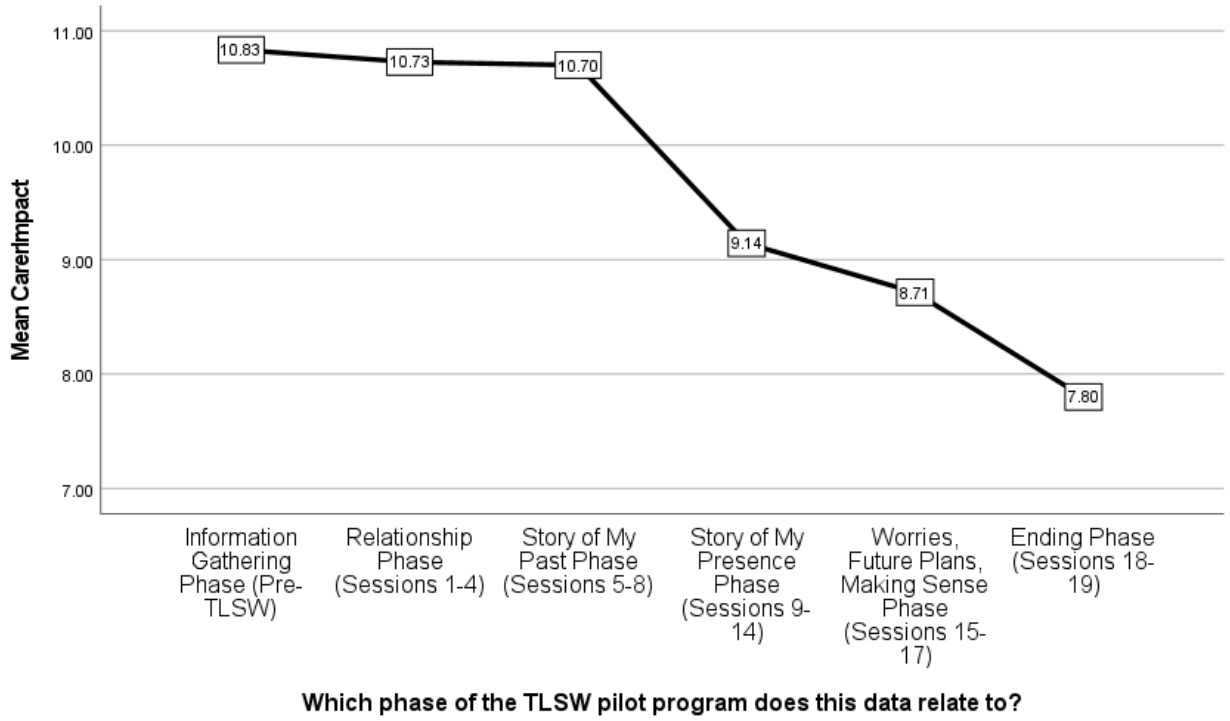


Note. Higher scores correspond with higher reported pro-social behaviour. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

Lastly, the positive effects of TLSW transferred to the children/young people's key carers, but was not initially observed until the Story of My Presence Phase. During this last half of the TLSW process, mean impact on carer dropped from 10.70 recorded at the Story of My Past Phase to 7.80 by completion of the Ending Phase (Figure 14).

Figure 14

Mean Reported Impact on Carer from the SDQ-Carer by TLSW Phase



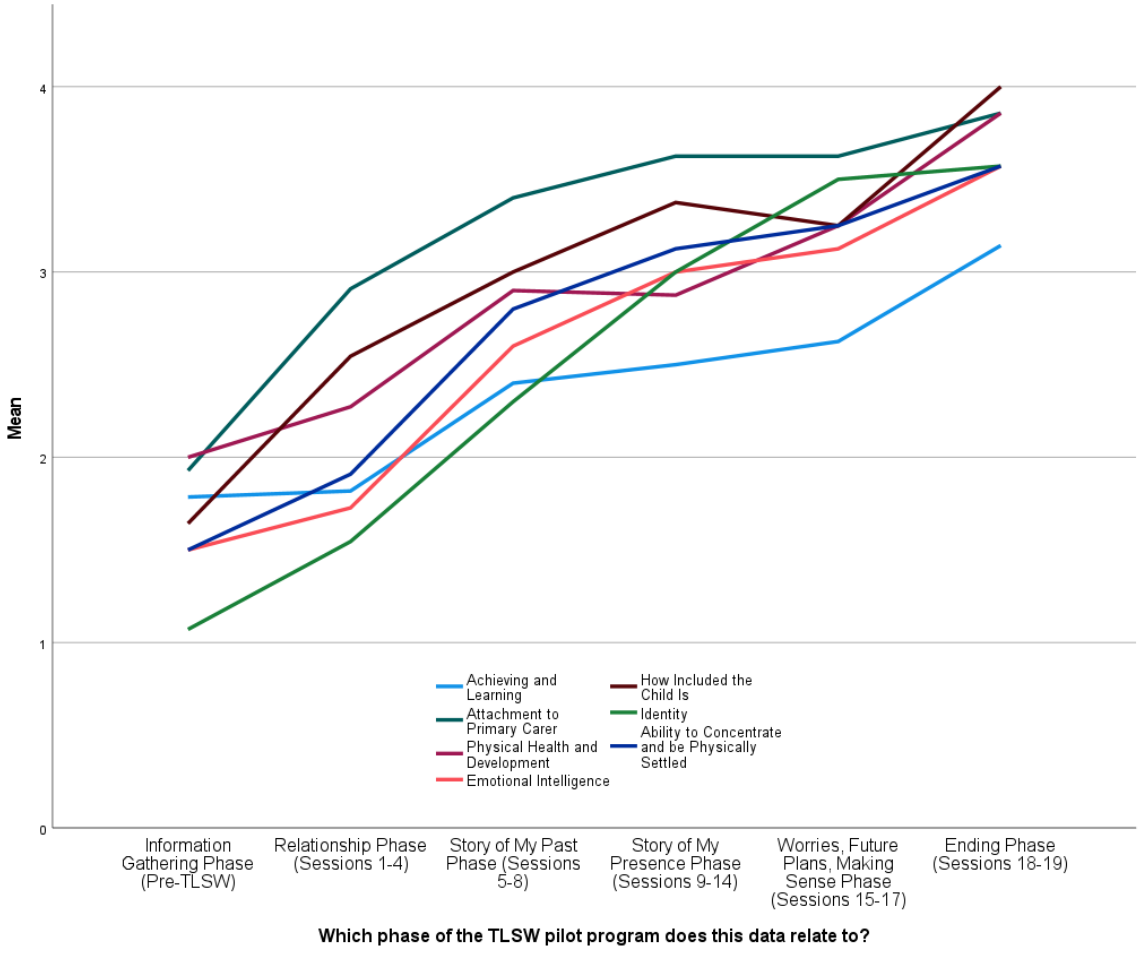
Note. Lower scores correspond with lower reported impact on carer. Total *n* at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 1.

The SHANNARI Domains

There was an overall positive trend across all seven domains of the SHANNARI Scale (Achieving and Learning, Attachment to Primary Carer, Physical Health and Development, Emotional Intelligence, How Included the Child Is, Identity, and Concentrate and Physically Settle), as shown in Figure 15. On entry into the TLSW program, the children and young people on average scored low across all seven domains. The lowest scoring domain at this first phase of the program was "Identity" (M=1.07; SD=.27), with the highest scoring domains being Physical Health and Development (M=2.00; SD=.78) and Attachment to Primary Carer (M=1.93; SD=.62) (Table 4). By the end of the TLSW Program, the children and young people had attained the greatest mean changes in the "Identity" ($\Delta M_{\text{Phase 6-Phase 1}}$=2.50) and "How Included the Child Is" ($\Delta M_{\text{Phase 6-Phase 1}}$) domains. The domain with lowest attained mean difference by the end of the TLSW program was on the "Achieving and Learning" domain ($\Delta M_{\text{Phase 6-Phase 1}}$=1.36).

Figure 15

Mean Scores for all Seven Domains from the SHANNARI by TLSW Phase



Note. Total n at each TLSW phase = 14, 11, 10, 8, 8, 7 respectively as outlined in Table 4.

Table 4

Descriptive Statistics for the Seven Domains of the SHANNARI by TLSW Phase

SHANNARI Domain[b]	TLSW Phase[a]															
	1			2			3			4			5			6		
	M	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*
Achieving and Learning	1.79	1.12	14	1.82	0.75	11	2.40	0.70	10	2.50	1.07	8	2.63	0.74	8	3.14	1.07	7
Attachment to Primary Carer	1.93	0.62	14	2.91	0.83	11	3.40	0.97	10	3.63	0.74	8	3.63	0.74	8	3.86	0.38	7
Physical Health and Development	2.00	0.78	14	2.27	0.47	11	2.90	0.57	10	2.88	1.13	8	3.25	0.89	8	3.86	0.38	7
Emotional Intelligence	1.50	0.85	14	1.73	0.47	11	2.60	0.97	10	3.00	0.76	8	3.13	0.35	8	3.57	0.53	7
How Included the Child Is	1.64	0.50	14	2.55	0.82	11	3.00	1.05	10	3.38	0.74	8	3.25	0.71	8	4.00	0.00	7
Identity	1.07	0.27	14	1.55	0.52	11	2.30	0.67	10	3.00	0.76	8	3.50	0.53	8	3.57	0.53	7
Ability to Concentrate and be Physically Settled	1.50	0.65	14	1.91	0.70	11	2.80	0.92	10	3.13	0.64	8	3.25	0.46	8	3.57	0.53	7

[a] TLSW Phases: 1=Information Gathering Phase (Pre-TLSW); 2=Relationship Phase (Sessions 1-4); 3=Story of My Past Phase (Sessions 5-8); 4=Story of My Presence Phase (Sessions 9-14); 5=Worries, Future Plans, Making Sense Phase (Sessions 15-17); 6=Ending Phase (Sessions 18-19).

[b] Scored on five-point Likert scale from 0 to 4. Scale point descriptors are unique to each domain and level. Higher scores indicate greater attainment on each specific domain.

The greatest changes in mean Achieving and Learning was observed in TLSW Phase 2: Relationships Phase (*ΔM*=.58) and Phase 6: Ending Phase (*ΔM*=.52). For Attachment to Primary Carer, the greatest observed mean change occurred also in TLSW Phase 2 (*ΔM*=.98). The Physical Health and Development domain saw its greatest change in TLSW Phase 3: Story of My Past (*ΔM*=.63) and Phase 6: Ending Phase (*ΔM*=.61). The greatest changes in mean Emotional Intelligence was also observed in TLSW Phase 3 (*ΔM*=.87). For the How Included the Child Is domain however, the greatest mean change was during TLSW Phase 2 (*ΔM*=.90) and Phase 6 (*ΔM*=.75). The Ability to Concentrate and be Physically Settled domain had its greatest mean change in TLSW Phase (*ΔM*=.89).

Unlike the other domains, the Identity domain steadily increased on average over the course of all TLSW phases, with the greatest changes occurring in TLSW Phase 3: Story of My Past (*ΔM*=.75) and Phase 4: Story of My presence (*ΔM*=.70) (Table 5).

Table 5

TLSW Phase Comparisons in Mean SHANNARI Domain Scores

SHANNARI Domain	TLSW Phase Comparisons				
	2-1	3-2	4-3	5-4	6-5
Achieving and Learning	0.03	0.58	0.10	0.13	0.52
Attachment to Primary Carer	0.98	0.49	0.23	0.00	0.23
Physical Health and Development	0.27	0.63	-0.02	0.38	0.61
Emotional Intelligence	0.23	0.87	0.40	0.13	0.45
How Included the Child Is	0.90	0.45	0.38	-0.13	0.75
Identity	0.47	0.75	0.70	0.50	0.07
Ability to Concentrate and be Physically Settled	0.41	0.89	0.33	0.13	0.32

[a] Comparisons made in mean SHANNARI domain scores. TLSW Phases: 1=Information Gathering Phase (Pre-TLSW); 2=Relationship Phase (Sessions 1-4); 3=Story of My Past Phase (Sessions 5-8); 4=Story of My Presence Phase (Sessions 9-14); 5=Worries, Future Plans, Making Sense Phase (Sessions 15-17); 6=Ending Phase (Sessions 18-19).

Discussion

TLSW provides a unique opportunity for children and young people to explore and process their experience of trauma, loss and grief. Neimeyer (1999) suggests grief is transformational in the sense that losses are integrated into our personal meanings and how we construct our world. Consequently, TLSW is structured around this meaning-making process to explore experiences of loss and grief in the context of trauma (Rose 2012).

A stronger sense of attachment to a caregiver enhances a child's ability to regulate stress, resulting in an increased likelihood of being able to cope with detrimental life events experiences (Streeck-Fischer & Van der Kolk, 2000). The process of engagement with a caregiver significantly supported

the sense of attachment between the child and caregiver, as identified by the SHANARRI assessment results, thus supporting the program's aims. This finding supports Rose (2012) who argued that TLSW enhances the relationship between the child or young person and their carer and strengthens attachment. Therefore, TLSW provides a valuable opportunity for the child/young person to enjoy a sense of safety, comfort and security that may have been previously missing from past caregiver attachments.

Also, as Rose (2017a) stated, "recovery is not simple or straightforward, but it is always possible" (p. 31). Therefore, TLSW provides a process for children and young people in OOHC to reflect and explore significant events in their life in a safe and trauma-informed space. Furthermore, the creation of a safety plan and emotional regulation or stabilisation strategies at the start of the TLSW process create a trauma-informed base from which to undertake the remaining TLSW work and mitigate against the potential for re-traumatisation or harm. The safety plan and stabilisation strategies are regularly returned to throughout the TLSW process as the child or young person recounts distressing life events and gains the self-regulation and coping strategies to continue to recount their story.

As per the program's aim, and supported by Rose (2017b), the analysis of the CANS-T confirmed that participation in the TLSW program was able to reduce trauma symptoms experienced by children and young people in OOHC over time. Further, the results from the CANS-T supported the aim that engagement in TLSW would support a reduction in high-risk behaviours, suggesting that there is flexibility in the application of this intervention for both children engaged in lower risk behaviours as well as young people who may be prone to higher risk behaviours. The HONOSCA carer assessment also affirmed a reduction in conduct behaviours and less peer problems.

The results from the HONOSCA carers assessment also indicated that as the children and young people engaged in TLSW, there was an initial decline in the child or young person's health and wellbeing, which then gradually improved, finally resulting in a significant improvement by the end of the intervention period. The practitioners discovered that children and young people held high levels of shame, anxiety, and concern for how their caregiver and the practitioner were going to respond to hearing about their story and past behaviours. It was noticed that the HONOSCA results elevated during the first three phases of the intervention when the child was holding on to their story, then gradually decreasing over time until the end of the intervention, after their story was shared.

The Carers Version of the Strengths and Difficulties Assessment (SDQ-CV) demonstrated an incremental improvement. The data indicated that the child or young people moved through a

decrease in negative emotions throughout the TLSW program. At the time of reaching the fifth phase of Worries, Future Plans, and Making Sense, there was a slight increase in negative emotions felt, which may be attributed to the upcoming ending of involvement.

As predicted, the children and young people's quality of peer interaction significantly increased over time, as they progressed throughout the TLSW program. A further unanticipated factor of the program was that the descriptive quantitative data analyses presented only a slight increase in achieving education engagement and outcomes. It is thought that longitudinal studies may be able to better capture the long-term impact on education after involvement in the TLSW program.

A somewhat unanticipated factor of the program was the evidence presented of a relatively high level of self-referral into the TLSW-PP by young people, and a high level of engagement of young people throughout the process. A TLSW clinician observed that self-referral by children and young people living in OOHC is not common, however this was a source of approximately 30% of all referrals to the TLSW program. A key factor in driving self-referrals was when children and young people observed other members of the household participating in TLSW sessions, or in speaking to other children and young people in out of home care who were participating in the program. Once young people began TLSW, there was a high tendency for children and young people to continue to remain engaged in the program through to its completion. This may indicate the appetite that many children and young people display of having an opportunity to discover, discuss, and reflect on their past in a safe environment.

Over the course of the evaluation, Victoria was subject to Public Health Interventions that prevented the spread of COVID-19, including significant lockdown periods that impacted on the delivery of the program. During this time, increased flexibility was required to deliver the intervention, including completing sessions outside of homes as well as conducting sessions in protective wear. At times the sessions were required to be run via online platforms, which further added to the challenges and required a change in how the wallpaper was interacted with by the triad. During other occasions when the caregiver was too unwell to fully participate and were either linked in via zoom or participation was minimal, the sessions went on at the request of the child or young person. Surprisingly, what was noted was that if the caregiver had been present in the earlier stages of the intervention, their reduced participation for several sessions whilst unwell, did not disrupt the child's engagement as the children and young people demonstrated empathy toward their caregiver's health status. Despite the various adaptations made throughout the lockdown periods, the TLSW intervention was able to be implemented with minimal disruption in the progression of the TLSW program – with beneficial outcomes for the children and young people involved.

From the practitioners' perspectives, a benefit of the TLSW intervention was that it is flexible enough to be delivered to both children and young people who present with varying risk factors, trauma histories, cultural backgrounds and developmental ages, in residential care and foster care. Without losing the integrity of the Rose's (2012) TLSW Model, adaptations were able to be made to activities in order to make it increasingly inclusive of children and young people who were neurodivergent, had learning disabilities, global delays and other cognitive challenges. These changes included using sensory processing toys, play dough, Lego, and miniature army sets as well as craft items, to support understanding of the concepts presented. Further, adaptations were able to be made to the TLSW program, in order for it to be inclusive of various cultures including Aboriginal and Torres Strait Islander culture, without impacting the integrity of the Rose (2012) Model.

Limitations

Some limitations to this evaluation process include the challenges and impact that the ever-changing COVID-19 lockdown periods had on the flow of therapeutic intervention. As a result, some participants had temporary interruptions within the intervention process due to illnesses and lockdown restrictions. The evaluation process was also only limited to one OOHC in one region of Victoria, narrowing the pool of possible participants to this evaluation. Further, due to the nature of the evaluation and vulnerabilities of the participant group, the participants who opted to participate in this evaluation, consented to the evaluation process and their guardian's consenting to their participation. There were no randomised selection processes involved.

Conclusion

This report has demonstrated that TLSW is one way for children and adolescents who use the MacKillop Family Services OOHC Program to make meaning of their lifeworld. Life is never a straightforward linear progression from birth to death – it is a journey through all the developmental ages and stages that come with the physical, emotional, social, and cultural ups and downs and round abouts that creates the emerging sense of self. TLSW is a tool that explores the raw emotion and with the skills of therapists helps to facilitate and enhance survival. The flow of information can be transformational when linked to life events and enhance coping and resiliency in the lives of the participants who have experienced developmental trauma.

Learnings of this evaluation process include the need for clinicians to use creativity and flexibility to best meet the participant's neurodivergent, learning and cultural needs. Further, as stated by Rose (2012), the need for a caregiver to be involved and support the intervention process is essential for holistic healing, increased wellbeing, and progression. Further exploration of longitudinal outcomes

is recommended to analyse the longer-term impact on education, identity, connection, and community inclusion, that the TLSW intervention offers.

The project's strength demonstrates that TLSW is an intervention that supports an effective healing opportunity for participants involved in TLSW, regardless of their developmental age and stage. It was also identified that Rose's (2012) Model can be adequately adapted to support cultural safety and inclusivity. The evaluation has found that the intended purpose of Rose's (2012) Model; of supporting trauma *recovery*, healing through connection, building attachment and making sense of their world, is upheld by the TLSW intervention.

Recommendations

Based on the current findings and discussion, the authors make the following recommendations:

1. The training of TLSW Clinicians remains crucial to not only distinguishing the modality of *Therapeutic* Life Story Work from the more common "Life Story Work", but also to maintain the integrity and application of Rose's (2012) TLSW Model and safety of the children/young people involved. It is therefore recommended that clinicians delivering TLSW are supported financially and in terms of study leave to obtain the Rose (2012) Model TLSW Diploma and ongoing provision of appropriate, TLSW-specific clinical supervision.
2. It is also strongly recommended, that clinicians involved in TLSW are qualified with relevant trauma-informed, attachment-informed knowledge and skills, as well as appropriate tertiary education (e.g., an accredited social work degree) as a key theoretical foundation. This is to ensure safe, ethical practice, appropriate support for participants, support for the wider community around the child as well as minimising the risk of re-traumatisation, opportunities for self-blame or exacerbation of trauma symptoms on the side of the children and young people.
3. Ongoing funding of the TLSW program by Government authorities as a standard service provided to children in OOHC who have been exposed to complex childhood trauma is highly recommended. As a key strategy to support trauma recovery of children and young people who have experienced family violence, child safety interventions and complex childhood trauma, TLSW offers a suitable method; however, needs to be adequately funded for full implementation.
4. As a client-led intervention, TLSW Clinicians need to maintain the flexibility to adapt and modify tasks as required in response to the developmental needs or abilities of the child/young person or to ensure activities are relevant and meaningful to their lived experience.

5. While the TLSW as outlined has specific phases, practitioners need to remain mindful that these phases are not strictly linear and will need to be tailored to the needs and circumstances of the individual child or young person. Likewise, there may be elements of earlier phases that arise in the following stages as a result of new information or occurrences in the child or young person's life.
6. Children and young people appear to self-refer to TLSW when they observe or discuss TLSW being conducted with their peers in out of home care. Therefore, encouraging peer discussion or promotion of TLSW may be an avenue for interested young people to engage with the program.
7. The role of the caregiver in a child's engagement within the TLSW program is integral, with TLSW also greatly strengthening attachment between the caregiver and child. It is recommended that a caregiver with whom the child or young person trusts is present in sessions with them to fully support the TLSW process.
8. The evaluation process has produced support of the significant advantages and effectiveness of applying the Rose (2012) TLSW Model to support children and young people who have been exposed to family violence, complex childhood trauma or who are in out of home care. Specifically, outcomes such as the increased sense of self-identity, strengthened attachment with caregiver, increased pro-social behaviours, decreased anti-social and negative behaviours and emotions. It is therefore recommended that TLSW is offered to all children and young people in OOHC as an initial phase of trauma treatment and recovery-focussed model of OOHC care.

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