# Toward trauma-informed and culturally responsive behaviour support in out-of-home care

Out-of-home care | Culturally responsive practice

Abayakoon-Stanborough, M., Leif, E., Stanborough, M., Berger, E., & Allen, K.-A. (2026). Toward trauma-informed and culturally responsive behaviour support in out-of-home care: A qualitative exploration of practices, enablers, and barriers. *Social Science Research Network*. https://doi.org/10.2139/ssrn.6809275

**Context:** Many children living in OOHC display behaviours that communicate distress and unmet needs. This study surveyed 95 NSW practitioners who develop behaviour support plans (BSPs) for children in OOHC. Of these, 52 per cent were caseworkers and 38 per cent were psychologists, with 15 per cent identifying as Aboriginal.

**Key findings:** Practitioners deliberately applied trauma-informed principles: safety, choice and empowerment. A key challenge was carers who minimise or misread trauma, believing the child is 'choosing' to behave in challenging ways.

Culturally responsive practice centred on three themes: recognising each child's unique cultural identity in the plan; consultation and collaboration with family and community; and embedding cultural understanding and connection into behaviour support strategies.

**What helps:**

- Specialist expertise and role clarification
- Comprehensive and practical training
- Enhanced cultural responsiveness and consultation
- Improved systems, data and documentation
- Effective delivery and consistency of plans

**What hinders:**

- Time constraints, workload and competing demands
- Insufficient knowledge, training and professional confidence
- Lack of stakeholder buy-in, consistency and carer capacity
- Absence of crucial information; data collection challenges
- Cultural barriers and lack of cultural expertise
- Document design, length and utility

**Summary:** Practitioners show strong commitment to trauma-informed and culturally responsive behaviour support, but face significant systemic, structural and knowledge barriers. Strengthening organisational support, role clarity, ongoing training, and culturally grounded consultation processes guided by children, families and communities is essential.

# Embracing risk: supporting pregnant and young parents in the child welfare system

Child protection | Workforce practice | Care leavers | Infant removal

Jones, M., McLaren, H., Brodie, T., Bishop, J., York, K., Edney, L., Regan, J., & Travers, K. (2026). Embracing risk: Supporting pregnant and young parents in the child welfare system. *Journal of Risk Research, 29*(7), 875–888. https://doi.org/10.1080/13669877.2026.2674657

**Context:** This study explores My Place, a South Australian trauma-responsive service that provides health and therapeutic support to young pregnant care-leavers (aged 12-24) who are at risk of having their infants removed. These young people face intersecting risks, having often experienced intergenerational trauma and the challenges of transitioning to adulthood without stable support systems. The research evaluated how the program navigates, manages, and "holds" risk across child welfare and health systems.

**Key findings:**

- **Relational trauma-informed practice**: Workers engage in relational risk-work, building trust to directly negotiate risk-taking behaviours with young people, such as emotional regulation and health decisions like contraception.
- **Collaborative services and systems**: My Place acts as an intermediary, bridging siloed systems (health, disability, and child protection) to drive collaborative assessments and ensure young parents receive flexible, non-judgmental support. By making risks explicit and involving service users in assessments, the program establishes epistemic trust, allowing young parents to exercise greater self-determination.
- **"Holding" and sharing risk**: Unlike risk-averse agencies that may avoid "high-risk" clients, My Place has a higher risk tolerance, often "carrying" or "holding" the risk for other services to maintain a stable relationship with the parent even during infant removal processes.

**Summary:** The study concludes that shifting from a culture of risk avoidance to a relational "risk engagement" framework allows practitioners to build protective factors around vulnerable parents. By embedding services within a trauma-responsive learning system, organisations can safely manage uncertainty and provide the scaffolding necessary to help disrupt intergenerational cycles of OOHC.