The KEYS Model at VACCA

A Summary

Evaluation Report

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We acknowledge the Traditional Owners of the lands that we work on, and recognise the continuing connection to Country, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present, and to their children and young people who are our future Elders and caretakers of this land.

Many people have contributed to the successful completion of this evaluation report of the KEYS Model delivered in VACCA's Residential Care service. We acknowledge and thank the current and former KEYS and wider *Gamadji Balit* staff who participated in interviews, yarning circles and surveys.

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Affirmation

Except as acknowledged by references to other authors and publications, the review described here consists of our own work, undertaken to understand and evaluate the KEYS Model delivered by VACCA, and to advance learning as part of the requirements of the Victorian Aboriginal Child and Community Agency (VACCA). Primary qualitative data collected throughout the evaluation process remain the property of the staff, families and communities described in this document. Information and data must be used only with the consent of VACCA, which holds the data on behalf of the Aboriginal families and communities.

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Executive Summary

This report presents the findings from the evaluation of the KEYS model of care, implemented at Bunjil Burri, one of VACCA's residential care homes. The evaluation explored:

1. The benefits and challenges of implementing the KEYS model.
2. The integration of culture within the home environment; and
3. The impact of the model on young people's transitions, both into and out of care.

The evaluation also informed the continued development of VACCA's Aboriginal Model of Residential Care: *Gamadji Balit* (which means 'emerge strong' in the Woiwurrung language).

Methodology:

The evaluation involved open, culturally grounded conversations with current and former VACCA staff through a research topic yarning approach. This was complemented by yarning circles with current staff at Bunjil Burri, and an anonymous staff survey to gather a broad and honest range of perspectives.

Key Findings:

Benefits of the KEYS Model

- Therapeutic programs enabled staff to respond more consistently and effectively to young people in a trauma-informed way, supporting emotional regulation and relationship building.
- Outreach support was seen as essential in sustaining trusted relationships beyond care, meeting young people's needs through continued engagement—even if 6 months is too short.
- Specialist roles (e.g. therapeutic, AOD, and education specialists) added value through a multidisciplinary approach, supporting both young people and care teams in more holistic and informed ways.

Challenges to Implementation

- Persistent staffing shortages, particularly the recruitment and retention of Aboriginal staff, due to sector conditions and Blak burnout.
- Lack of access to an Aboriginal psychiatrist limited the model's ability to fully integrate cultural and clinical mental health perspectives.
- Specialist staff lacked consistent technical supervision, guidelines and professional support.
- Structural and systemic issues included the four-bed model, the 12-month time limit, delays in funding, and unclear communication from Child Protection.

Cultural Integration

- Locating the program within an ACCO allowed strong connection to community, culture, and Aboriginal leadership. This significantly supported young people's identity, pride, and belonging.
- However, cultural roles were difficult to recruit and underfunded, limiting the consistency of cultural experiences.

Transitions In and Out

- The structured six-week transition-in process worked well when implemented, though urgent placements sometimes disrupted this, negatively affecting existing residents.
- Transitions out were stronger when outreach and specialist supports continued after care, but many remained abrupt, and young people often faced complex challenges including housing instability, substance use, and lack of family or community support.

Key Recommendations

The evaluation identified a number of strategic improvements to strengthen the KEYS model and inform the GB model rollout. Key recommendations include:

1. Strengthen staff induction and training, including completing HEALing Matters and ERIC training, and finalising internal KEYS practice tools and templates.
2. Prioritise staff wellbeing through trauma-informed supervision, team-building, and consistent support following incidents.
3. Expand technical support for specialist roles, especially AOD, by linking with external services and DFFH forming Communities of Practice.
4. Improve care transitions with better outreach planning, stronger accommodation options, and piloting models like UK's 'Staying Close' for post-care support.
5. Increase Aboriginal staff recruitment and expand cultural programming budgets to ensure regular, authentic experiences are embedded in care.
6. Review the four-bed model—considering smaller home sizes or sibling placements—and allow greater flexibility in the 12-month care limit where needed.
7. Improve communication protocols between Child Protection, Nugel, and care teams to ensure coordinated, timely, and trauma-informed responses.
8. Support ongoing learning and strengthen program governance, including reflective practice sessions, targeted data collection, and leadership from VACCA's Aboriginal-led governance groups.
9. Advocate for investment in a single, culturally grounded model—*Gamadji Balit*—rather than maintaining separate systems, in line with self-determination and service coherence.

Conclusion

The KEYS model has shown promise in delivering culturally safe, therapeutic residential care for Aboriginal young people. Staff commitment, cultural knowledge, and trusted relationships are the foundation of its success. However, sustainable implementation requires significant improvements in support, structure, and investment. These findings are already shaping the future direction of the Gamadji Balit model, ensuring it is holistic, culturally strong, and grounded in the lived experiences of both staff and young people.

Section 1: Introduction

1.1: The KEYS Model

KEYS (Keep Embracing Your Success) is a trauma-informed, multi-disciplinary residential care model introduced to one of VACCA's residential care homes called Bunjil Burri in 2022, to address the complex needs of young people in care. It offers 24/7 support in a four-bed home with a team including a Team Leader, Case Manager, Alcohol and Other Drugs (AOD) Practitioner, Community and Family Engagement Workers, Education Specialist, and Therapeutic roles. The model emphasises smooth transitions in and out of care, including six months of outreach support. Young people can receive KEYS support for up to 18 months - 12 months in the home and six months of outreach.

Since 2022, 11 young people have lived at *Bunjil Burri* Home (maximum four at a time), with stays ranging from three to 13 months, with an average of eight month stays.

1.2: The Evaluation

The Department of Families, Fairness and Housing (DFFH) commissioned this evaluation of the KEYS model within the broader context of VACCA's Aboriginal Model of Residential Care, known as Gamadji Balit, meaning "emerge strong" in Woi Wurrung language.

The evaluation focused on three key questions:

3 What are the benefits and challenges of implementing the KEYS model?

4 How has culture been integrated into the Bunjil Burri home?

5 What is the effect of the KEYS model on the young people's transitions, in and out of the home?

Findings of this evaluation have informed, and will continue to inform, VACCA's evolving Gamadji Balit model, as VACCA is finalising the program logic of Gamadji Balit and outcomes measurement plan, which will cover all VACCA managed homes.

Some recommendations from this evaluation will apply across all VACCA homes, while others are specific to *Bunjil Burri* Home and the KEYS model.

Section 2: The Evaluation Methodology

Designed as part of the Gamadji Balit developmental evaluation which employed both quantitative and qualitative data collection methods, the KEYS evaluation was informed by the data collected through this broader process and supplemented by targeted interviews. We did not involve children directly in this evaluation due to the justifiably rigorous ethics requirements, their vulnerability, and the reality that many professionals already seek access to their experiences for various purposes. If future funding allows, we aim to use culturally appropriate, trauma-informed methods such as photovoice to safely include their voices.

A Yarning Group and Governance Group—comprised mostly of Aboriginal staff—was established to ensure the Aboriginal worldview was prioritised in the evaluation process. The Yarning Group helped

shape data collection and interpretation throughout, while the Governance Group ensured cultural appropriateness and provided oversight on program and budget implications.

2.1: Data Collection Methods

Indigenous ways of knowing led to the prioritisation of yarning as the key data gathering method.

2.1.1: Interviews

This method included 16 semi-structured individual interviews with current and former VACCA staff involved in the KEYS model, using a 'research topic yarning' approach that combined standardised questions with flexible, conversational exploration of emerging themes.

2.1.2: Yarning Circles

Yarning is an Indigenous cultural form of conversation and helps establish a relationship with participants prior to gathering their stories and reflections. This method involved three one-hour yarning circles with Bunjil Burri Home staff, each including between six and twelve participants. A semi-structured 'collaborative yarning' approach was used to explore team practices and gather staff perspectives on the strengths, challenges, and opportunities within the KEYS model, to inform the broader Gamadji Balit model.

2.1.3: Staff Survey

An anonymous survey was offered to all *Bunjil Burri* staff to gather feedback on the strengths and challenges of the KEYS model. Eleven survey responses were received.

2.2: Data Analysis

The transcripts from the interviews were uploaded into NVivo and data analysed according to the key questions of the evaluation and any emerging themes from the data

2.3: Data validation and interpretation

In the Yarning group and other workshops, staff of the KEYS home, and management of Gamadji Balit engaged in several workshops to make sense of the data analysed by the Evaluation Project Manager.

Section 3: Evaluation Findings

3.1: Benefits and challenges of implementing the KEYS model?

3.1.1: The benefits of implementing the KEYS model

Therapeutic Frameworks

The KEYS model supports staff in taking a therapeutic approach in working with young people in residential Care. Staff are supported to take this approach, through training in therapeutic programs including 'Emotional Regulation & Impulse Control' (ERIC) and 'Healthy Eating Activity and Lifestyle Program' (HEAL). These programs received very positive staff feedback from the few current staff who had completed them. However, staff turnover has meant that many current staff missed these training opportunities. Furthermore, while some staff have completed comprehensive HEALing Matters training, others have relied on reading materials or peer learning. Moving forward, it would be important to plan and budget for annual HEALing Matters training. These therapeutic approaches are complemented by VACCA's broader staff training, including VACCA's cultural awareness training and VACCA's Gamadji Balit LGBTQIA+ Inclusive Practice training, both of which build foundational understanding of intergenerational trauma, cultural sensitivity, and inclusive, strengths-based practice. The impact is evident in staff–young person relationships. One staff member shared: "*We tend to build rapport with the young people really easily... many times in the last year, our young people have tried to call us and said how much they've missed us.*" Ensuring all Bunjil Burri staff complete comprehensive training in HEALing Matters and ERIC can further strengthen these outcomes.

Outreach Support

The KEYS Model offers up to six months of outreach support, allowing staff to maintain relationships with young people as they transition into lead tenant arrangements. This continued support is especially critical for those facing mental health or substance use challenges. In several cases, KEYS staff, alongside the Better Futures Program (which supports Care leavers), have prevented homelessness by linking young people to supports such as Aboriginal Housing Victoria, Ability Assist, or other VACCA programs. One case is Simone[1], who moved in with her dad but needed intensive support due to their own escalating substance use. KEYS and Better Futures helped her transition to a rental property, and they later connected her to VACCA's Bringing Up Aboriginal Babies at Home (BUABAH) Program when she became pregnant. Simone* remains engaged with VACCA, and likely would have disconnected from services without support from trusted staff. Other stories share this theme. Abby, after time in a psychiatric ward, exited the Bunjil Burri home at a time when there was concern for the risk of sexual or criminal exploitation. KEYS staff helped her into a lead tenant home, and she later chose to re-engage with education. The Education Specialist enrolled her in a flexible learning school, and she is now progressing well, with support from Better Futures for housing.

The strength of KEYS outreach is clear when compared to homes without this funding. Staff from one such home described the difficulty of farewelling a young person without being able to maintain the relationship, noting that meaningful human connections don't follow a closure date—when these bonds work, carers often become much needed extended family.

[1] All names in the report have been changed to maintain confidentiality

The Wrap Around Support

KEYS staff consistently describe the many barriers young people face in accessing external services, often stemming from fear due to past negative experiences or traumatic family histories. One staff member explained: "*There's quite a big distrust within the system—child protection, AOD services, health, education. A lot of our young people have been so traumatised and disconnected from their future; they don't see what they should be focusing on… Having flexible professionals who can visit at home has been really beneficial*."

This multidisciplinary support helps young people transition into the residential care home in a more holistic way. When only one person supports a young person, their capacity is limited. As a KEYS staff member said: "*We've got our case manager for safety planning, an education specialist in contact with schools, and an AOD specialist receiving referrals. We work collaboratively.*"

Therapeutic careworkers also benefit from this technical support. One careworker said, *"I'm so grateful for the KEYS specialists—they know what it involves, and it's great to lean on them."* Careworkers described gaining valuable advice on supporting young people with substance abuse, education, and managing difficult behaviours with a therapeutic lens. This approach ensures young people receive consistent, evidence-based support across domains. One story illustrates this: Kate* shared interest in detox with a careworker but wasn't ready. The AOD specialist was informed, and another careworker followed up. Eventually, Kate* chose to access detox. This outcome was made possible by close collaboration and communication—primarily through fortnightly home meetings.

The Education Specialist

The Education Specialist has played a pivotal role in the Bunjil Burri home. When young people attend school, the focus is on working with schools to support them; when they don't, the role shifts. An education specialist described: "[initially] they had no interest in even talking about school… I think that's one of the really good things with the KEYS model is that we work to build up self-esteem and self-confidence. If you feel good about yourself, then you are probably going to take that step forward into—'okay let's talk about school, let's see what I want to do.'"

To build rapport, the Education Specialist visits regularly, runs activities like cooking to embed literacy, and accompanies young people on school tours. Staff value this support: "The education specialist has actually been doing the most amazing work with our kids… she's got such a better understanding, connection into the education space… she's been able to have access to these people in different parts [of the education system]." The specialist helps align careworker support with education goals: "The home always puts education as a priority, so it's not just me who's talking about these education goals, it's the whole team." This approach helped Tammy*, who was initially negative about school after a failed mainstream placement. With support from KEYS staff and her Nugel case manager, "she started having just meetings with schools again… maybe one- or two-days max in a week. But now, she has been attending every single day… the care team said this is the first time she's done a full week of school since primary school so that was a massive win for her." Another young person, Immi*, hadn't attended in two years and said, "I'm not going to school. Any school that I go to there's people that are going to, you know, beat me up." A week before the interview, she toured a high school, liked it, and was eager to enrol. She shared her motivation: finishing school would make her the first in her family to go past Year 10.

Education specialists' regular engagement with schools and their associated data collection, positions them to support the Department of Education in identifying and addressing systemic issues. Their

insights should be leveraged through inclusion in relevant state-level policy reviews, such as those considering the recommendations of the Let Them Learn report[2].

The Therapeutic Specialist

Attending school is closely linked to a young person's emotional wellbeing. For example, Katie has struggled with behavioural issues rooted in trauma that affected her brain development and regulation. When incidents occur, she experiences guilt and removes herself from school. The Therapeutic Specialist at Bunjil Burri supports carers with strategies to help Katie reconnect.

To support longer-term healing, VACCA has a partnership with *Winhaven*, a rural property with animals including dogs, ponies, camels, and guinea pigs, offers a culturally safe, therapeutic environment. An Aboriginal psychiatrist consults there weekly and completes western mental health assessments while engaging young people in cultural activities and animal therapy. Referrals have been made to Winhaven for all current Bunjil residents. KEYS staff and leadership believe this is a positive direction for mental health support. One young person, Nikki, continues to attend Winhaven through the outreach placement. She has connected strongly with a horse, staff, and Country. The Therapeutic Specialist helps regulate Nikki before and during visits with techniques like breathing, tapping, essential oils, chewing gum, and stretches - enabling her to engage meaningfully with the service.

Alcohol and Other Drugs (AOD) Specialist

This role has been key in supporting careworkers to assist young people struggling with substance use - providing educational materials and suggesting detox options carers can explore with the young person.

As one KEYS staff member explained: "services like Youth Support & Advocacy Services (YSAS)… you have to voluntarily be a part of their service, so if you don't attend their appointment… there's no follow up… us, as professionals, have to keep re-referring… it's this vicious cycle. So having an AOD specialist attached to the home… has been really beneficial."

Continued investment in an AOD specialist is highly valued, given the much higher rates of substance use among young people in residential care. Staff from Gamadji Balit described many instances where substance use severely disrupted engagement with education, community, and cultural life. It is often a primary barrier to development across all domains. Additional specialist roles are described in Section 4, closely linked to how culture has been integrated at Bunjil Burri.

3.1.2: The challenges of implementing the KEYS model

Staffing challenges

Leadership prioritised hiring Aboriginal staff to enhance cultural safety and outcomes, or those aligned with VACCA's values. This was difficult to realise due to sector-wide workforce shortages. Staff also highlighted barriers to attracting Aboriginal workers, who are not keen to work in child protection or related fields due to their community's negative history with the sector. They also described barriers to retaining them, the cumulative impact of racism, cultural disconnection, and overlapping community and professional pressures, all which contribute to 'Blak burnout'. This challenge has driven VACCA's focus on creating an Aboriginal model of residential care to better support both staff and young people.

[2] Commission for Children and Young People, Let us learn: Systemic inquiry into the educational experiences of children and young people living in out-of-home care (Melbourne: Commission for Children and Young People, 2023).

VACCA initially planned for mental health and AOD specialist roles in the KEYS delivery to be provided by Victorian Aboriginal Health Service (VAHS), but this was not possible due to insufficient staffing at VAHS. Alternative arrangements with YSAS and VACCA's Aboriginal Children's Healing Team (ACHT) were trialled but unsuccessful due to a lack of allocation of dedicated resourcing. Since late 2022, the residential care team has internally managed the AOD and Therapeutic Specialist roles. As noted in section 3.1.1, a partnership with Winhaven and an Aboriginal psychiatrist has been established. However, each young person requires a General Practitioner (GP) referral. The therapeutic specialist described the difficulty: "*to get the young person to go to the GP, to then have a mental health care plan… to have a GP rush them through or be 40 minutes late, they'll be extremely triggered… and want to leave the GP clinic in the first place.*" Despite this, all three current KEYS participants now have referrals, secured after months of effort and support.

Another challenge is the conflict between the AOD specialist's requirement to follow DFFH's abstinence-based guidelines, and the harm reduction models used by services like YSAS. These guidelines carry implications such as staff being unable to provide tools such as GHB (drug) measures or naloxone, limiting harm reduction efforts. The AOD specialist is required to refer young people to external AOD services to support their learning of harm reduction strategies and to access necessary equipment (e.g., clean injecting gear or safe use kits). Although the KEYS AOD specialist is fully equipped to deliver and provide education on these practices, current policy restrictions—stemming from DFFH's zero-tolerance stance on substance use—prevent them from doing so directly. Consequently, the requirement to refer young people to external AOD services can be duplicative and may delay timely, appropriate support.

Unlike AOD specific services, this role is sitting in a multidisciplinary team and does not have the same level of technical guidance, clinical supervision and peer support. This creates another challenge in providing high quality AOD support to young people in the KEYS home.

The four-bed model

Bunjil Burri's four-bed model has consistently been identified as a major barrier to positive outcomes. More residents mean more complex dynamics, especially for young people with histories of trauma and disrupted relationships. Most arrive without the emotional capacity or skills to form healthy connections. As one staff member explained: "*You can't put four high-risk young people in the one home… these young people go completely off edge… they're being traumatised by their co-tenants. And you've got the staff safety aspect… they're all AOD-substance affected; they're all doing criminal activity… bringing back people to the home. How can you ensure anyone's safe*?" Specialists also noted that having three or four young people in one space creates crowded shared areas (like the lounge or kitchen), limiting privacy and making it harder to build trust and engage meaningfully.

If the four-bed model remains, increased flexibility with the roster about how many staff work at what time would enable more adults to be present at critical time periods. For instance, high-risk behaviours were reported most frequently in the evenings, when only one staff member is rostered (plus one after-hours support staff member across two homes). Engaging with cultural and family initiatives also may be easier over the weekends when the cultural, family and community workers are currently not rostered.

Complexity of issues facing the young people and the 12-month period

The demand for residential care placements is driven by urgent, complex needs and cannot be precisely forecast. While the KEYS program offers a valuable, time-bound intervention, staff suggest the

admissions process could be strengthened. Some young people enter with entrenched issues—chronic substance use, mental health challenges, long-term school disengagement—that hinder engagement within the 12-month timeframe. Often, meaningful progress begins only after several months, leaving limited time for sustainable outcomes before transitioning to outreach. This highlights the need for more flexible placement durations, and/or explicitly selecting young people to join the home with less chronic issues to enable faster engagement with the specialists. For some, extending to 18 or 24 months may allow the time needed to build trust, work with specialists, and develop skills for a successful transition. A more targeted admissions process—prioritising those ready to engage—could also improve outcomes. Staff have noted that the fixed 12-month timeline creates anxiety for young people; a more adaptable, progress-based approach may support more positive, sustainable transitions.

Role clarity

Several staff reported that it took time to fully understand their role expectations within the KEYS program. There was particular uncertainty around time allocation—balancing support to careworkers with direct client work—and whether their primary presence should be at the KEYS home or the VACCA office. Ambiguity around performance indicators and a lack of clear, practice tools further contributed to the confusion (such as in-take assessment guidelines). Staff noted similar issues across other agencies delivering KEYS, with considerable variation in practice. VACCA is working to refine role definitions, improve guidance materials, and better align practice tools with VACCA's Aboriginal ways of knowing and doing. Engagement with other KEYS providers is underway to share learnings and promote consistent best practices. Extending this collaboration to specialists would be valuable, as each operates within a unique policy and service context. For example, while an education specialist may be experienced in schools, they may lack knowledge of Victoria's specific policy and funding landscape. Building this understanding helps clarify young people's entitlements and supports more effective advocacy when those needs are not met. VACCA can support this through clearer orientation and cross-agency knowledge sharing to develop sector-specific guidance.

Slow release of funds by Child Protection

Several staff reported delays in accessing funds at critical times, which negatively impacted young people's wellbeing. As an example, one staff member highlighted the need for timely "circuit breakers"—brief respite opportunities where a young person can spend a night or two away with a carer to remove them from a negative environment. As one explained: "*We only bring [circuit breakers] up because we are seeing their mental health decline… but when we go to [Child Protection] they say 'We'll plan it for a couple of weeks'. It's like no, we need to get onto it now, while they're in a space to help them get out of it instead of leaving them in that space and just escalating*." If provided promptly, these breaks can be profoundly therapeutic. As the staff member noted: "*It helps them open up a lot more… Not only helping with their mental health but just giving them that space to be able to open up.*" Multiple staff echoed these frustrations, noting that delayed access to modest funds can mean missed early intervention. For therapeutic residential care to be effective, it must approve and release funds for such supports within 24–48 hours. Failure to do so compromises the young people's wellbeing and undermines staff VACCA's self-determination and agency to operate the model and make decisions without asking child protection for approval. Further, valuable initiatives such as circuit breakers should be funded to enable *Gamadji Balit* staff to make these decisions internally as needed.

Poor communication by Child Protection

When Child Protection delivers difficult news to a young person, it is crucial to consider how and when this is done. Staff shared instances where negative updates—such as school rejections—were given to the young person by Child Protection staff without informing the residential team first. Notifying home staff in advance is important so they can better support the young person emotionally. Timing and approach should be decided collaboratively, as residential staff often have stronger relationships and are better positioned to manage the response. It also ensures the young person is not left to process the news alone.

3.2: How has culture been integrated into the Bunjil Burri home?

3.2.1: Stronger connections to other Aboriginal programs and people

Key learnings from initial implementation phase highlight the importance of surrounding Aboriginal young people with Aboriginal role models they can learn from and foster pride in their Aboriginal identity. Aboriginal staff create an environment where young people feel safe and understood, offering cultural connection not as a program, but as a way of being. The identified positions ensure these connections occur on a regular basis, rather than an ad-hoc way and are detailed in section 3.2.4.

Having *Bunjil Burri* situated within an ACCO also increases the young people's possibility of spontaneous moments of reconnection with Aboriginal staff and volunteers, which builds their feeling of connection across the wider Aboriginal community. One staff member described a young person meeting a family friend while picking up a food parcel at VACCA's head office. This chance encounter sparked conversations and reminded her of her cultural ties.

VACCA's integrated service model enables young people at Bunjil Burri to access a wide range of supports – including cultural programs, Link-Up, Better Futures and Nugel. These linkages keep staff informed about cultural opportunities, support smoother referrals and transitions, and help staff advocate for young people's individual needs. One KEYs worker shared how they supported Eddie, a young person with limited cultural connection and complex needs. Although camp organisers were initially hesitant to include him in a VACCA-run camp, staff advocated for his participation, arranged a support worker to attend, developed a safety plan and ensured everyone understood safety strategies. Eddie's involvement was possible through strong collaboration and trusted relationships across teams—highlighting the impact of integrated, culturally informed and responsive care. Another example involved KEYS staff inviting an Aboriginal colleague from Better Futures to speak with the young people and how her presence sparked rich conversations. A young person who had previously felt embarrassed to identify as Aboriginal later shared she wanted to plan a return to Country.

These stories reinforce KEYS staff's consistent recommendation to continue investing in the recruitment and retention of Aboriginal staff and underscore the importance of ensuring that Aboriginal young people in out-of-home care are supported by Aboriginal Community Controlled Organisations.

3.2.2: Cultural considerations are the norm

From day one, VACCA staff are trained to prioritise cultural appropriateness and to strengthen each young person's connection to Culture, Country, and Community. This cultural lens guides all aspects of service delivery. As a non-Aboriginal KEYS staff member reflected: "*If you're going into a meeting, do you have someone that is Indigenous or Koori who can represent the kids and advocate? If you're looking at*

a detox facility or a doctor's appointment, we really try to make sure everything is culturally appropriate." KEYS staff described prioritising referrals to Aboriginal Community Controlled Organisations (ACCOs) to ensure culturally safe support. Regular partners include the Victorian Aboriginal Health Service, First Peoples' Health and Wellbeing, Winhaven/AJ Psychology, Aboriginal Housing Victoria, Victorian Aboriginal Community Services Association, Dardi Munwurro, and others. This approach embeds cultural safety throughout the system and keeps cultural connection central to every decision.

3.2.3: Identified roles

KEYS is a mainstream model that had not been adapted for Aboriginal communities prior to this implementation. While the mainstream model includes a 'Cultural Support Worker,' VACCA has further strengthened its cultural relevance by introducing the 'Community Engagement Worker' as a separate, identified role. This role acknowledges that community connections are fundamental to reinforcing cultural identity with both local communities and one's own Mob. The Family Worker role is also an identified position; however, it has been challenging to recruit for and has most often been filled by a non-Aboriginal staff member to date.

The Community Worker

The Community Worker has helped young people build life skills and community connections. Their support includes practical tasks like setting up bank accounts, applying for tax file numbers, navigating Centrelink, and enrolling in training. In addition to practical life skills, the Community Worker has played a vital role in fostering cultural identity and social inclusion. Through one-on-one outreach, they support young people to engage with Aboriginal community events and build peer relationships through recreational activities like boxing classes or sports groups—particularly important for those not attending school.

One staff member shared the impact of this role, with a story about a young person who, typically quiet about her culture, quickly opened up to the Community Worker about her deep grief for her ancestors—something she hadn't previously expressed. This unique role helps create culturally safe spaces where young people feel supported to explore identity, build confidence, and connect with their community. Their work is a critical bridge between residential care and independent adulthood, combining practical support with relational and cultural guidance.

The Cultural Worker

The potential of this role has not yet been fully realised due to significant staffing gaps, with extended periods where the position was vacant, or the staff member was away for Sorry Business. As a result, the role's capacity to deliver consistent cultural support and engagement has been limited, highlighting the importance of strengthened recruitment efforts and backup planning for culturally significant roles, such as local Elders and Youth Mentors spending time with the young people.

Looking ahead, KEYS staff hope to establish consistent, culturally grounded routines—such as weekly painting or weaving workshops—to support the young person's wellbeing and strengthen relationships to local Aboriginal people, and even strengthen relationships between young people as they engage in these regular routines together. Many cultural activities, such as weaving workshops or guided walks at culturally significant sites, require funding so they can be facilitated by Aboriginal people with the appropriate cultural knowledge and authority. While the Cultural Support Worker can independently lead low-cost activities—such as bush walks—specialised cultural programming depends on having adequate financial resources in place.

The Family Worker

VACCA's goal to reunify Aboriginal children with their families depends on meaningful engagement with parents and extended kin. As Gee et al. (2014) highlight, "connection to family and kinship" is a core domain of social and emotional wellbeing and central to First Nations communities. The family worker offers both practical and emotional support to significant family members—such as transport to visits, help with home tasks, and meal delivery. The family worker has emphasised the importance of consistent communication and creating a welcoming space. The impact of this role has been such that other care homes are now establishing similar positions. Despite these efforts, challenges remain. Family engagement can be hindered by historic mistrust of institutions, shame, or fear of judgment. Transport is also a barrier, though the team works to overcome this by offering active support.

3.2.4: A culturally welcoming home

The *Bunjil Burri* home is furnished with Aboriginal artwork, artifacts, furnishings, and has a First Nations bush food garden. The home also has significant maps on display: the AIATSIS map of Indigenous Australia and the Victorian Aboriginal Corporation for Languages (VACL). Aboriginal Languages of Victoria map. The home uses a large chalkboard to display cultural posters and event notices to prompt interest and conversation. Through these conversations, several young people have attended cultural camps, reporting very positive experiences.

3.2.5: Cultural engagement

VACCA has held two smoking ceremonies at Bunjil Burri Home, with young people inviting family members with whom they felt comfortable. One young person shared that after the ceremony, she felt "cleansed," describing a sense of emotional and mental relief, as though "bad feelings had been lifted."

Some young people from KEYS Home have participated in Return to Country trips, including one young person, Kate, whose Return to Country led to regular visits to see her Nan and extended family. These visits occurred more frequently as she prepared to leave care—starting monthly, then fortnightly, and eventually weekly. Supported by staff who provided transport, Kate strengthened her cultural and familial ties during these. Staff and young people have expressed a strong desire for more cultural activities and regular engagement with Elders within the Home. However, these opportunities are limited by the restricted cultural budget under the KEYS model.

3.3: What is the effect of the KEYS model on the young people's transitions in and out of the home?

KEYS is an 18-month program, comprising up to 12 months in-home and six months of outreach support. As such, transition planning begins upon a young person's entry. At Bunjil Burri, the average stay is eight months, indicating some early exits. Three exits were unplanned—one due to a court order returning a young person to their parent(s), and two due to interpersonal conflicts requiring alternative placements for safety and wellbeing. There have been five planned exits, typically after 11–13 months, with one after seven months due to the young person turning 18. These planned transitions led to the following placements: kinship care, lead tenant, reunification with parent(s), and independent living.

3.3.1: Transitions into the home

Most transitions of young people into the Bunjil Burri Home go smoothly following the outlined six-week transition process. This process includes overnight stays before placement, informal meetings in community settings, and providing photos and introductory information to ease adjustment. Young people are encouraged to personalise their new bedroom to create a sense of ownership. However, urgent placements due to system constraints sometimes bypass this process, leading to more unsettled entries and potential disruption in the home. While VACCA advocates for smooth transitions, sometimes circumstances require shorter than ideal timelines. At a system level, increasing access to crisis or transitional housing is essential to reduce pressure for immediate placements and support smoother entries into care.

To improve transitions, initiatives like a VACCA-specific *Welcome Book* are being introduced to help young people connect with staff and understand home expectations. Involving Aboriginal KEYS staff in explaining group norms ("lore") is seen as vital for cultural safety and early engagement. Further improvements include standardised guidelines and templates for early engagement, with integration into staff training to ensure consistency across the program.

3.3.2: Transitions out of the home and outreach

There have been positive outcomes in the KEYS program's transition and outreach phase, such as Poppy's* successful move into a lead tenant arrangement. She was supported in developing life skills, gaining financial support through Centrelink, and enrolling in a training course. A KEYS staff member emphasised the importance of trust, noting how meaningful it is to see young people engaging with both the team and broader supports like GPs and therapists. Transitions are often marked with a celebration, reinforcing that support doesn't end at exit.

At the same time, effective transition planning remains challenging due to the non-linear nature of young people's lives. For example, reunification plans may collapse unexpectedly, or young people may be placed in unsuitable housing due to age-based system pressures. Outreach efforts are also hindered by frequent changes in phone numbers—often due to safety concerns, instability, or phone loss—making sustained communication difficult. Transition planning should begin early in a placement, with clear task-sharing and regular discussion in care team meetings.

Staff identified a major gap in post-care support. Unlike those in Foster or Kinship Care, residential care leavers lack ongoing help. The system must recognise their continued vulnerability and invest in greater support through to age 21. While six months of outreach support represents a positive starting point, it is insufficient given the ongoing vulnerability of young people transitioning from residential care. Not all young people are eligible for the *Better Futures* program, and for those who are, the support offered is significantly reduced in scale and intensity. *Better Futures* caseworkers often carry high caseloads, limiting the level of individualised attention they can provide. Upon exiting residential care, young people experience a substantial loss of support. They are no longer surrounded by 24/7 adult supervision, regular contact with a multidisciplinary team, or the consistent structure of a nurturing environment—including home-cooked meals and emotional support during times of distress. This represents a sharp and premature reduction in care for a cohort that remains at high risk and requires sustained, intensive, wrap-around support. Extending these supports until at least 21 years of age is critical to ensuring a safe and successful transition to independent living.

Section 4: Recommendations and next steps

4.1 Strengthen Induction and Ongoing Training Processes

a. Ensure all new KEYS staff receive comprehensive training about the KEYS model, their specific role and the expectations of their role as part of their induction.

b. Finalise and implement the VACCA KEYS templates and guidelines currently being adapted by the VACCA and Bunjil Burri team to support consistency and intentionality in practice.

c. Allocate time during the staff orientation period for completion of the HEALing Matters training.

d. Provide annual ERIC (Emotional Regulation and Impulse Control) training to mitigate the impact of staff turnover and maintain a consistent therapeutic approach.

e. Ensure VACCA's Learning Management System (LMS) lists all the residential care and KEYS specific training modules, and that management monitor staff completion levels.

4.2 Prioritize significant wellbeing support to staff to reduce burnout and turnover

a. Ensure management is informed of all staff support options after an incident, including leave entitlements, temporary reassignment, and provisions for casual staff.

b. Management to ensure that all staff receive regular trauma-informed supervision sessions to support their wellbeing and guide their professional development.

c. Continue with and prioritise activities that strengthen team relationships—such as reflective practice sessions and team-building days—into both the program's budget and roster planning.

4.3 Connect KEYS staff externally

a. Strengthen technical support for specialist roles, especially the AOD specialist, by formally linking the internal AOD role with an external agency for clinical supervision and resource sharing to improve VACCA's practices.

b. Develop a partnership with a local GP or Aboriginal Health Service for referrals with an administration and medical team who understand the clients and offer telehealth.

c. DFFH should work alongside KEYS partners such as Monash Health, MIND Australia and Deakin University, to establish or strengthen Communities of Practice (CoPs) for specific KEYS roles—like Education, AOD, and Therapeutic Specialists, and Team Leaders—to support shared learning, reduce inconsistencies, and refine tools and processes.

d. Ongoing resourcing of monitoring and evaluation is required for the KEYS program.

e. Work with DFFH and care providers to create a consistent, evidence-based AOD policy that supports young people in reducing substance use through trauma-informed, culturally safe, and age-appropriate approaches.

f. DFFH to involve residential care education specialists in implementing key *Let Us Learn* report recommendations, addressing education disengagement and promoting culturally responsive practice.

4.4 Increase staff flexibility

a. Prioritise additional staffing in homes with more high-risk young people to provide safer care, reduce staff burnout, and lower staff turnover in high-demand settings.

b. Consider flexible rostering solutions, for instance deploying specialist staff on weekends or evenings and extending shifts for residential careworkers to reduce late-night handover disruptions.

4.5 Reconsider the four-bed home, the selection criteria and timeframe for the home

a. Revise the KEYS model to prioritise smaller homes (two or three bedrooms) to create more nurturing, stable environments that promote wellbeing, strengthen relationships, and support staff sustainability—particularly for young people with higher support needs.

b. If the home remains a four-bedroom setting, prioritise the placement of sibling groups to strengthen sibling bonds and encourage regular family engagement in the home.

c. Recommend that the KEYS selection panel prioritise young people exhibiting early indicators of school disengagement or substance use, rather than those with chronic or long-term issues, given the current 12-month placement limit.

d. For young people with complex needs at *Bunjil Burri*, allow flexibility in the 12-month limit, with possible extensions of 6–12 months (up to 24–30 months total including outreach) to support more stable, readiness-based transitions.

4.6 Expand Aboriginal staff recruitment and advocate for increased cultural funding

a. *Gamadji Balit* and VACCA should expand efforts to increase Aboriginal staffing, including stronger tertiary partnerships, targeted recruitment, and raising program visibility and impact.

b. DFFH should provide a larger budget for cultural activities, enabling Gamadji Balit to remunerate community members with specific cultural expertise to ensure authentic, regular learning experiences for young people.

4.7 Boost support for residential care leavers

a. Reduce outreach issues by considering multiple methods to regularly connect with young people when developing transition plans, like connecting youth with drop-in centres, setting up recurring meetings, affordable phone/SIM access, and consented social media contact.

b. DFFH to consider funding drop-in centres near residential care clusters, offering safe spaces for socialising, consistent care worker access, and tailored support for care leavers aged 18–21.

c. DFFH to consider adapting and piloting a local, culturally appropriate version of the UK's 'Staying Close' program to support young people transitioning from care by maintaining trusted staff connections, offering nearby semi-independent housing, and ensuring continuity in community, education, and services.

4.8 Co-design clearer communication protocols

a. Improve communication protocols between Child Protection, Nugel, and residential care staff to ensure young people receive distressing news safely and with support.

b. DFFH to provide additional wellbeing funds to enable ACCOs delivering residential care to make timely decisions about initiatives, such as circuit breakers.

c. DFFH and VACCA to collaboratively develop clear, expedited processes for funding and approvals to protect young people's wellbeing and support staff retention.

4.9 Expand accommodation options for young people transitioning in and out

a. Invest in expanding therapeutic crisis and transitional housing to reduce rushed placements and support stable care transitions.

b. Establish additional supported housing options for young people leaving care, such as those outlined in the 'Staying Close' program, like supported hostels where young people live more autonomously while staff are on hand for guidance and self-contained accommodation with specialist personal support (or floating support).

4.10 Invest in continuous learning and a strong Aboriginal model of care

a. Continue collecting targeted data on the KEYS model and hold regular reflective sessions with the staff and management, to support continuous learning and improvement.

b. DFFH to consider redirecting the KEYS funding to support the *Gamadji Balit* model of care across all residential care homes operated by VACCA, with funding levels matched accordingly. Maintaining two models is inconsistent and undermines service cohesion. In line of self-determination, the Aboriginal model of care should be prioritised and fully resourced.

c. Engage VACCA's Aboriginal-led Governance and Yarning Groups to oversee implementation of the *Gamadji Balit* model, ensuring it stays culturally grounded, integrates good practices from the KEYS model, and continues to strengthen.

d. DFFH to actively consider and respond to recommendations from VACCA's Governance and Yarning Groups regarding the resources and support needed for the Gamadji Balit model to achieve the best outcomes for Aboriginal young people living in residential care.

Section 5: Conclusion

Since its rollout at VACCA in 2022, the KEYS model has been in a formative phase, shaping staffing structures and building critical partnerships like the one with Winhaven. These early years have shown the model's potential to deliver strong, relationship-based care, with many young people choosing to stay connected into the outreach phase—highlighting the importance of this support during transitions. However, longer-term services, extending to age 21, are needed, and outreach efforts require innovation to maintain contact.

A major strength of KEYS is its multidisciplinary wraparound support, which enhances outcomes across education, AOD, and therapeutic domains while building confidence among care workers. Nonetheless, challenges remain. Housing four high-risk young people has proven difficult; reducing resident numbers and prioritising less complex cases is recommended. Greater flexibility in the 12-month timeframe, clearer role definitions, and improved internal processes would support consistent practice in a high-turnover sector. Systemic barriers such as funding delays and poor communication from child protection require urgent attention.

Cultural safety is a core strength of delivering care through an ACCO, and this will grow with more Aboriginal staff and investment in cultural initiatives. All ACCOs delivering residential care services must receive additional cultural funding to ensure authentic, regular cultural learning for young people, fostering deeper cultural connections and a stronger sense of pride in their Aboriginal identity.

Regular ongoing training in evidence-based approaches like ERIC and TCI is recommended and requires annual funding allocations. Government support to foster CoPs between implementing agencies would enhance sector learning and capability. Collaboration with DFFH and care providers is also needed to align AOD policies, improve education access, and expand outreach and housing supports.

There is a strong case for broader adoption of the most effective elements of the KEYS model across all residential care homes—particularly the inclusion of specialist roles to support multidisciplinary practice and the provision of funded outreach services. VACCA's Aboriginal model of residential care, *Gamadji Balit*, has incorporated and will continue to integrate key learnings from the KEYS model.

To ensure greater alignment, consistency, and cultural integrity across all residential care settings, there is merit in exploring how the level of funding provided through KEYS can be matched across all homes operating under the *Gamadji Balit* model. This would support the broader implementation of a unified, culturally grounded model of care, while also preserving the specialist roles and practices that have proven effective. Should a full transition not be immediately feasible, we encourage DFFH to consider staged approaches that move toward equitable funding and practice alignment across both models.