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Reconsidering Emergency Care: Evidence Review

Lumenia

Lighting the way, together.

Acknowledgement of Country

Lumenia and Key Assets Australia and New Zealand respectfully acknowledge Aboriginal and Torres Strait Islander peoples as the first peoples of Australia, recognising that sovereignty was never ceded.

We further acknowledge the wisdom and strength of Aboriginal, Torres Strait Islander and Māori peoples across Australia and Aotearoa, recognising their leaders, Elders and the enduring role that First Nations peoples play in driving support for families and communities, including the wisdom which has been shared by these knowledge holders to shape this work.

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Exploring Emergency Care

Key Assets Australia and Key Assets New Zealand worked alongside Lumenia to explore the evidence base on emergency care and reconsider how it is designed and delivered, focused on creating better outcomes for children, young people, families and whānau.

This evidence review sits alongside a series of emergency care design workshops held across Australia and Aotearoa New Zealand in late 2025, and is intended to inform the redesign of emergency care being led by Key Assets Australia and New Zealand in partnership with practitioners, carers, cultural leaders, young people with lived experience and key stakeholders.

The provision of emergency placements for children and young people has become a focal issue across Australia and New Zealand. There has been an increasing rate of non-home based forms of out-of-home care (OOHC) in recent years across jurisdictions, triggering significant concern about the appropriateness and safety of non-home based care, particularly that utilised during crisis and emergency situations (ACWA, 2024).

Unlike planned placements where comprehensive assessments can be undertaken over extended periods, emergency placement decisions must balance the immediate safety needs of children and young people with considerations of working collaboratively with families, ensuring placement suitability, cultural appropriateness of placement decisions and long-term outcomes. This tension between urgency and strong practice creates unique challenges for practitioners working within highly time-sensitive environments.

Within both Australian and New Zealand contexts, the use of non-home based care settings such as staffed hotels and motels has attracted significant media and political attention, reflecting a systemic challenge in providing family-based care options at the point of crisis for children and young people. General research consensus suggests that non-home based placements are rarely the optimal environment for children and young people (Oranga Tamariki, 2018; James, 2011). Placement in hotel and motel accommodation has been highlighted to be associated with elevated risks to children's wellbeing, including exposure to further harm, limited access to supportive adults or peers, disruption to schooling and disengagement from community and culture (NSW Advocate for Children and Young People, 2024).

This evidence review examines contemporary practice in emergency care, with a focus on innovative practice approaches. It draws from Australian, New Zealand and international literature to provide insight into emerging trends in OOHC emergency placement and sits alongside work we have undertaken in collaboratively designing emergency care models developed through workshops with practitioners, carers, cultural leaders, young people with lived experience and other stakeholders which is also overviewed within this summary.

Methodology

A targeted search and snowballing methodology was used to explore relevant literature. Searches were undertaken using Google Scholar to locate empirical studies, academic reviews, sector reports and international policy documents relating to emergency care, residential care, kinship arrangements and innovative placement models. Search terms were iteratively refined, and reference lists of identified articles were systematically scanned to extend coverage across Australia, New Zealand and comparable jurisdictions.

Whilst extensive published literature exists on the outcomes of residential, foster and kinship care more broadly, there is a paucity of peer-reviewed research focused specifically on emergency care. This review draws on available peer-reviewed and grey literature to explore approaches to emergency care being utilised across jurisdictions.

Defining Emergency Care

There is wide variation in the definition of emergency care across jurisdictions. Generally speaking, emergency care is defined by sector practitioners as approaches to care which are time-limited and urgent, often with an unpredictable nature in their emerging need. Placement breakdown and rapidly emerging family situations which necessitate urgent care entry may be considered 'emergency' in their nature. Jurisdictional approaches to the classification and use of emergency care vary significantly across Australia and New Zealand.

Australian and New Zealand Trends in Emergency Care

Australia's out-of-home care system has experienced significant shifts over recent years. As of 30 June 2024[1], 44,866 children were in out-of-home care nationally, representing a rate of 7.7 children per 1,000, with an additional 10,791 children residing in other supported placements (Productivity Commission, 2025). National data suggests that the proportion of children and young people in OOHC placed in non-home based forms of care continues to increase.

There has been a substantial national increase in the number of residential care placements since 2016, with higher rates of growth relative to other care types (AIHW; Lumenia Analysis, 2025). This growth has been accompanied by rising costs, with national expenditure on child protection services reaching $10.2 billion in 2023-24, a real increase of 6.6% on the previous year, and care services accounting for 64.9% of total recurrent expenditure (Productivity Commission, 2025). Emergency and residential care arrangements continue to be a focus of cross-jurisdictional political and media scrutiny, reflecting systemic challenges including carer shortages, increasing complexity of child needs, and inadequate investment in early intervention and family preservation services. On average in 2025, jurisdictions spent around 65% of child

[1] Queensland's child protection data has been absent in recent national datasets, thus we report 2024 figures for accuracy herein. Recent Lumenia analysis indicates that when Queensland estimates are integrated into 2025 AIHW data, the number of children and young people in care across Australia increased significantly in the 2024 – 2025 period.

protection budgets on crisis-driven out-of-home care rather than earlier and preventative supports (Lumenia Analysis; AIHW, 2025).

Aboriginal and Torres Strait Islander children remain significantly overrepresented across all components of the child protection system in Australia. The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) provides a critical framework for understanding and addressing this disproportionate representation, comprising five core elements: prevention, partnership, placement, participation and connection. The ATSICPP establishes a clear hierarchy that prioritises placement with Aboriginal and Torres Strait Islander or non-Indigenous relatives/kin, followed by Aboriginal and Torres Strait Islander community members, then Aboriginal and Torres Strait Islander family-based carers, with residential settings as a last resort (SNAICC, 2018). National data suggests significant gaps in compliance across jurisdictions, with only 63.1% of Aboriginal and Torres Strait Islander children placed either with relatives/kin (54.5%) or with Aboriginal and Torres Strait Islander family-based carers (8.6%) in the most recent data (Productivity Commission, 2025).

Across jurisdictions, a series of independent reviews, royal commissions and inquiries – including in New South Wales, South Australia, Queensland and Tasmania – have consistently identified the use of unaccredited hotel, motel and other non-home based emergency accommodation as harmful and destabilising for children and young people, particularly for those with complex needs and for Aboriginal children who are overrepresented in these arrangements. These reviews have called for a phase-out of these arrangements in favour of family-based and therapeutic alternatives, and several jurisdictions have since moved to restrict or ban their use.

Aotearoa New Zealand's out-of-home care system, administered by Oranga Tamariki (the Ministry for Children), serves a declining but increasingly high-need cohort of tamariki. As of 2025, there were over 5,100 tamariki and rangatahi in care, down from close to 6,000 in 2020; however, Māori tamariki remain over-represented at 67% of the OOHC population, with the proportion living with whānau declining in recent years to 39% (Oranga Tamariki, 2025).

Despite policy commitments to culturally responsive, trauma-informed support and rapid connection to family or whānau-based placements, use of emergency motel accommodation continues as a last resort in New Zealand, and recent data indicates that while most stays are brief, some children experience extended stays of many weeks or months (RNZ, 2025a; RNZ, 2025b). This has prompted sustained critique from the Children's Commissioner and advocates, and is driving a system-led redesign of emergency caregiving by Oranga Tamariki that aims to reposition home-based care as the primary crisis response, strengthen whānau-based pathways, and reduce reliance on staffed, non-home based responses.

Emerging Practice Approaches

In response to these pressures, jurisdictions in Australia and New Zealand are beginning to pilot new emergency care approaches that move away from reliance on motel and institutional placements toward family-based, therapeutic and relational models.

A number of practice innovations are emerging across Australian and New Zealand jurisdictions in response to these system pressures. For example, Oranga Tamariki has recently commissioned a range of providers to collaboratively design new approaches to emergency care; Key Assets New Zealand is working in partnership with Oranga Tamariki in design and delivery of this work. Likewise in Australia, Key Assets is leading innovation in reconceptualising approaches to emergency care.

To inform this redesign, it is important to consider international and cross-sector evidence on what constitutes safe, healing-centred care for children entering emergency placements. The following sections draw on this broader literature to highlight key themes for practice in therapeutic residential care, therapeutic foster care, relational care and holistic, culturally-centred family support.

International and Cross-Sector Evidence

Across settings, OOHC practice has moved towards evidence-based models that prioritise healing, connection, relational continuity, recovery and developmental restoration. In an emergency care context, these approaches recognise that children requiring emergency placement have typically experienced complex trauma, grief and loss, with many experiencing multiple placement breakdowns, developmental delays and compromised attachment relationships that require specialised therapeutic intervention.

Over the last two decades, therapeutic and trauma-informed approaches to care have been the focus of significant sector development internationally. Therapeutic care models integrate trauma-informed principles with relationship-based approaches, cultural healing practices and recovery-oriented frameworks to address the multifaceted needs of children and young people. Services are generally considered to sit on a continuum from being trauma aware to being trauma-informed, where a service's entire culture is oriented around a trauma-informed approach (Australian Institute of Family Studies, 2016).

In adjacent sectors, similar principles apply; for example, in trauma-informed care in emergency health settings Greenwald et al. (2023) outline specific practice recommendations for trauma-informed care, emphasising the importance of clarifying patient preferences, positioning providers alongside, rather than above, those in their care, preparing individuals for what to expect, and avoiding language that stigmatises or places blame- principles directly relevant to emergency OOHC placement contexts.

Therapeutic Residential Care

Therapeutic residential care is increasingly being promoted in international settings as a specialised intervention for children who experience challenges in family-based placements.

The literature describes these models as characterised by small-scale, 'home-like' environments with specially trained staff providing 24-hour therapeutic support and are distinguished from standard residential care through deliberate use of trauma-informed frameworks, planned transitions, strong interagency collaboration and staffing consistency (National Therapeutic Residential Care Alliance, 2023). These programs typically accommodate no more than four children in each residence.

International comparisons suggest diverse approaches reflecting different theoretical orientations and cultural contexts, but common elements of effective models include individualised care planning, education and competency development, tailored therapeutic intervention and structured approaches to developing social and emotional capabilities within nurturing environments (Cordis Bright, 2018). Evaluation evidence from integrated therapeutic residential care models suggest improvements in placement stability, behavioural functioning, educational engagement and longer-term life outcomes for participating children and young people (Faircloth & Douglas, 2011).

Whilst therapeutic residential care has been increasingly utilised in international settings, a growing body of practice literature cautions against the use of therapeutic residential care as a default emergency response.

International reviews of congregate and group home care document higher rates of maltreatment and safety incidents in residential settings compared with foster homes, alongside poorer developmental and wellbeing outcomes in larger, institutional environments (CELCIS & SOS Children's Villages International, 2017; Evident Change, 2020).

Global evidence syntheses further emphasise that residential care continues to function as a placement of last resort for children who have experienced multiple breakdowns, often without clear demonstration that it produces better outcomes than kinship, whānau or foster care for most children, reinforcing the need to prioritise family-based emergency responses wherever safe and feasible (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2017; Oranga Tamariki-Ministry for Children, 2023).

Therapeutic Foster Care and Relational Care

Therapeutic foster care (TFC) represents an alternative to residential care for children requiring intensive therapeutic intervention within family-based settings. The Oregon model of Treatment Foster Care (TFC-O), now known as Multidimensional Treatment Foster Care (MTFC), has been extensively researched internationally and has demonstrated effectiveness in improving behavioural outcomes, reducing placement disruption and supporting successful community integration (James, 2011). Contemporary therapeutic foster care models emphasise extensive training and ongoing support for therapeutic carers and integration with broader systems of care including mental health, education and community supports. The literature highlights the importance of 'therapeutic moments' that occur through daily interactions between carers and children, recognising that therapeutic intervention extends beyond formal therapy sessions to encompass the totality of a child's experience in care (Berry Street, 2007).

Recent systematic review evidence provides a more mixed picture of MTFC effectiveness. Krishnapillai et al. (2025) conducted a meta-analysis of MTFC internationally, finding that while the model may modestly reduce externalising behaviour, evidence for reduced internalising symptoms was less clear, indicating a need for realistic expectations when adapting therapeutic foster care models to new contexts. By contrast, a Swedish systematic review and meta-analysis of Treatment Foster Care Oregon (TFCO) for adolescents with youth justice experiences (Åström et

al., 2020) found moderate evidence that the model reduces future criminal behaviour and days in youth justice settings compared with group care, reinforcing the case for family-based therapeutic alternatives to congregate care for young people.

In a similar way to therapeutic foster care, relational care models emphasise that healing in out-of-home care occurs primarily through safe, consistent relationships rather than programmatic procedures.

Professional Individualised Care (PIC), developed in Germany and now being delivered in Australia, exemplifies this approach: each young person with complex needs is matched to live with a single salaried professional carer (such as a social worker, youth worker or mental health practitioner) who provides full-time care and builds a secure, attuned relationship over time (Berry Street, 2024). The focus is on "real connection and relationship" as the heart of the model, with therapeutic work embedded in everyday routines rather than confined to formal sessions (Berry Street, 2024).

Relational care principles also underpin other therapeutic models which draw on trauma-informed, attachment-oriented and systems-level interventions to wrap children in networks of caring adults and create frequent "therapeutic moments" in ordinary life (Cox et al., 2021). Such models highlight the potential of professionalised, relationship-based care to offer an alternative to volunteer carers, rotating-staff residential or hotel-based emergency placements for children with high and complex needs.

In consultations undertaken internationally throughout this project, a recurring theme across expert commentary internationally was that effective emergency and therapeutic care depends on shifting practice from procedural compliance toward relationship-based, family-focused work: deploying a specialist workforce with the resources and skills for comprehensive family engagement, supporting workers to take calculated, well-supported risks and reframing the 'emergency' or 'crisis' period as an opportunity for intensive family reunification work rather than simply a placement to be managed. Collaborative partnerships between child protection and health services, combining clinical and social work expertise, are viewed as essential to this shift.

Holistic and Culturally-Centred Approaches

Holistic family support approaches recognise that emergency care decisions sit within a broader continuum of child, family and community wellbeing. Rather than viewing emergency placements in isolation, these approaches consider the combined impact of housing, income, health, disability, education, parenting capacity and cultural connection on children's safety and recovery.

For Aboriginal and Torres Strait Islander and Māori children, culturally centred practice emphasises that responses to risk must address both individual circumstances and the ongoing effects of colonisation, forced removal policies and systemic bias. Aboriginal Community Controlled Organisations and Kaupapa Māori services play a critical role in leading this work, bringing cultural authority and community trust to the design and delivery of supports. Evidence from healing-centred practice highlights the importance of culturally grounded spaces and relationships, connection to Country or whenua,

community participation and storytelling as foundations for children and families' healing journeys (SNAICC, 2012).

Within an emergency care context, holistic and culturally-centred approaches shift the focus from where a child is placed to how families are supported. They underpin models that aim to keep children with their parents or kin or whānau, Country and culture through intensive, wrap-around supports, and inform decisions about when kinship, whānau-led and community-based options should be prioritised over motel or institutional arrangements. The following sections outline emerging evidence on intensive family-preservation models and kinship care outcomes that operationalise this holistic, culturally-centred vision in practice.

Intensive Family-Preservation and Early Intervention Models

There is growing evidence for models that provide intensive, wrap-around supports to families navigating child protection concerns. These models aim to prevent entry to OOHC or support early reunification by combining 24/7 practical assistance, therapeutic input and coordinated multi-agency support in family-centred environments.

The *Bringing Baby Home* initiative in Tasmania and similar perinatal programs, provide parents at imminent risk of infant removal with intensive, trauma-informed wrap-around supports both before and after birth, including access to a 24/7 supported residential service where parents and babies can stay together in a safe, nurturing environment (Commission of Inquiry Tasmania, 2023; Tasmanian Government, 2024). Rather than separating infants from their parents, these models focus on building parental capacity, stabilising housing and income, addressing health and mental health needs, and strengthening attachment relationships during a critical developmental stage.

Internationally, evidence-based intensive family preservation programs, such as Functional Family Therapy-Child Welfare and other home-based family therapy models, have demonstrated positive impacts on family functioning and reduced need for out-of-home care when implemented with strong fidelity (McArthur, 2015; DCJ NSW, 2016). Australian reviews of contemporary out-of-home care practice likewise highlight the potential of ACCO-led and community-based initiatives that dedicate staff resources to identifying family-based placements for children in care, and to intensive family finding and reunification work (Department for Child Protection SA, 2024; Faircloth McNair & Associates, 2024).

For emergency care design, these models illustrate that "emergency response" should not equate to removal of children and young people to alternative placements. With the right supports, housing, income, health, disability and parenting assistance, cultural healing and advocacy, families can often safely care for their children during crisis periods. Locating intensive family-preservation and reunification services within emergency care pathways therefore offers a critical alternative to motel, residential or other non-home-based arrangements.

Kinship and Whānau Care Evidence and Implications for Emergency Care

A substantial body of evidence indicates that children placed in kinship and whānau care often experience better outcomes than those in foster care. Systematic reviews and cohort studies report that children in kinship or whānau care demonstrate fewer behavioural and emotional difficulties, lower rates of psychiatric disorders, improved overall wellbeing and greater placement stability compared with children in traditional foster care (Rubin et al., 2008; Winokur, Holtan, & Batchelder, 2018).

Australian research and evidence briefs similarly highlight that kinship placements can support longer placement duration, greater educational continuity and better health and mental health outcomes, while acknowledging that kinship carers face significant financial stress and often encounter disrespectful or surveillance-focused responses from child protection systems (Macpherson, Mitchell, Macnamara, & Gatwiri, 2022; McPherson & Gatwiri, 2022).

For emergency care design, this evidence reinforces the importance of prioritising safe, culturally grounded kinship and whānau-led solutions wherever possible, supported by tailored practical and therapeutic assistance for kinship carers. When removal from parents is required to ensure safety, locating children with kin or whānau and community, rather than in motel or institutional settings, is consistent with both the evidence base and the Aboriginal and Torres Strait Islander Child Placement Principle.

Frameworks for Emergency Care

Emergency care settings serve as crucial entry points into child welfare systems, yet have received comparatively limited research attention despite this essential role (Graça et al., 2018). Graça et al. proposed an emergency care framework for assessing emergency care services, comprising five key components: crisis/emergency response, case assessment/evaluation, intervention, service general functioning, and placement/referral. Drawing on a review of studies undertaken in the emergency residential care context in Europe, the authors explored the function of emergency care against each of these components.

Crisis/emergency response focuses on ensuring immediate child safety, emotional stabilisation and minimising trauma from the triggering circumstances, through secure physical environments, immediate emotional support and coordinated responses with referring agencies.

Case assessment involves comprehensive evaluation of child and family needs, including initial information gathering, physical and mental health assessment, and family relationship evaluation. Graça et al. (2018) found that interventions such as parent support or direct work with family and kin were seldom provided in emergency residential care settings, despite being recognised as crucial for successful reunification.

Intervention refers to delivering direct support tailored to assessed needs – in practice, however, interventions often prioritise the general restoration of stability (routines, therapeutic and educational support) rather than being tailored to specific individual or family needs, constrained by limited resources, overlapping staff roles and short duration of stay.

Service general functioning describes the everyday management and climate of the facility, aiming for a domestic scale and positive socio-emotional environment rather than an institutional one, underpinned by clear routines, coordination and opportunities for participation.

Placement/referral encompasses planning and implementing the next placement decision. Graça et al. (2018) found a lack of systematic procedures for weighing evidence and monitoring post-placement outcomes; more than half of children in their sample were subsequently placed in longer-term residential care, with only a minority reunified to family or placed in kinship care – pointing to critical gaps in intervention, assessment and post-discharge support.

Complementary work in the New Zealand context (Muir, 2023) has proposed a workflow for responding to the unique emergency support needs of young people in Aotearoa, emphasising the necessity of rapid, child- and youth-centred assessment, culturally responsive decision-making and coordinated, multidisciplinary input. Best practice emerging from this research includes:

- Early and intensive kaupapa Māori assessment to identify whānau, hapū and iwi connections
- Prioritisation of whānau-led solutions through Family Group Conferences (FGCs) and hui ā-whānau
- Trauma-aware placement selection, including community-based group homes or supported respite
- Immediate linkage to education, mental health and relational supports, avoiding hotel/motel 'holding patterns'
- Embedding tikanga Māori and cultural plans in every placement and transition, supported by appropriate Te Ao Māori frameworks and Indigenous knowledge
- Proactive partnership and shared governance with Kaupapa Māori organisations.

What We Heard in Emergency Care Design Workshops

Alongside this evidence review, Key Assets Australia, Key Assets New Zealand and Lumenia facilitated emergency care innovation design workshops in Queensland, New South Wales, South Australia and Auckland in late 2025. These workshops brought together practitioners, carers, young people with lived experience of care, cultural leaders, policymakers, academics and sector innovators to co-design emergency care approaches.

Across settings, participants emphasised several consistent design themes:

- **Empowering child, family and kin or whānau connections:** Even in time-limited emergency placements, children, families, whānau and kin should remain connected and be genuinely involved through authentic partnership. Designs focused on keeping siblings together, co-locating parents or whānau/kin with carers where safe, and embedding proactive, flexible family finding and reunification supports.
- **Early assessment and transitional supports:** Participants highlighted the need for rapid, comprehensive assessment of health, disability, trauma history

and cultural connections, coupled with step-up/step-down pathways and transitional supports to enable smooth movement between care types or return home.

- **Relationship-based, home environments:** Proposed models centred on relational, home-like environments rather than institutional settings. Community hubs, family preservation accommodation and sibling-focused options featured strongly, alongside community leadership and partnerships to expand practical supports.
- **Therapeutic and culturally informed practice:** Designs consistently called for trauma-informed, therapeutic care that is integrally linked with Aboriginal, Torres Strait Islander and Kaupapa Māori organisations, with cultural healing and holistic wrap-around support across health, education, mental health, disability and community services.
- **Supporting emergency carers:** Emergency carers described challenges in sustaining this work financially, and emphasised the importance of specialised recruitment, training, professional recognition and flexible, needs-based funding to respond to individual child requirements.
- **System performance, outcomes and learning:** Participants stressed that outcomes measurement must centre children's voices and wellbeing, stability, safety, permanency and enduring cultural and relational connection, supported by investment in technology and data systems to enable rapid information sharing.

These themes align closely with the evidence base summarised in this report, and have directly informed Key Assets' ongoing work to develop emergency care models of practice that centre relationships, maintain connections and empower children or tamariki, whānau and kin to remain safe, connected and heal during emergency placements.

- ## Evidence Summary

  Innovation in emergency care systems across Australia and New Zealand is required to better meet the needs of children, young people and their families. Addressing the challenges identified in this review and in the design workshops demands continued investment in holistic, culturally responsive and trauma-informed approaches, accompanied by a sustained focus on keeping children and young people connected to their families, kin or whānau and communities.

The ongoing development and piloting of innovative emergency care options– particularly those that prioritise relationships, skill-building and wraparound supports– offer potential for reconsidering how emergency care is structured to better meet the needs and aspirations of children and their families.

The international and cross-sector evidence, combined with the wisdom shared through co-design, reinforces that effective emergency care rests on relational continuity,

family and cultural connection, and a shift away from purely procedural or institutional responses toward empowering family-connected and healing-centred practice.

Key Assets Australia and New Zealand, together with Lumenia, are drawing on this evidence base and on the wisdom of diverse sector and lived-experience voices to inform the ongoing development of emergency care practice and policy across the region.

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