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Knowledge transfer and investigation of the adaptability of novel, story-based assessments to raise the voices of young children in out of home care

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Executive Summary

Children and young people in out-of-home care (OOHC) in Australia experience disproportionately high levels of trauma, developmental vulnerability, and disrupted caregiving relationships. Despite this, the perspectives of children—particularly young children—remain largely absent from assessment, evaluation, and system reform. This gap was explicitly identified in the Queensland Residential Care Review and the Queensland Child and Family Commission – Child Safe Standards, which called for a system that listens to and centres the voices of children and young people.

This fellowship addressed a critical national capability gap: the absence of developmentally appropriate, evidence-based tools to understand the inner experiences of young children in OOHC. Existing assessment approaches rely primarily on carer report and clinician observation and are limited in their ability to access children's internal beliefs about themselves, caregivers, and safety—key mechanisms shaping attachment, mental health, behaviour, and long-term outcomes.

The fellowship focused on knowledge transfer, skills development, and early implementation planning for **story-stem (narrative) assessment methodologies**, specifically the Story Stem Assessment Profile (SSAP). Story-stem tools use structured, play-based storytelling to allow young children to express their perceptions of relationships, emotions, and expectations in a developmentally appropriate and safe manner. These methods are well-validated internationally and have demonstrated links to attachment representations, psychosocial functioning, and mental health outcomes.

Fellowship Activities and Capability Building

- Completion of intensive training and a rigorous accreditation process with the Anna Freud Centre (UK), resulting in full accreditation in SSAP administration, scoring, and reporting. The Fellow is now one of a small number of accredited practitioners in Australia.
- Establishment of international clinical and research networks with leading attachment and child development experts in the UK and USA.
- Preliminary consultation with experienced First Nations health practitioners to explore cultural relevance, risks, and adaptation needs.

Key Findings

Consultation with senior clinicians and researchers identified strong consensus on the value of story-stem assessments:

- The tools provide unique insight into children's "inner worlds" that is not accessible through observation or carer report.
- They enhance diagnostic formulation, support shared clinical language, and inform sensitive, child-centred decision-making.
- Narrative responses frequently reveal early indicators of resilience that can guide intervention and care planning.
- International models demonstrate feasibility for embedding story-stem assessments into routine OOHC practice, including centralised scoring, longitudinal monitoring, and tailored feedback to carers—particularly during placement transitions.

First Nations Considerations

Narrative and storytelling approaches align well with First Nations ways of knowing; however, consultation highlighted that existing tools require substantial cultural adaptation. Concerns were raised regarding the cultural relevance of materials, Western attachment frameworks, interpretation of narratives, and the use of findings within statutory systems. Deep, community-led co-design grounded in cultural safety, self-determination, and practices such as Dadirri (deep listening) was identified as essential prior to implementation with First Nations children.

Impact and Next Steps

The fellowship has laid the foundations to significantly strengthen the capacity of Australian research and practitioner community to assess the psychosocial experiences of young children in OOHC. Early dissemination has occurred across government, service, and academic settings. Future work will focus on piloting models of care with Australian providers, further validation of tools in the Australian context, co-design with First Nations communities, and expanding national training and communities of practice.

Overall, this work lays the foundation for a more child-centred, developmentally informed, and culturally responsive OOHC system—one that meaningfully listens to young children and uses their voices to improve care and long-term outcomes.

Introduction

Recent estimates suggest that approximately 46,200 children are in out of home care across Australia[1]. In recent years, the number of children and young people in Queensland who are cared for by residential care providers has almost doubled from 951 to 1763[2]. Children and young people in foster and residential care have often led complex lives and have complex needs. Abuse and neglect, trauma, neurodevelopmental and disability, and disconnection from their culture, country and community are common parts of their stories before they arrive in care. There is an urgent need to improve the outcomes of children and young people in out of home care.

As part of the landmark QLD residential care review, the lack of representation of the perspectives of young people in care in evaluation of the system was highlighted. The roadmap advocated for a system characterised by "listening to children and young people"[3]. This pillar aligns with an emerging consensus that the voices of young people are routinely excluded from research and service delivery in the out of home care sector.

The perspectives of young children are particularly critical to shaping a system that is there to support their development, but they are not being heard. **These voices need to be assessed in a way that is rigorous and developmentally appropriate.** Often times, young children (< 8 years) do not have the verbal abilities, developmental age, or trust to explicitly express their perspectives on sensitive, but crucial, areas related to their perceptions of themselves, their experience of their carers, and the world. These perceptions will go on to shape their mental health and interpersonal relationships with others, via mechanisms of self-esteem and the attachment system[5].

Story-based assessments are emerging as a rigorous method to assess how these perceptions change in response to foster and residential care placements in young children. In the literature they are often referred to as "narrative stem" or "story stem" tasks[6]. In these assessments, children are presented with play-based toys and part of a story is delivered via toy characters to the child by the researcher or clinician (the stem). Children are then asked "what happens next?" and prompted to complete the story. The child's responses to various standard story or narrative stems (e.g., a child spills juice at the table, a child falls in the park and hurts their knee) allow for an exploration of their perception of themselves (how does the child in the story act and feel about themselves) and their experiences of care from others (how do the adults and carers in the story respond to them?).

Story-stem and narrative tasks demonstrate solid validity, correlating with the child's attachment and mental health outcomes, and test reliability. **Story-based assessments offer a developmentally appropriate, rigorous, often enjoyable, and safe way for children to express their perspectives and voices on sensitive topics and have been used recently to assess their perspectives related to their experiences in the foster care system**[7].

Critically, while these cutting-edge tools for assessing the perspectives of young children have been developed and are being disseminated and implemented in clinical and research settings overseas, Australian children in the foster care system are missing out. Currently, no clinical research is focused on adopting and implementing these story-based assessment methods and associated carer interview assessments in the Australian context.

There is a knowledge and skill gap.

There is a prime opportunity to undertake a program of knowledge transfer from clinical and research institutes from leading organisations overseas about these story-based methods to the Australian clinical research community, where children in out of home care are often sidelined.

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Fellowship activities

Phase 1: Professional development

- Training in the Story Stem Assessment Profile (SSAP) was undertaken over a 4-day period with experts from the Anna Freud Centre in the United Kingdom.
- A rigorous two-part Accreditation process was then completed over the course of the year

Phase 2: Preliminary investigation into the tool's potential and network development

Local and international experts engaged during fellowship

- Dr Saul Hillman, Senior Research Fellow, Anna Freud Centre, United Kingdom
- Center for Attachment Research, The New School, New York City, New York, United States of America
- Dr Jordan Bate, Adelphi University, New York City, New York, United States of America
- Dr Susan Chinitz, New York Zero-to-Three Network
- Prof Mary Dozier, University of Delaware

Phase 3: Exploring preliminary issues regarding the cultural adaptability of the tool for First Nations youth in Australia

Consultation with

- Two experienced and respected First Nations health practitioners

Findings

Phase 2: Assessment of potential uses of the tool

The tool's potential impact on diagnostic thinking and decision making:

The consultation process converged on several key pathways for story-stem attachment tools to enhance a practitioners' diagnostic process and decision-making.

Several clinicians and researchers converged on the gap that this type of tool filled in their assessment batteries.

"You don't interview a child from that age range traditionally [directly about potentially traumatic attachment experiences]"

Crucially, they underlined that the information gathered from this type of assessment wasn't available from clinician observation or carer perceptions of the child's behaviour or the relationship. It offered a "window into the child's inner reality".

There was a thread that spoke to the flexible way information from the assessments could be used to assist in decision-making. Senior practitioners described that it could offer a "structure" to their clinical work with children and all them to communicate using a common language with other practitioners when formulating a case and communicating with carers.

Importantly, the tapestry of information generated by the tool provides a lens to detect seeds of resilience for young people in care.

"Even a child who tells a chaotic or negative story, there are often small positive things we can draw out – e.g., adults are mostly aware of the child character, even if they aren't depicted as particularly warm or supportive"

This information is not so clearly available in traditional methods that assess attachment that classify children into broad descriptive categories.

It was stressed that story-stem tools were not used in isolation and that other tools and a detailed history of the child were used to complement the findings generated from the tool.

The potential for the tool to be integrated into a model of care

Narrative stem tools have been implemented into a routine practice at a large care provider in an international context. Information on the model was shared and provided a general map for replicating this model in other organisations and jurisdictions.

In this model, local practitioners in an organisation or department are taught to administer the stories and record the responses from children. These are then sent to an accredited practitioner who assesses the administration and rates the child using a validated rating system, producing an assessment of attachment representations. The findings are then integrated with any other assessment, background, or contextual information to provide an ongoing monitor of the child's psychosocial adjustment.

This model also allows for bespoke feedback to be provided to carers regarding the child's expectations of themselves and others, including parents, siblings, and friends, in order to help them reframe any confusing behaviour and respond more sensitively or supportively. This can be particularly useful for placement transitions. For example, a child may transition to a new placement and have an assessment before entering. One of the findings from the assessment is that the child expects hostility or aggression between siblings and children. The organisation can then prompt the carer to think more about their presence around the other children at the placement and monitoring of hey they adjust to reduce any risk of inter-sibling conflict. Eventually, capacity to administer, interpret, and report the results of the assessment can be built up in the organisation so that trusted care providers can become accredited and the model can be more sustainable.

Phase 3: Preliminary issues raised in a consultation with experienced First Nations health practitioners

- The central importance of narrative and story offered an appealing avenue to explore and better understand First Nations youth in care. There was an expression of promise regarding story-based methodologies to check in with First Nations children about their psychosocial health and wellbeing.
- However, it was raised that the materials, settings, and narrative stems may be culturally inappropriate for use with First Nations youth in their current form. The material elements such as the use of props representing the nuclear family and Western farm animals may not align with the experiences of First Nations youth. Similarly, the narratives elements, including the conflicts and tensions built into them, may not reflect the experiences of self and significant others among some First Nations youth. These incongruences may sum to a lack of relevance for First Nations youth that may dim engagement or skew the assessment results without adaptation.
- Suggestions were made that greater distance from a child's family may be better suited to explore the inner world of First Nations children – the use of totem animals may be more appropriate and effective (e.g., kangaroos, goannas)
- There were concerns raised regarding the frameworks used to assess and make meaning from the narrative responses of children:
    - Unease regarding the underlying attachment constructs surfaced in the discussion. They were deemed ill-fitting with Aboriginal experiences of self and relationships with significant others/community
    - Relatedly, there was a perception of risk in the labelling of resilience factors in First Nations communities as maladaptive from a Western attachment framework
    - Concerns about how some stories may tap into stories and narratives associated with The Dreaming and whether practitioners could identify this and interpret it appropriately
- Questions were expressed about how any findings about a child's experiences of attachment relationships may be used within the Child Safety system

Professional development outcomes

- Received full accreditation in the administration, scoring, and reporting of the Story Stem Assessment Profile (SSAP). Now one of a handful of practitioners in Australia with this accreditation.
- Insight and exposure to alternative narrative coding systems and strategies to integrate the tool into a model of practice with foster care providers
- Initiated the development of international research connections in innovative attachment interventions, and specifically in narrative and story-stem methodologies
- Cultivated general skills in knowledge translation to aid in the implementation of academic findings into applied settings

Reflections

- The potential to assess the inner world of the child in at-risk settings was very appealing to practitioners and policy makers. There is an appetite in Australia for more tools to better explore a child's beliefs and expectations of themselves and significant others and how this may impact development.
- A program of deep, collaborative, reflective co-design with First Nations communities to build a culturally safe and responsive tool is likely required. The devastating impacts of colonialism and genocide of First Nations peoples, the consequent inter-generational trauma, and the ongoing structural racism in Australia have understandably sowed caution regarding any the introduction of any assessment of First Nations children by Western health practitioners. However, the potential of this tool to help First Nations youth in the system was recognized. The practice of deep listening ("Dadirri") will be paramount to any journey towards creating a tool to better understand the psychosocial health and wellbeing of First Nations youth.
- Truly embedding new practices into systems is a slow and non-linear journey.
- Fostering trust and open communication is key to all of the above.

Impact plan

Dissemination to date

Professional sharing to date

1. Child and Family Support, Department of Human Services, South Australia
2. Representative from St Vincents
3. Griffith University Research Conference
4. Griffith University Changing Health Systems group

Future work

The fellowship has been critical in the transfer of knowledge and clinical skills regarding the narrative assessment of children who are at-risk that have been acutely lacking in the Australian context. It has equipped me with the skills in administration and reporting, burgeoning networks in attachment fields, and exposure regarding the implementation in child and youth systems to continue to pursue this program after the end of the fellowship.

I plan on continuing this program of research and implementation to ensure ongoing positive impacts on the youth care and mental health sector in Australia: I currently plan to do this by:

1. Meeting with representatives from care providers in Australia to explore piloting a model of care here
2. Cementing research collaborations with international networks
3. Furthering validation of tool in the Australian context
4. As part of this, further understanding First Nations experiences of attachment, care, and connection and the potential for adaptation of narrative and story-stem methodologies for First Nations youth
5. Expanding capacity in the Australian context to train and disseminate the tool to Australian practitioners and build a community of practice

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