

Submission to the Queensland Child Safety Commission of Inquiry

Treatment Foster Care Oregon (TFCO)

OzChild's Model of Care

Treatment Foster Care Australia - Queensland
(TFCA-QLD)

A behavioural and treatment intervention that is exiting children 12 years and under out of residential care in Queensland

Date: 5 November 2025

Acknowledgement of Country

OzChild acknowledges the First Peoples of Australia as the traditional custodians of the land on which we work. We acknowledge their cultures are living ones, which relate to their ongoing connection to all things living and non-living on land, sea and sky. We pay our respects to their Elders past and present.

May the children of today lead us to a brighter tomorrow.

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About OzChild

OzChild is a not-for-profit community service organisation committed to improving the lives of a-risk children, young people and their families, and supporting foster and kinship carers. OzChild's purpose is to strive to give every child what is needed and what the evidence says works. OzChild achieves its purpose through long-standing expertise in the delivery of evidence-based models, which are specifically adapted to the local context.

OzChild employs over 800 staff, carers and volunteers in Queensland, Victoria, New South Wales and the Australian Capital Territory, delivering 23 programs and services to over 10,000 children, young people and family members annually.

OzChild has successfully trialled and implemented the Treatment Foster Care Oregon (**TFCO**) evidence-based model in Australia since 2016, adapted to the local context in Australia and now known as Treatment Foster Care Australia (**TFCA**).

This submission focuses on OzChild's delivery of TFCA - Queensland (**TFCA-QLD**) in Toowoomba and Ipswich since 2018, which has more recently been expanded to Ormeau.

OzChild delivers TFCA in Victoria (**TFCA-VIC**) and New South Wales (**TFCA-NSW**). OzChild also delivers evidence-based models, Multisystemic Therapy (**MST**)¹ and Functional Family Therapy – Child Welfare (**FFT-CW**)², in Victoria and New South Wales. OzChild would welcome the opportunity to discuss these models with the Inquiry.³

¹ MST is an evidence-based model designed to reduce anti-social behaviours (such as drug use) and youth offending and re-offending. Its objective is to reduce young people being placed in custody and/or statutory care.

² FFT-CW designed for families involved with Child Safety where children are at risk of abuse, neglect or removal into care

³ OzChild delivers evidence-based models in New South Wales, Victoria and the Australian Capital Territory. Please refer to our website for more details: <https://www.ozchild.org.au/our-work/prevention-strengthening-families>.



1. Executive Summary

Residential care harms children more than it helps them. It dislocates children from their family, friends and culture, and for many, that dislocation never heals.

In Queensland, residential care was designed for children over 12 years of age, but of the over 2,000 children in residential care, one in three is under the age of 12.⁴

Residential care is an accommodation service with 24/7 rostered staff. It is “widely acknowledged as the most expensive and least preferable form of placement, especially for younger children or those requiring more stable environments.”⁵ Moreover, the average cost of residential care in Queensland is 13.77 times higher than for a child in home-based care (kinship and foster care).⁶

The underlying reasons for a child’s removal from their birth family and placement into residential care, instead of kinship or foster care, are not addressed in residential care. Children do not receive treatment for the trauma they have experienced nor support to manage their behavioural and emotional issues, which are exacerbated in a residential care setting.

In Queensland, residential care is also a billion-dollar industry, consuming 51 per cent of total state Child Protection expenditure, for services to approximately 2,000 children. An additional 4,000 Queensland children are predicted to enter residential care by 2030⁷. The growth of residential care and associated costs is a phenomenon unique to Queensland among Australian states and territories⁸.

For Queensland, exiting children currently in residential care and significantly reducing future placements is vital and urgent work. It requires the implementation of models of care that the evidence tells us work, having regard to “*all of the exigencies that bear upon the State as the notional parent to many children throughout Queensland*”.⁹

Successfully and sustainably reducing residential care placements and preventing entries is only possible when children receive the treatment they need to heal and manage their behaviours; support and coaching to engage in pro-social activities such as education; and enforced distance to help children disengage from problematic peers.

It is in this context that OzChild makes this submission to the Commission of Inquiry into Queensland’s Child Safety System (**Inquiry**). This submission details the only model of care in Queensland (Treatment Foster Care Australia – Queensland, known as **TFCA-QLD**), that has proven success at exiting children from, and preventing entry into, residential care of children aged 7 to 12 years old. Almost half of these children are Aboriginal or Torres Strait Islanders.

Indeed, in his evidence at the Inquiry’s Carins Public Hearings, Mr Tom Allsop, the Chief Executive Officer of PeakCare Queensland Inc¹⁰, raised the evidence-based model Treatment Foster Care Oregon (**TFCO**), adapted to the local context in Australia and now known as Treatment Foster Care Australia (**TFCA**).

⁴ “*Too Little, too late, The progress made against the Queensland Residential Care Roadmap*”, Queensland Family & Child Commission, December 2024, pg 20.

⁵ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland’s residential care market*, Queensland Family & Child Commission. August 2025. pg 13.

⁶ *Buyer Beware, How economic forces are shaping Queensland’s residential care market*, Queensland Family & Child Commission, pg 14.

⁷ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland’s residential care market*, Queensland Family & Child Commission. August 2025. pg 1 and 20.

⁸ Child Safety Commission of Inquiry, 23 July 2025, at transcript pg 18.

⁹ Child Safety Commission of Inquiry, 23 July 2025, at transcript pg 13.

¹⁰ PeakCare is a not-for-profit peak body for the child and family services sector in Queensland.



TFCA-QLD is being implemented in the south-east of Queensland, in Toowoomba, Ipswich and more recently Ormeau. Mr Allsop gave evidence that models such as TFCO (TFCA-QLD), and a professional foster care model (currently being commissioned), would support Queensland to reduce its reliance on residential care. Moreover, TFCA-QLD supported children to achieve better outcomes, compared to children in residential care, by providing healing and treatment and enabling them to succeed in home-based care placements or be reunited with family.

TFCA, and its adaptations for the local context (TFCA-NSW and TFCA-VIC), is a time-limited treatment model that addresses significant behavioural and emotional issues in children through a specialist foster care placement. Every child in the model has an individualised behaviour modification plan to suit their needs and circumstances. Specialist foster carers are supported by daily engagement with OzChild’s multi-disciplinary team to implement the child’s plan. Carers report that the OzChild team provides critical “*support around rules and boundaries*” and that “*TFCA-QLD allows us to follow through and implement plans 100% and be able to monitor progress through charts and graphs*”.¹¹ OzChild’s model recognises the critical role of foster carers, with the carer receiving \$75,000 per annum pro-rata tax-free, specialist training and 24/7 support.

Every child in TFCA-QLD has an individualised behaviour modification plan to suit their needs and circumstances. The specialist TFCA-QLD foster carers receive daily support from OzChild’s multi-disciplinary team to implement the child’s plan.

Concurrently, the child receives therapy and educational skills coaching, supporting them to disengage from problematic peers, re-engage in education, and positively participate in their community.

Since TFCA-QLD model commenced in Queensland in 2018, initially with one team, 36 Queensland children have graduated from TFCA-QLD and either exited residential care or avoided entry into it.

OzChild’s TFCA-QLD model has had significant positive benefits beyond reducing residential care for children, including reducing the risks of children engaging in criminal behaviour and the future involvement of these children as parents in the Child Protection system.¹² Importantly, OzChild’s TFCA-QLD model has and continues to enable children to significantly improve school engagement, attendance and educational proficiency.

For the Queensland budget, the financial impact of 36 children completing the TFCA-QLD intervention and exiting residential care, or avoiding entry, is compelling. For example, one 8-year-old child successfully completing the TFCA-QLD intervention and exiting residential care can save over \$4 million in care services over their childhood alone. For a 12-year-old child, the saving can be over \$2 million in care services.

The Principal Commissioner for Children and Families (**QCCF**) called for the rapid pursuit of alternatives to residential care in his August 2025 report¹³.

¹¹ TFCA-QLD Foster Carer, Toowoomba, 2025.

¹² Saldana, Campbell, Leave, Chamberlian, 2019.

¹³ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland’s residential care market*, Queensland Family & Child Commission.



The QCCF report called for short-term actions to be taken during the Inquiry as “*steps of no regret*” and to mobilise pilot programs to remove vulnerable children currently in residential care.¹⁴

OzChild’s TFCA-QLD model of care is the only demonstrated alternative model to residential care that enables children to successfully reunite with their families or be placed in home-based care (kin or foster). While there are currently only three TFCA-QLD teams in Queensland, the model is scalable for implementation in regional Queensland to reduce the severity and immediacy of harm being experienced by children currently in residential care.

OzChild gives prominence in this submission to hearing from the ground in Queensland, setting out in detail carer and worker feedback on their practical experiences of TFCA-QLD and its impacts on children and young people. The submission sets out “*Frequently Asked Questions*” about TFCA-QLD in **Appendix 1**. OzChild also invites the Inquiry to its Queensland offices to meet its frontline TFCA-QLD workers and carers and hear first-hand about the only model of care in Queensland that successfully and permanently exits children aged 12 years and under from residential care.

OzChild’s TFCA-QLD model is ready to be rolled out, and the cost savings to the Queensland community now and into the future are substantial, as outlined in this submission. OzChild commends its model of TFCA-QLD customised specifically for Queensland to the Inquiry. In summary, scaling TFCA-QLD is a step of no regret to remove vulnerable children from residential care placements in Queensland.

¹⁴ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland’s residential care market*, Queensland Family & Child Commission. August 2025, pg 36.



2. Growth of Residential Care in Queensland – the Case for Urgent Action

On 18 May 2025, the Queensland Government announced the Inquiry.¹⁵ On 23 July 2025, the Inquiry formally commenced with the Commissioner providing a succinct overview of the growth and associated costs of the residential care system in Queensland.

Growth in residential care in Queensland

Over 2,000 Queensland children are in a statutory residential care placement. The number of children in residential care in Queensland grew by 85 per cent between 2018 to 2023. One in three children are under 12 years of age,¹⁶ despite Queensland's residential care system being designed for children over 12 years of age.

The growth in the number of children in residential care is a phenomenon unique to Queensland. Between 2018 to 2023, Queensland had 40 per cent of Australia's residential care placements, despite only having 21 per cent of the nation's children in care.¹⁷ In Queensland, the proportion of children in residential care as a percentage of all children in statutory care increased from 8% in 2011/12 to 20% in 2023/24.

Growth in residential care in Queensland is forecast to continue, with modelling suggesting that 1,000 children will enter residential care during the tenure of the Inquiry¹⁸ and by 2030, an additional 4,000 children will enter residential care.¹⁹

Cost of residential care in Queensland

The growth in residential care has a tangible impact on the Queensland budget. Queensland spends \$1.1 billion annually (51 per cent of total Child Protection expenditure) on residential care services for the 2,000 children in residential care.²⁰ The average cost to the Queensland taxpayer per day of residential care is approximately \$2.8 million.²¹

However, the cost of residential care is not limited to the direct costs of \$2.8 million per day for a 24/7 rostered staff model and the bricks and mortar cost of residential care homes.

Adverse impact of residential care on outcomes for children

Children in residential care are often born into families with complex intergenerational issues. Their families experience domestic violence, misuse of alcohol or other drugs, mental health conditions and engagement in the criminal justice system.²²

¹⁵ The Terms of Reference for the Commission of Inquiry into Queensland's Child Safety System are published in an Extraordinary Queensland Government Gazette on 23 May 2025, Vol. 399, No.16.

¹⁶ "Too Little, too late, The progress made against the Queensland Residential Care Roadmap", Queensland Family & Child Commission, December 2024, pg 20.

¹⁷ Child Safety Commission of Inquiry, 23 July 2025, at transcript pg 18.

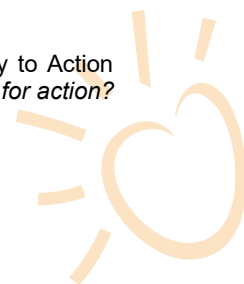
¹⁸ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland's residential care market*, Queensland Family & Child Commission. August 2025,

¹⁹ Queensland Family & Child Commission. *Buyer Beware, How economic forces are shaping Queensland's residential care market*, Queensland Family & Child Commission. August 2025, pg 21.

²⁰ Buyer Beware, How economic forces are shaping Queensland's residential care market, Queensland Family & Child Commission, August 2025, pg 1.

²¹ Child Safety Commission of Inquiry, 23 July 2025, at transcript page 18.

²² Bromfield, L., Australian Centre for Child Protection, University of South Australia, ACWA Strategy to Action Symposium, *Preventing and Responding to Child Abuse and Neglect – Where are there opportunities for action?* March 2025.



Children in residential care have significantly higher levels of complexity compared to children in home-based care (kin or foster)²³ and are more likely to have a diagnosed or suspected mental illness.²⁴

Residential care also has a legacy that is life-long and intergenerational. Children experience significantly poorer health, educational and employment outcomes, are more likely to engage with the mental health and justice systems, and their children are more likely to be known to Child Protection and experience statutory care.

Work-related violence and aggression on residential care workers

Residential care workers are at increased risk of work-related violence or aggression (**WVA**). They encounter complex and potentially volatile situations in residential care homes²⁵, and experience WVA directly and/or as witnesses, particularly from children with behavioural, emotional, mental health and substance abuse issues that can escalate into physical assaults.²⁶

Residential care workers in Queensland have, or are working towards, a Certificate IV qualification and undertake 5 hours of mandatory online training (known as Hope & Healing). Arguably, neither prepares them for managing the complexity and multiple needs of children in their care.

Frequent exposure to WVA can have long-term impacts on workers' psychological health, as well as economic and social costs for them, their families, and the community. Workplace Health and Safety Queensland reported that there was an increase of 93 per cent in WVA claims in the residential care service sector in the five years to 31 January 2021, with 25 per cent of claimants not returning to work in the sector.²⁷

Granular WVA data for statutory residential care workers is not publicly available in Queensland. However, comparison data from Victoria showed that residential care worker compensation claims increased by 24 per cent in 2020 compared to 4 per cent across the social services sector, with the residential care sector accounting for 9 per cent of all mental injury claims in the five years to 2020.²⁸

²³ Department of Families, Seniors, Disability and Child Safety, "Children in Care Census", 2024 pg 4.

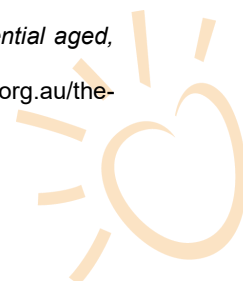
²⁴ Department of Families, Seniors, Disability and Child Safety, "Children in Care Census", 2024 pg 15.

²⁵ PeakCare, "Insights and Opportunities – Queensland Residential Care Workforce", March 2025, pg 20.

²⁶ Workplace Health and Safety Queensland (2021). *Work-related violence and aggression in residential aged, disability and youth care.*

²⁷ Workplace Health and Safety Queensland (2021). *Work-related violence and aggression in residential aged, disability and youth care.*

²⁸ The Residential Care Sector Occupational Health and Safety Capability Program <https://www.cfecfw.org.au/the-residential-care-sector-occupational-health-and-safety-capability-program/>



3. TFCA-QLD – Feedback from Carers, Workers, and Children

The Inquiry’s approach is to gather evidence on the ground and from the ground up. In opening the Inquiry, the Commissioner stated that this ground-up approach will ensure *“that any suggested reforms may be ‘stress tested’ in the course of the Inquiry against the measure of what is real and practical, having regard to all of the exigencies that bear upon the State as the notional parent of many children and young people dispersed throughout Queensland.”*²⁹

OzChild champions the dedication of Queensland’s carers and workers, who are committed to improving the care experience and outcomes of vulnerable children regardless of the risks they face. OzChild is committed to hearing the voice of children and delivering services that meet their needs.

To prepare this submission, OzChild started with the carers and workers who implement the TFCA-QLD model adapted for Queensland and sought their feedback. This feedback consistently refers to the benefits of the model’s structured approach, clear boundary setting for children and support for the carer to enforce boundaries, and the OzChild team’s work to develop children’s pro-social behaviours. OzChild has also undertaken a TFCA-QLD Renewal Assessment in September 2025 that surveyed both carers and children in TFCA-QLD.

Carers and workers feedback

Feedback from these Queensland carers and workers is detailed below. OzChild invites the Inquiry to visit its offices, meet its workers and carers and hear more about its model firsthand from the frontline.

TFCA-QLD carers value being actively engaged with the OzChild care team, with 77% responding that the OzChild care team values their opinions and includes them when making decisions that impact the children in their care. Feedback on components of TFCA-QLD are set out below.

Behaviour management plan

An OzChild TFCA-QLD worker in Toowoomba described the behaviour management plan as critical for children as it *“communicates, then positively reinforces target behaviours at the personal level, like emotional regulation, and the social level, like following directions, using respectful language, cooperating with others.”*

TFCA-QLD carers provided feedback on the benefits of the behaviour management plan, including *“clear structures, plans and daily checklists help to ensure we are on the right path”*. Further, the *“behavioural charts that are developed by the team are great as the child has a clear idea of what they are expected to do, which leaves the carer to guide the child in positive ways. This also allows you to develop more meaningful relationships with the child, which in turn leads to greater learning opportunities at home and school.”*

Feedback from carers emphasised the importance of the model providing routine, structure, and an understanding of consequences to children, including *“the behavioural charts are good as children thrive on set routines and structure, but as they are set by the team, the carer avoids being the instigator of things that the child dislikes. The child I have enjoys the fact that we both have the same boss and have to follow the rules together”*.

Moreover, *“TFCA-QLD uses structured, appropriate consequences so children learn how their behaviour influences their own future in positive or negative ways.”*

²⁹ Child Safety Commission of Inquiry, 23 July 2025, at transcript pg 13.



Formal training and support for carers

Before the child commences the model in the home of their carer, the carer receive a formal introduction and training and is provided with a detailed history of the child, the child's behaviours and effective responses. The carer also has daily support from the OzChild care team, and a peer support group that meets once a week. A TFCA-QLD worker in Toowoomba describes this process as follows:

"TFCA-QLD has a formal induction program, so carers learn about the program before they begin to care for children and young people. Once carers are inducted, there are meetings to introduce the carer to the child and to understand their history before the child moves in. the carer receives a daily call from TFCA-QLD staff to check in and discuss any behaviours over the past day. The carer attends a meeting with other carers in the program for peer support, as well as coaching and education from the TFCA-QLD staff once a week."

100% of TFCA-QLD foster carers agreed that the training they received effectively prepared them for being a carer.

The TFCA-QLD team contacts the carer daily to monitor the child's behaviour, complete the Parent Daily Report, and monitor and address any carer's stress. The carer meets weekly the TFCA-QLD team. Further, 24/7 support is available to carers whenever they need it from the TFCA-QLD team. Queensland's TFCA-QLD carers consistently identify this contact, support and engagement as critical in implementing the behaviour plans and addressing any issues, carer feedback includes:

"Daily check ins, which include problem solving ways to address/change behavioural issues"

"Always feel supported 100% listened to and problem solving together"

Carers reported that the weekly carer meeting allows them to build solid relationships with other TFCA-QLD carer peers who understand their struggles and allows them to debrief and relate with one another.

Further, carers reported that the OzChild team engages with Child Safety on their behalf and provides advocacy and follow-up. This allows carers to focus solely on their parenting role with the child. Feedback on the level of support provided by the TFCA-QLD model by a Queensland carer included:

"The daily check ins are a great way of being able to express any concerns or achievements of the child. The weekly meetings put you in touch with others who are supportive and that may have ideas on other strategies that they are using. It is good to know that the 24/7 support is there should you require it. It is good to know that any concerns about the child that I address during the daily check ins are taken to the team members and dealt with quickly "

91% of TFCA-QLD carers felt that their OzChild workers listens to what they have to say either all the time or most of the time (September 2025)



Re-engagement with education

A key component of TFCA-QLD is the requirement and support given to the child to re-engage in education and learning. A dedicated role for a teacher is included in the OzChild multi-disciplinary team. A TFCA-QLD worker in Toowoomba described the teacher as taking:

“... the lead role in engaging with schools to explain the TFCA-QLD program and provide additional support and coaching to school teachers and staff for managing the child in classroom environments. The teacher’s role also includes academic testing with children when they enter and leave the program to monitor their progress.”

A TFCA-QLD worker in Ormeau described the dedicated teacher as working with:

“... both the school and one-on-one with the child. This provides the teacher and wider school environment with strategies being utilised in the program, to support and encourage positive behaviours within the school. Furthermore, many of our children in the program are on reduced hours due to behavioural needs; therefore, having a dedicated TFCA-QLD teacher allows us to give that one-on-one educational support to ensure they remain at the appropriate educational level.”

Monitoring and measuring progress

TFCA-QLD is an evidence-based and data-driven intervention. Data is collected from carers through the Parent Daily Report and accepted tools for measuring progress at various intervals.

Carers provided feedback that this monitoring and measurement of a child’s progress throughout the program supports the carers, workers and children to work together, address any concerns promptly, and celebrate progress.

Carer feedback on the child’s progress being monitored and measured daily included:

“Daily check ins and data collection allows us to measure the progress in the child’s behaviour”

“Being part of a team who support both you and child’s needs in real time”

“seeing hard work making a difference”

“seeing positive results in behavioural changes”

“The most enjoyable part is seeing the progress that the children make in changing their behaviour and enabling them to go to a forever home”

Exiting children from residential care

The TFCA-QLD model is designed to exit children permanently from residential care. A TFCA-QLD worker in Toowoomba described how the model acts as an intervention to exit children from residential care as follows:

“A key challenge for children and young people in residential care, is that they live with other children who are typically also survivors of complex trauma.....many children in residential care display regular, high level anti-social behaviours (violence, aggression, defiance etc). It is extremely difficult for a child to develop positive social skills in that environment.

However, TFCA-QLD provides a safe and stable living environment for the child, where their own negative behaviours can be respectfully and firmly, but gently, addressed. In this space, children have the time and space to relearn positive behaviours without regular disruption and antithetical influences from other children, who are themselves struggling to cope....



TFCA-QLD placements create a positive reinforcement cycle in which positive behaviours are recognised and reinforced, developing new expectations and habits.”

TFCA-QLD engages and supports care workers

Workers also report that implementing TFCA-QLD, a structured and intentional intervention, is more rewarding than working in residential care as they are able help children learn life and social skills. A TFCA-QLD worker in Toowoomba who has also worked in residential care stated:

“Having worked in both residential care placements and in the TFCA-QLD program, TFCA-QLD is notably more structured, with a focus on teaching children to behave in prosocial ways, compared with residential care. TFCA-QLD takes a more intentional approach to develop expectations for how children should behave, and interact with others, then it builds a cohesive network of adults who work together to reinforce consistent messages for the child. It is a more rewarding experience as a worker to feel I am working cooperatively with a team of adults to help children learn basic life and social skills which they were not taught when they were young.”

TFCA-QLD reduces children’s engagement with the criminal justice system

The TFCA-QLD model is shown to reduce children’s engagement in the criminal justice system. TFCA-QLD workers in Toowoomba and Ormeau provided their reflections on how removing children from residential care and placing them in a TFCA-QLD intervention supports this outcome being achieved as follows:

“Children become engaged with the Youth Justice system when they have not learned to meet social norms and expectations. ...Children in residential care are often exposed to other children who have not learned these life skills. Consequently, a collective drive can develop to test boundaries and defy social expectations. TFCA-QLD removes children from situations where they experience this negative cycle of behaviour, and places them in situations where they experience positive behaviour reinforcement.”

“By offering the chance for a child to learn new ways of managing their emotions and reactions to authority, TFCA-QLD can support the child to find a new trajectory in life and be supported along the way. Being engaged with TFCA-QLD offers the child new pathways for support and access to this being ongoing while required.”

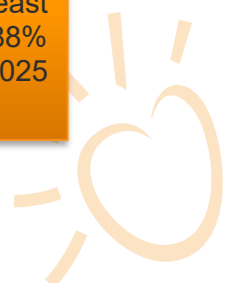
Feedback from children in TFCA-QLD

OzChild’s TFCA-QLD Renewal Assessment in September 2025 included a survey of children in the intervention in the last 12 months. The survey results show that TFCA-QLD provides children with a consistent adult in their life, support to connect with family and to engage in activities of their choosing.

Key survey results from children included:

- 91% of children felt either completely or mostly settled in their TFCA-QLD foster care home;
- 80% of children felt like they had someone to talk to always or most of the time when it comes to their feelings and emotions; and
- 80% of children participate in social and/or recreational activities of their choice;

100% of children in TFCA-QLD over the last 12 month reported that they had at least one adult that cares about what happened to them now and in the future; and 88% responded that they saw this adult all the time or most of the time (September 2025 survey).



4. TFCO & OzChild’s TFCA-QLD Model Customised for Queensland

History of TFCO

TFCO (formerly known as Multidimensional Treatment Foster Care) was developed by the Oregon Social Learning Centre, a non-profit research centre dedicated to strengthening children, families and the community.

TFCO was specifically designed to address significant behavioural and emotional problems that prevent children and young people exiting residential care or cause them to be at high risk of entry into residential care. The aims of TFCO include:

- improving daily school attendance and engagement;
- developing children’s positive attachment to adults;
- reducing teenage pregnancies;
- increasing reunification with family;
- developing children’s positive attachment to adults; and
- reducing intergenerational contact with the Child Protection system.

TFCO is a short-term, intensive intervention (usually 9–12 months) with the goal of transitioning children and young people back to family, kin, or longer-term foster placements with improved stability and functioning.

TFCO is backed by multiple randomised control trials with different cohorts of children and young people in different contexts and jurisdictions. It has demonstrated effectiveness in reducing a range of issues, including recidivism, delinquency, unplanned pregnancies, deviant peer relations, and psychotic symptoms.³⁰

Refer **Appendix 3** for an evidence summary of TFCO.

TFCO has been successfully implemented internationally in the United States, United Kingdom, Denmark, Sweden, and New Zealand. TFCO is also included in the registry of evidence-based positive programs for the Blueprint Program for Healthy Development.³¹

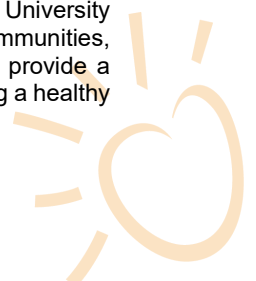
TFCO in Australia localised and adapted as TFCA

Commencing in Victoria, OzChild has successfully trialled TFCO in Australia since 2016, now known as Treatment Foster Care Australia (**TFCA**).

OzChild is mindful of different cultures and practices across Australian jurisdictions and the need to ensure TFCA is fit for purpose and scalable. To understand and adapt to these differences, OzChild first seeks to understand each Child Safety systems and their requirements (such as referral pathways and regulations). Recognising the significant over representation of First Nations children and young people in care, OzChild actively seeks to listen to, and consult with, local First Nations communities and organisations.

³⁰ Chamberlain, Leve, & DeGarmo, 2007; Leve & Chamberlain, 2005; Leve & Chamberlain, 2007; Kerr, Leve, & Chamberlain, 2009; Harold, Kerr, Leve et al., 2013.

³¹ Blueprints for Healthy Youth Development is a project within the Institute of Behavioral Science at the University of Colorado Boulder, that identifies, recommends, and disseminates programs for youth, families and communities, based on scientific evaluations, have strong evidence of effectiveness. The Blueprints mission is to provide a registry of evidence-based interventions that are effective in reducing antisocial behaviour and promoting a healthy course of youth development and adult maturity. See <https://bleprintsprograms.org>.



OzChild trials TFCA first, continually gathers feedback and establishes the conditions for its successful implementation in each jurisdiction. For example, in Queensland, OzChild has a dedicated Aboriginal and Torres Strait Islander Practice Lead as an identified position that is as an integral part of its TFCA teams on the ground.

OzChild's deep and extensive experience in delivering evidence-based models allows for adaptations to TFCA that meet the local environment whilst maintaining model fidelity.³² Maintaining the model fidelity means that TFCA is delivered in accordance with its core components, protocols and methods (essentially the component of the TFCO model that the evidence proves work to deliver outcomes for children and young people). Maintaining TFCA model fidelity is crucial to ensuring that TFCA achieves its objectives and outcomes in real-world practice and can be consistently scaled and replicated.

OzChild has successfully adapted the TFCO model to match each local context, known as in Victoria, New South Wales and Queensland as TFCA-VIC, TFCA-NSW, and TFCO-Q respectively.

Refer **Appendix 4** for a summary of OzChild's national program data for TFCA.

Targeted Age Cohorts in TFCA

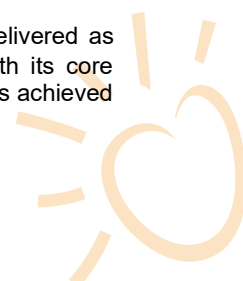
The TFCA evidence-based model is tailored specifically for three age groups, children aged 3 to 7 years old, children aged 7 to 11 years old, and young people aged 12 to 17 years old.

TFCA is suitable for children and young people engaged with Child Safety and Youth Justice who:

- are in residential care;
- at high risk of placement breakdown and entry into residential care or a custodial setting;
- have experienced significant trauma;
- present with complex emotional, behavioural, and relational difficulties;
- display high-risk behaviours such as aggression, truancy, offending, or substance use;
- have had multiple care placement disruptions; and/or
- require a structured and therapeutic environment to support healing and behaviour change.

TFCA provides these children and young people with an intensive treatment intervention. On commencing in TFCA, children and young people have a case plan goal clearly identified, specifically to reunify with their family or transition to an identified kinship or foster carer placement. TFCA first stabilises a child or young person's behaviour and then supports their re-engagement with education and pro-social activities. Concurrently, the TFCA model works with the child or young person's family or identified home-based carer in the Case Plan to prepare and support a successful placement on completion of the TFCA model. Through this intervention and support, children and young people can successfully reunite with family or a home-based carer.

³² Model fidelity refers to the degree to which a program or intervention, such as TFCA-QLD, is delivered as intended by its original design. High fidelity means the program is implemented in accordance with its core components, protocols, and methods. Maintaining model fidelity is crucial to ensuring that the outcomes achieved in research settings can be replicated in real-world practice.



TFCA-QLD model of care

TFCA-QLD is delivered in the home of foster carers who are supported by a multidisciplinary treatment team. TFCA-QLD foster carers receive specialist training and have daily contact with the TFCA-QLD team, and 24/7 support.

The TFCA-QLD intervention model:

- places children and young people in home-based care with close monitoring, which provides stability and allows for consistent feedback and encouragement of positive behaviour and skills development;
- trains carers to use a behaviour modification plan, developed for the individual child or young person, which enables consistent reinforcement of positive behaviours and consequences for problem behaviours, and over the course of the intervention results in an expectation and frequency of positive behaviours;
- separates children and young people from problematic peers, which reduces reinforcement of negative behaviours by problematic peers; and
- addresses behavioural and emotional symptoms, through mandated therapy and re-engagement (with dedicated support) in education and learning.

There are three customised TFCA-QLD interventions models to meet specific age-related needs of children and young people set out below. TFCA-QLD-C is the model currently implemented in Queensland.

a. TFCA-QLD-C

<u>Age cohort:</u>	7 to 12 years old (OzChild is also able to deliver TFCA-QLD flexibly and accepts children aged 6 and 13 when appropriate)
<u>Target group:</u>	Children with chronic behavioural difficulties, often related to trauma, neglect, or early adversity
<u>Objectives:</u>	Building social skills, academic engagement, and emotional coping strategies, the carer implements a structured behaviour management program and children receive skills coaching and therapy
<u>Parent support:</u>	Where family reunification is the goal, families are trained in consistent parenting strategies
<u>Key outcomes:</u>	Reductions in oppositional and aggressive behaviour; improved school attendance and performance; improved placement stability ³³ .
<u>Delivery locations:</u>	Queensland (Toowoomba, Ipswich and Ormeau) Victoria (Dandenong). New South Wales (Campbelltown).

b. TFCA-QLD-A:

<u>Age cohort:</u>	12 to 17 years old
<u>Target group:</u>	Serious behavioural challenges, including engagement in criminal activity, absenteeism from school, and substance misuse

³³ Chamberlain et al., 2006; Price et al., 2008.



<u>Objectives:</u>	Structured home environment with daily supervision, strong behavioural reinforcement systems, and pro-social mentoring. Young person receives individual therapy, skills training, and education support
<u>Parent support:</u>	Where family reunification is the goal, families receive therapy and parent training to prepare for reunification
<u>Key outcomes:</u>	Significant reductions in criminal activity, arrests, and time in detention; improved school attendance; decreased substance use, reduced association with problematic peers ³⁴ .
<u>Delivery locations:</u>	New South Wales (Blacktown).

c. TFCA-QLD-P

<u>Age cohort:</u>	Pre-school aged children aged 3 to 6 years
<u>Target group:</u>	Very young children displaying severe externalising behaviours such as aggression, defiance, and poor emotional regulation
<u>Objectives:</u>	Structured home environment providing consistent parenting practices, positive reinforcement, and early developmental support, with carers providing nurturing interactions, and immediate feedback to help children develop emotional regulation and social skills
<u>Parent support:</u>	Where reunification is the goal, parents receive parallel training to ensure continuity when their child returns home
<u>Key outcomes:</u>	Improvement in attachment security, emotional regulation, reduction in disruptive behaviours and dysregulation, increased likelihood of successful reunification with families. ³⁵
<u>Delivery locations:</u>	Currently no programs in Australia.

TFCA referral criteria

Achieving a reduction in the number of Queensland children and young people in residential care and significantly reducing future entries requires a multi-faceted approach. It will require dedicated focus, funding and scaling of models that are based in evidence and proven to be successful at exiting children and young people from residential care and preventing entries. TFCA-QLD is currently the only proven model being delivered in Queensland achieving this objective.

TFCA-QLD will not be suitable for every child and young person in residential care in Queensland. For example, TFCA-QLD is not suitable for children and young people with significant and active suicidal or homicidal behaviour, or with a disability that impacts on their ability to develop skills in consequential thinking and self-regulation. The TFCA Referral Criterion are detailed at **Appendix 2**.

³⁴ Chamberlian & Reid, 1988; Eddy et al., 2004; Astrom et al. 2020; Ding et al., 2023; Leve et al. 2020.

³⁵ Leve, Fisher & Chamberlian, 2009.



5. OzChild's Delivery of TFCA-QLD

OzChild now has three TFCA-QLD teams operating in Queensland since commencement in 2018, located in Toowoomba, Ipswich and most recently in Ormeau.

OzChild works collaboratively with local communities, carers, and government to specifically adapt TFCA for Queensland and to ensure fit within the local environment.

This approach includes dedicated Aboriginal and Torres Strait Islander Practice Leads, who undertake culturally safe assessments of children, ensure children maintain connection to culture. The leads also provide cultural advice on practice matters to ensure culturally appropriate decision making, including through liaising with Community Elders, Traditional Custodians and Aboriginal and Torres Strait Islander organisations.

The model is driven by data and monitoring, using Queensland endorsed measurement tools, and child and carer feedback. These include:

- The Strengths and Difficulties Questionnaire (**SDQ**).³⁶
- The Child Behaviour Checklist (**CBC**).³⁷
- The Parent Daily Report (**PDR**).
- PAT-R assessments (Progressive Achievement Tests in Reading)³⁸.
- North Carolina Family Assessment Scale (**NCFAS**)³⁹ pre and post completion.

TFCA-QLD team structure

TFCA-QLD adapted for Queensland is delivered by a multidisciplinary team. Each team supports seven children aged between 7 and 12 with chronic behavioural difficulties, trauma, neglect, and/or adverse childhood experiences.

Every member of the TFCA-QLD team understands the challenges experienced by children and young people who experience abuse and neglect. The TFCA-QLD multidisciplinary team consists of the following:

1. Program Supervisor:

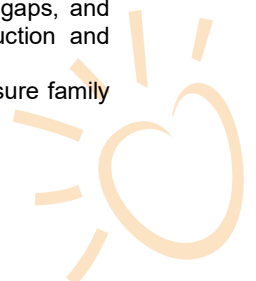
- Responsible for the operational and clinical oversight of the TFCA-QLD team and works with the model developer to ensure fidelity and works closely with the responsible departmental staff to identify referrals.
- Qualifications and experience: masters qualification in Social Work, Psychology or equivalent preferred, experience in management roles in Child Protection or out-of-home care and with clinical experience working with children.

³⁶ The Strengths and Difficulties Questionnaire is a 25 item questionnaire used to screen for and assess emotional and behavioural problems in children and young people aged 4-17, as well as to measure pro-social behaviour. It was developed by Robert Goodman in 1997 to screen for emotional and behavioral problems in children and adolescents through five areas: emotional symptoms; conduct problems; hyperactivity; peer relationships problems; and pro-social behaviour (strengths).

³⁷ The Child Behavior Checklist is a standardised questioner for assessing children's social and emotional problems, social competence and academic skill. Achenbach T, Rescorla L. Child Behavior Checklist for Ages 11/2-5. Burlington: University of Vermont; 2000.

³⁸ The PAT-R assessments (Progressive Achievement Tests in Reading) are a suite of standardised reading comprehension tests developed by the Australian Council for Educational Research (**ACER**) and used in schools across Australia, including Queensland, to measure student reading achievement, identify learning gaps, and monitor progress. The assessments provide diagnostic information for teachers to inform instruction and assistance for students to achieve their learning goals in reading.

³⁹ The North Carolina Family Assessment Scale is a child welfare assessment tool designed to measure family functioning, particularly in high-risk families facing potential child removal or reunification.



2. Case Coordinator:

- Responsible for the case plans and case management for children, assists with the behavioural charts and collaboration with stakeholders (education, health, and recreational providers).
- Qualifications and experience: tertiary qualification in Social Work, Psychology or equivalent.

3. Family Therapist:

- Responsible for weekly family therapy to the child or young person's family and for introducing behavioural, coping, and parenting skills using strategic reinforcement and coaching interventions.
- Qualifications and experience: tertiary qualification in Social Work, Psychology or equivalent and knowledge of social learning theory.

4. Child Therapist:

- Responsible for supporting the development of individualised treatment plans, weekly individual therapy, and working with the child or young person to develop pro-social skills and regulate emotions.
- Qualifications and experience: tertiary qualification in Social Work, Psychology or equivalent, experience in treating children and young people.

5. Skills coach:

- Responsible for providing weekly skills coaching to the child or young person, which directly relates to the goals of their individual treatment plan.
- Qualifications and experience: Certificate IV in Youth Work or demonstrated experience in the human service delivery system, ability to establish relationships with children and young people and assist them acquire new skills.

6. Teacher:

- Responsible for educational support and individual tutoring, implementing and reviewing education plans, teaching, and assessment of outcomes.
- Qualifications and experience: tertiary qualification in Education, classroom teaching experience and of the education system, and with supporting children and young people at risk of poor learning outcomes.

7. Carer Recruiter and Trainer:

- Responsible for recruiting, training and supporting TFCA-QLD carers and conducting the Parent Daily Report with TFCA-QLD carers for children and young people.
- Qualifications: tertiary qualification in Social Work, Psychology or equivalent, Certificate IV in Training and Assessment, experience and familiarity with recruiting foster carers and conducting assessments of foster carers.

8. Aboriginal and Torres Strait Islander Practice Lead (identified position):

- Responsible for ensuring assessment, planning and program delivery are culturally responsive, providing comprehensive cultural advice on practice matters to ensure culturally appropriate decision making, liaising with Community Elders, Traditional Custodians, community-controlled organisations to facilitate culturally appropriate services.



- Qualifications: tertiary qualifications in social/human services, community welfare, youth work or experience in Aboriginal health, community-controlled organisations, experience working in the Child Protection context desirable.

9. TFCA-QLD Carer:

- Responsible for providing supervision, structured care and daily structured feedback on the child's behaviour through the Parent Daily Report.
- Qualifications: enhanced recruitment and training, in addition to the Hope and Healing foster care training requirements in Queensland.
- Support: 24/7 on-call support from the TFCA-QLD team; coaching throughout the child's placement; and \$75,000 per annum (pro rata) tax free in Queensland.

TFCA-QLD commitment to cultural responsiveness and safety

To maintain strong cultural connections, OzChild convenes First Nations Cultural Connection Panels twice a year. These panels are chaired by the Director of Services, Queensland, and the Director – Aboriginal Practice and Partnerships. Attendance includes a community elders, an Aboriginal agency representative, the OzChild Team Leader, and the Case Worker. Carers and children are assessed against the SNAICC Outcomes Measures to ensure cultural needs and aspirations are being met.

OzChild also holds *Yarning Circles* with carers twice a year, providing a culturally safe space for reflection, feedback, and shared learning. All First Nations cases are guided by the QLD-based Senior Aboriginal Practice Leader,

In TFCA-QLD Renewal Assessment, September 2025, found that in the 80% of Aboriginal and Torres Strait Island children in TFCA-QLD were in contact with their family members.

TFCA-QLD Carers

TFCA-QLD carers implement the child's behaviour plan, provide the Parent Daily Report to the treatment team, attend weekly meetings and actively support the child to re-engage in education, attend coaching and therapy, and achieve their treatment goals.

Carers must be over the age of 21. Carers with experience in dealing with children or young people with complex behaviours is preferred but not mandatory. TFCA-QLD carers are compensated with a tax-free allowance of \$75,000 per annum, pro rata.

TFCA-QLD carers complete the mandatory foster care training in Queensland, the Hope and Healing foster care training that is self-paced and online. In addition, OzChild conducts two-days of carer training prior to a placement. Attendance is mandatory prior to the carer's first TFCA-QLD placement. They are then invited to future sessions as a refresher.

Throughout the TFCA-QLD intervention, carers receive:

- A daily telephone call to provide the treatment team with their Parent Daily Report on the child's behaviour and progress.
- Coaching on program implementation & strategies (daily/as needed).
- Weekly Carer Meeting for social and program support.
- Weekly Sessions with Clinical Team – Child Therapist, Skills Coach, Teacher & contact with Program Supervisor as needed.
- Support in liaising with Child Protection.
- On-Call Support provided over weekends, after hours and holiday periods.
- As needed TFCA-QLD respite support. Generally, children have built in respite with a TFCA-QLD Trained respite carer to support placement longevity.



- Monthly formal home visits, with additional visits to the home scheduled as required.
- Training both pre-placement and ongoing (as detailed above).

TFCA-QLD carers receive a significant level of support, in recognition of the role and its requirements, which reduces carer stress levels and allows constant communication with the care team. The daily phone call allows for a minimum daily debrief, and ensures carers are able to work closely with the clinical team each day.

TFCA-QLD is encouraging new foster carers into the statutory care system. OzChild's TFCA-QLD carers are usually first-time carers, never having been a statutory carer in Queensland or another state. Indeed, OzChild's TFCA-QLD carers in Ormeau are all first-time foster carers.

Family therapy within TFCA-QLD

The role of the family therapist in TFCA-QLD is pivotal to achieving successful reunification and long-term stability for children and young people graduating from the program. The therapist engages in intensive family finding and therapeutic work to identify and support viable aftercare options and build the parenting capacity. This includes re-engaging biological parents or kin, and equipping them with the skills and confidence needed to support their child's emotional regulation, daily functioning, and social development. Through structured interventions and transition planning, the family therapist works to ensure that the child's progress in TFCA-QLD is sustained post-placement, enabling reunification with parents or kin and reducing the risk of returning to residential care.

Average time for children to complete TFCA-QLD

TFCA-QLD is an intervention, not an ongoing placement for a child. There is no set time limit for a child to complete the TFCA-QLD program, providing flexibility for children to complete the program. On average Queensland children are graduating from the TFCA-QLD program in 10 months.

Frequently Asked Questions on the TFCA-QLD model are set out in **Appendix 1**.



6. Measuring Success of TFCA-QLD

The Hon. Mr David Janetzki MP, the current Treasurer of Queensland and Member for Toowoomba South, has called for more investment in fostering and prevention programs rather than expensive residential care. He has described residential care as *“an institution, it is not a stable, loving family home”*, as *“failing our children, and it is outrageously expensive”* and *“It is certainly not the place for traumatised children, including babies, to live where they are supervised by paid shift workers.”*⁴⁰

Further, Mr Janetzki described OzChild’s TFCA-QLD team in Toowoomba and its TFCA-QLD foster carers as *“achieving life-changing results for these children who everyone else has given up on”*.⁴¹

Queensland children who have graduated from OzChild’s TFCA-QLD model have demonstrated:

- improved emotional, behavioural and social health, measured by the SDQ and CBC;
- decreased problematic behaviours, as measured by the PDR, at 4 weeks, the midpoint and end of the TFCA-QLD placement;
- increased school engagement, measured by term attendance rate at pre and post and two terms prior;
- improved academic functioning measured by pre and post PAT-R assessments;
- improved family functioning for families where reunification is the goal, measured by the NCFAS at pre and post;
- placement outcome, the percentage of children able to successfully transition into home-base care or be reunified with family; and/or
- children, carers and families experience of the TFCA-QLD program as measured by feedback surveys.

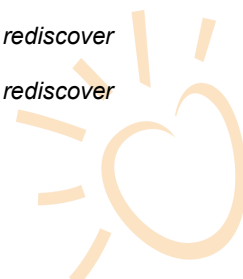
Thirty-six children aged between 7 and 12 have successfully completed the TFCA-QLD program with the Toowoomba and Ipswich TFCA-QLD teams. Almost half of these children (47 per cent) are Aboriginal or Torres Strait Islander children.

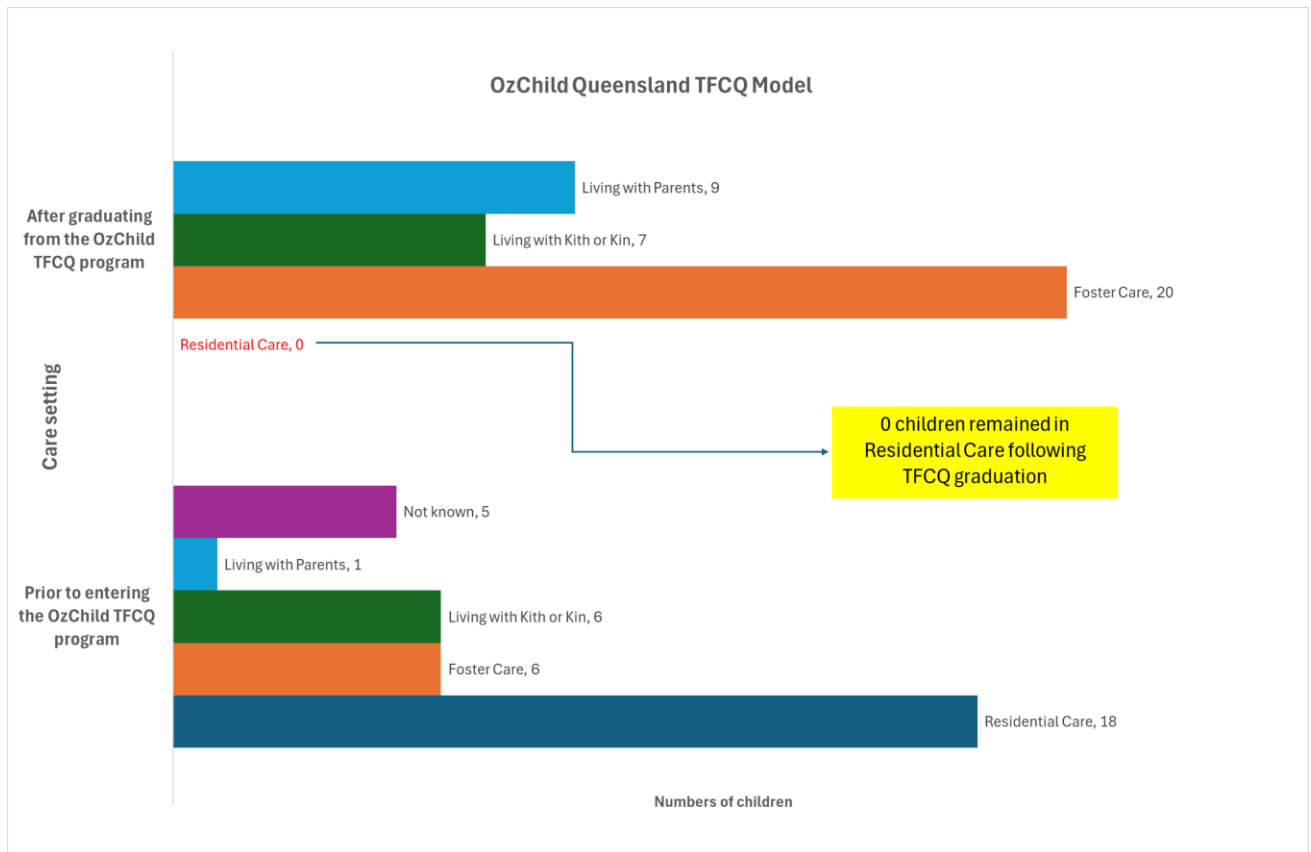
Eighteen of these children who had been in residential care exited to home-based care (foster or kin) or were reunified with their family (see graph below). Completion of the TFCA-QLD program also prevented children at high risk of entering residential care, due to their significant behavioural issues, from entering residential care.

TFCA-QLD foster carers are *“achieving life-changing results for these children who everyone else has given up on”*. Hon Mr Janetzki MP on OzChild’s TFCA-QLD team in Toowoomba.

⁴⁰ The Toowoomba Minute, *“Specialist foster carers help “las chance” children heal from trauma and rediscover childhood”*, 15 September 2024.

⁴¹ The Toowoomba Minute, *“Specialist foster carers help “las chance” children heal from trauma and rediscover childhood”*, 15 September 2024.





TFCA-QLD is cost-effective

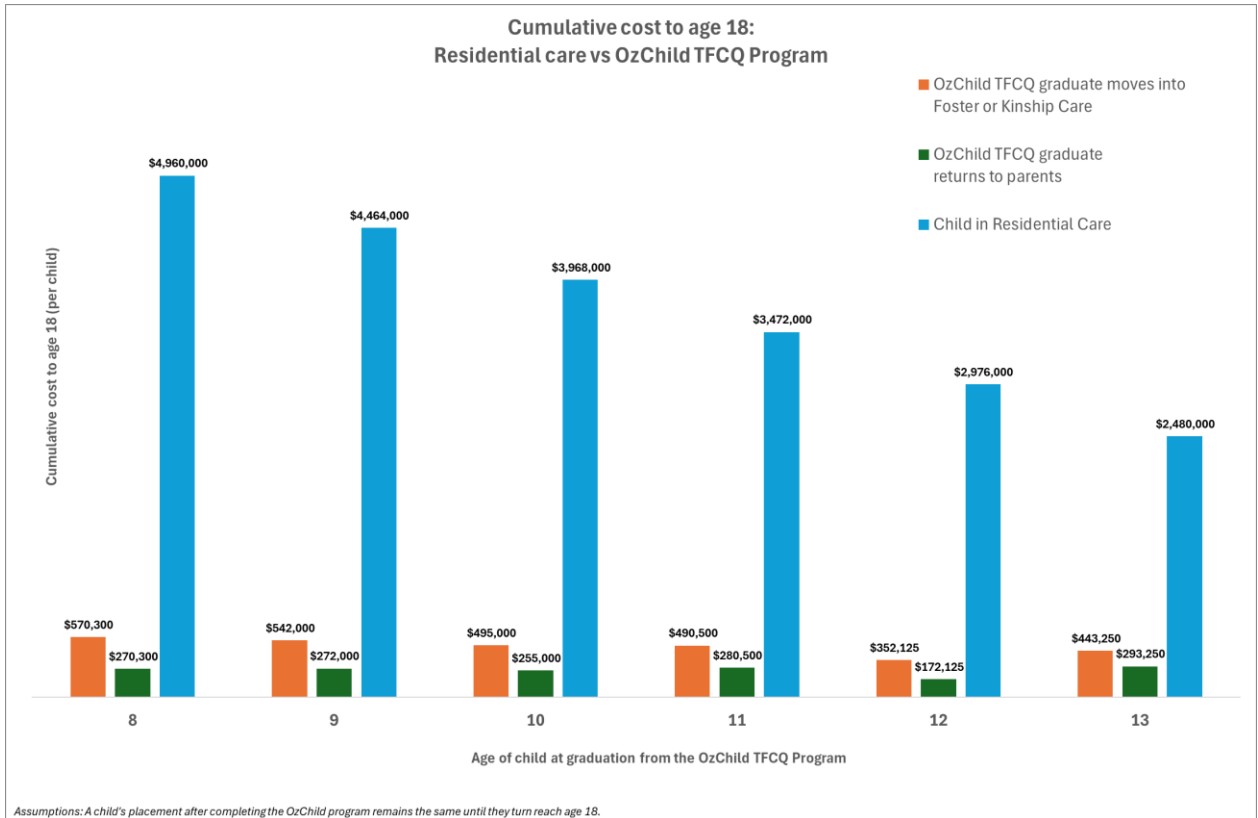
TFCA-QLD is demonstrably more cost-effective than residential care, the only alternative for many high-needs children. Unlike residential care, TFCA-QLD has throughput as it is a treatment intervention that addresses significant problem behaviours and thereby enables children to be placed successfully in home-based care (foster or kinship) or be reunified with their families (at a significant cost reduction).

On successful completion of the TFCA-QLD program, children exit residential care or are prevented from entering residential care, resulting in significant cost savings for the Queensland budget.

The projected cost saving to the Queensland budget of the successful completion by 36 children of the TFCA-QLD model is compelling. The graph below outlines the cost for a child to complete the TFCA-QLD program and then transition into home-based care (kin or foster) (orange) or return to living with parents (green), compared with the cost of residential care (blue) until the age of 18.

Significant cost savings are achievable per child on completion of the TFCA-QLD intervention when compared with the costs of a residential care placement for the child.





7. Conclusion

Senior Counsel Assisting the Inquiry, Ms Robyn Sweet KC, addressed its opening hearing on 23 July 2025. Ms Sweet described the work of the Inquiry as vital, urgent and wide-ranging.⁴² The Inquiry also highlighted the tangible impact of residential care on the Queensland budget.

The most significant, long-lasting, and positive impact on outcomes for children and the Queensland budget will come from successfully exiting children from residential care and turning off the entry pipeline into residential care. Without such immediate action, the Principal Commissioner, QCCF, Mr Luke Twyford has warned Queensland faces “*a multi-generational crisis of cost, harm and lost potential*”.⁴³

OzChild’s TFCA-QLD is a proven, evidence-based, and cost-effective intervention to reduce reliance on residential care. Scaling TFCA-QLD across Queensland can significantly improve outcomes for vulnerable children, especially Aboriginal and Torres Strait Islander children who remain overrepresented in the statutory care system.

OzChild commends the TFCA-QLD model to the Inquiry for broader implementation to address the harm and cost of Queensland’s increasing residential care placements for children.

⁴² Child Safety Commission of Inquiry, 23 July 2025, at transcript page 17.

⁴³ ABC News Brisbane, “*Cost of residential care in Queensland to blow out to \$7 billion, report warns*”, 22 August 2025.



References

- Åström, T., Bergström, M., Håkansson, K., Jonsson, A., Munthe, C., Wirtberg, I., Wiss, J., & Sundell, K. (2020). Treatment Foster Care Oregon for Delinquent Adolescents: A Systematic Review and Meta-Analysis. *Research on Social Work Practice*, 30, 355 - 367.
- Chamberlain, P., & Reid, J. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 66(4), 624–633.
- Chamberlain, P. (2020). Treatment Foster Care Oregon. Designing Evidence-Based Public Health and Prevention Programs.
- Chor, K., & Oltmans, C. (2023). Cost–Benefit of Treatment Foster Care Oregon (TFCO) Versus Residential Care in Illinois. *Research on Social Work Practice*, 34, 888 – 901.
- Ding, N., Lei, A., Shi, Z., Xiang, L., Wei, B., & Wu, Y. (2023). Total Flavonoids from *Camellia oleifera* Alleviated *Mycoplasma pneumoniae*-Induced Lung Injury via Inhibition of the TLR2-Mediated NF- κ B and MAPK Pathways. *Molecules*, 28.
- Farmer, E., Burns, B., Wagner, R., Murray, M., & Southerland, D. (2010). Enhancing "usual practice" treatment foster care: findings from a randomized trial on improving youths' outcomes. *Psychiatric services*, 61 6, 555-61.
- Greenberg, M., & Lippold, M. (2013). Promoting healthy outcomes among youth with multiple risks: innovative approaches. *Annual review of public health*, 34, 253-70.
- Green, J., et al. (2014). Multidimensional treatment foster care for adolescents in English care: Randomised trial and observational cohort evaluation. *The British Journal of Psychiatry*, 204(3), 214–221. <https://doi.org/10.1192/bjp.bp.113.131466>
- Gutterswijk, R., Kuiper, C., & Lautan, N. (2020). The outcome of multi treatment foster care and intensive home-based treatment compared to institutional youth care: A multilevel meta-analysis. *Children and Youth Services Review*, 1-11.
- Hukkelberg, S., & Ervik-Jeannin, R. (2022). Treatment Foster Care Oregon (TFCO): Preliminary Results from a Study among Norwegian Youths. *Youth*.
- Price-Robertson, R., et al. (2019). Evidence review of therapeutic models in foster care. Australian Institute of Family Studies.
- Saldana, L., Campbell, M., Leve, L., Chamberlain, P. (2019). Long-Term Economic Benefit of Treatment Foster Care Oregon (TFCO) for Adolescent Females Referred to Congregate Care for Delinquency, *Child Welfare*, 179-195.
- Shimshock, S., Chor, K., & Brylske, P. (2022). Using Latent Class Analysis to Identify Clinical Subgroups and Pathways of Youth in a Therapeutic Foster Care Program. *Children and Youth Services Review*.
- TFCA-QLD Renewal Assessment, OzChild, September 2025.
- The Toowoomba Minute, "*Specialist foster carers help "las chance" children heal from trauma and rediscover childhood*", 15 September 2024.
- Vimefall, E., Sahrblom, F., & Nordlöf, K. (2022). Costs and benefits of an early intervention for juvenile offenders - the 'Treatment Foster Care Oregon programme'. *Children and Youth Services Review*.
- OzChild. (2021). Treatment Foster Care Oregon: Program overview and outcomes in Australia. Melbourne: OzChild.
- Commissioner Anastassiou. (2025, July 23). Queensland Child Safety Inquiry: Public hearing transcript.
- Queensland Family & Child Commission Buyer Beware, How economic forces are shaping Queensland's resident.



Appendix 1 – TFCA-QLD Frequently Asked Questions

1. How does TFCA-QLD support the children?

TFCA-QLD provides children with a highly structured, therapeutic family environment, often as an alternative to residential care. It offers:

- **One-on-one attention** from model specific trained foster carers.
 - **Consistent routines and boundaries** to create stability and predictability.
 - **Tailored behaviour management plans** developed with mental health professionals.
 - **Therapeutic support** including counselling, skills development, and emotional regulation strategies.
 - **Regular monitoring** and review to ensure progress and address emerging needs.
-

2. How does TFCA-QLD act as an intervention to exit children out of residential care and prevent entries into residential care?

- **Short-term, intensive program** (typically 6–9 months) designed to stabilise behaviour and build skills for successful family or long-term foster placements.
 - **Specialist team support** addresses trauma-related behaviours and psychoeducation to stabilise placements.
 - **Transition planning** ensures children move into permanent family-based care (return to family, kinship care, or long-term foster care) slowly with full therapeutic support for both child and carer.
 - **Early intervention** for carer and child, reducing the likelihood of future placement breakdown.
-

3. What are the critical elements that make TFCA-QLD different and successful?

- **24/7 support for carers** so they are never managing crises alone.
 - **Intensive, team-based approach**—therapists, skills coaches, teachers, and case managers work together daily.
 - **Highly structured behaviour support plan** for each child
 - **Daily feedback loops** (carers report progress and challenges daily to the program team).
 - **Clear timeframes** - the program is short-term and goal-focused, which maintains momentum and direction ensuring success
 - **Proven evidence base** - decades of international research demonstrating reduced behavioural incidents, improved school attendance, and fewer justice system contacts.
-



4. How is TFCA-QLD different/rewarding/satisfying (from a worker's perspective)?

- Workers see **tangible, measurable progress** in a relatively short time.
 - **Close teamwork** creates a strong sense of shared purpose and professional support.
 - The **structured model** reduces ambiguity
 - Workers can see children successfully step down into family placements, which is deeply rewarding.
 - Opportunities for **professional growth** in trauma-informed care and evidence-based practice.
-

5. How does TFCA-QLD give carers the authority and clarity to care for children?

- **Training before placement** gives carers specific tools and strategies for managing behaviours.
 - **Daily contact** with program staff provides guidance, affirmation, and problem-solving support.
 - **Written behaviour support plans** outline clear expectations, routines, and consequences.
 - **Team backing** - carers know they have the program's full support in decisions.
 - **Crisis support available 24/7**, empowering carers to act decisively without fear of being "left alone" in high-stress situations.
-

6. How does TFCA-QLD ensure meaningful engagement with education for children?

- **Teacher roles** work directly with schools to support attendance, behaviour, and learning plans.
 - **Daily school check-ins** ensure issues are addressed before they escalate.
 - **Teacher roles** help children with homework, organisation, and classroom behaviour.
 - **Positive reinforcement** for attendance and school achievements.
 - **Collaborative planning** with teachers to adapt learning strategies to each child's needs.
-

7. How does TFCA-QLD prevent and/or reduce children's involvement with the Youth Justice system?

- **Focusing pro-social skills and team sport engagement** assists with emotional regulation reduces offending behaviour by way of a sense of belonging and control.
- **Close supervision and structure** limits opportunities for high-risk activities.
- **Immediate, consistent consequences** teach accountability without escalating into legal consequences.
- **Therapeutic intervention** addresses underlying trauma and mental health challenges driving behaviours.
- **Family engagement** ensures children have stable, supportive environments post-program, reducing reoffending risk.



APPENDIX 2

Referral Criteria Treatment Foster Care Australia

General criteria



- Child's age between 7-11 years (TFCA-C Program)
- Adolescent's age between 12-17 years (TFCA-A Program)
- Referred from residential care, foster/kinship care or family care
- The child or young person expresses willingness to engage in the TFCA program and transition planning.

There is some flexibility with age ranges on a case-by-case basis. Unresolved parental refusal to consent to prescribed medication may impact TFCA goals and may require child protection intervention or legal pathways.

Community safety

The child or young person can be safely managed in the community.

Identified aftercare placement

There is a potential placement after TFCA (e.g. reunification with birth family, return to a previous kinship placement, long-term foster care, or an independent living plan).

The identified after-carer is **willing to actively participate** in the TFCA program (including weekly training, support meetings, and transition planning). Any reimbursements need to be discussed with child protection/child safety.

Example: *A foster family is prepared to take the child after TFCA and engages in the program simultaneously with the child or young person.*

Education

The child is currently attending, or able to attend (with support) an educational program. While TFCA does not mandate a minimum, the goal is to work towards full-time engagement. Individual plans will be developed for disengaged youth.

Example: *The young person is enrolled in a mainstream school or an alternative education setting with behavioural support.*

Siblings

TFCA places only one child per treatment home but can take siblings in separate placements with the view of being reunified or strengthening family and sibling connection throughout the program.

Exclusion criteria - not suitable for the program

Children and young people would generally **not** be suitable for TFCA if they have:

Severe developmental or cognitive disability

A disability that significantly limits their ability to develop skills in consequential thinking and self-regulation.

Example: A child with significant intellectual disability and very limited verbal skills.

Current high-level risk to self or others

Demonstrated **danger to self or others**, including acute suicidal or homicidal intent.

Example: A young person with an active plan to harm themselves or another person that cannot be safely managed in the community.

Example: Problematic sexual behaviour and significant physical violence towards caregivers.

Example: Cruelty to animals or fire lighting – these behaviours potentially impact on the safety of the members of the TFCA placement household.

Significant and active mental illness

Severe psychiatric conditions that are currently untreated or unstable.

Example: A young person experiencing uncontrolled mental health issues requiring hospital-based care.

Persistent and protracted absconding

A pattern of frequent running away that cannot be mitigated through intensive support.

Example: Leaving placements multiple times per week and remaining missing for extended periods.

No identified aftercare placement

The absence of a clear plan for a stable aftercare placement at referral.

While a clear aftercare plan is preferred, TFCA teams may work collaboratively to identify aftercare placement options within the first 2–3 months.

Disclaimer: Criteria may be adapted to align with state-specific TFCA practices and policies.

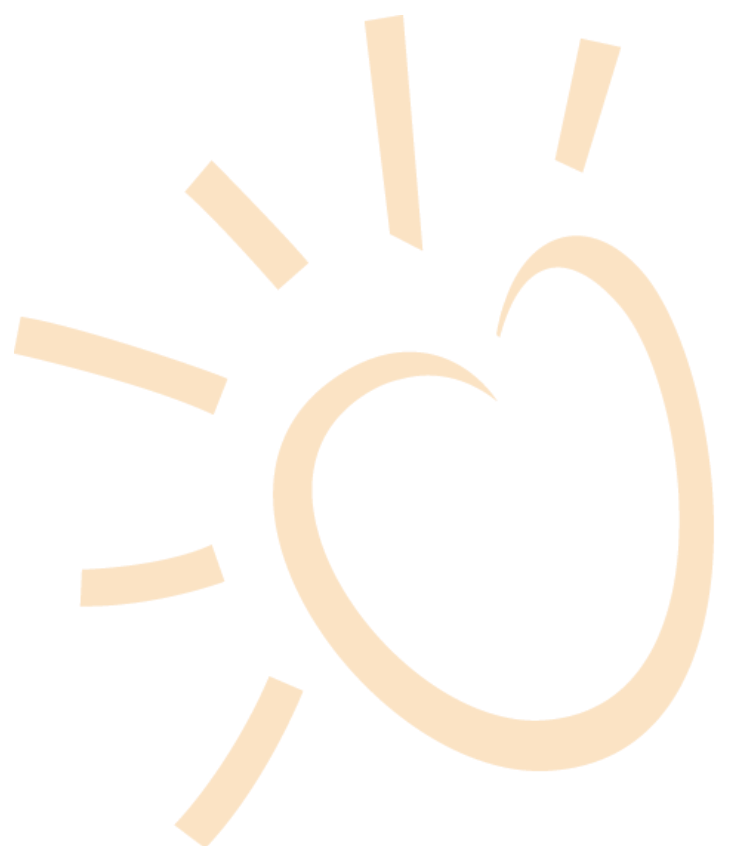


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Treatment Foster care Oregon (TFCO)

Evidence summary

Monday 25 August 2025



How Effective is TFCO at Improving Outcomes?

TFCO is moderately to highly effective in improving behavioural, criminal, and psychosocial outcomes for youth with serious behavioural problems, especially compared to group or residential care.

Introduction

Treatment Foster Care Oregon (TFCO), formerly known as Multidimensional Treatment Foster Care (MTFC), is an evidence-based intervention designed for youth with serious behavioural and emotional problems, particularly those at risk of placement in restrictive settings.

The literature consistently demonstrates that TFCO is more effective than traditional group or residential care in reducing criminal behaviour, improving behavioural and emotional outcomes, and achieving greater placement stability (Åström et al., 2020; Ding et al., 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022; Farmer et al., 2010; Daniels et al., 2024; Haggerty et al., 2022).

Meta-analyses and systematic reviews show moderate certainty that TFCO reduces future criminal activity and days spent in locked settings, with additional—though less robust—evidence for improvements in peer associations, drug use, and depression (Åström et al., 2020; Ding et al., 2023; Chor & Oltmans, 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022).

Cost-benefit analyses also indicate that TFCO is less expensive and yields substantial long-term savings compared to residential care (Vimefall et al., 2022; Chamberlain, 2020; Shimshock et al., 2022).

However, the effectiveness of TFCO is most pronounced among youth with high levels of antisocial behaviour, and its implementation in different contexts (e.g., outside the US) can present challenges (Hukkelberg & Ervik-Jeannin, 2022; Greenberg & Lippold, 2013).

Overall, TFCO is a preferred intervention for youth requiring out-of-home placement due to severe behavioural issues (Åström et al., 2020; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022; Farmer et al., 2010; Daniels et al., 2024; Haggerty et al., 2022).

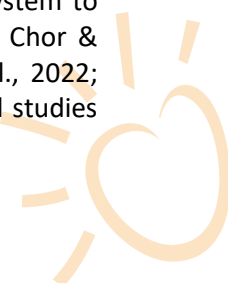
Methods

A comprehensive search was conducted across over 170 million research papers in Consensus, including sources such as Semantic Scholar and PubMed. In total, 1,037 papers were identified, 712 were screened, 307 were deemed eligible, and 50 were included in this review. The search strategy involved multiple targeted queries on TFCO effectiveness, outcome-specific impacts, cost-benefit analyses, and implementation challenges. Seven unique search groups were used, focusing on TFCO outcomes, foundational research, cost-effectiveness, and implementation across contexts.

Results

Study Designs and Populations

The included studies comprise randomized controlled trials, meta-analyses, systematic reviews, and cost-benefit analyses, with populations ranging from adolescents in the juvenile justice system to children in child welfare and foster care settings (Åström et al., 2020; Ding et al., 2023; Chor & Oltmans, 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022; Vimefall et al., 2022; Chamberlain, 2020; Farmer et al., 2010; Daniels et al., 2024; Haggerty et al., 2022). Several studies



also examined international implementations, such as in Norway and the UK (Chor & Oltmans, 2023; Hukkelberg & Ervik-Jeannin, 2022; Greenberg & Lippold, 2013).

Main Outcomes: Behavioural, Criminal, and Emotional

TFCO consistently outperforms group or residential care in reducing criminal recidivism and days spent in locked settings, with moderate certainty of evidence (Åström et al., 2020; Ding et al., 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022). There are also significant reductions in both externalizing (e.g., aggression) and internalizing (e.g., depression) symptoms, as well as improvements in placement permanency and social skills (Chor & Oltmans, 2023; Gutterswijk et al., 2020; Daniels et al., 2024; Haggerty et al., 2022). However, evidence for reductions in delinquent peer associations, drug use, and depression is less robust (Åström et al., 2020; Chor & Oltmans, 2023; Shi, 2020).

Cost-Effectiveness and Long-Term Impact

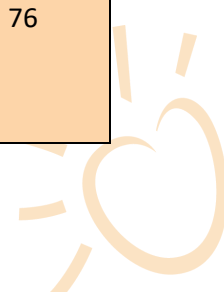
Cost-benefit analyses show that TFCO is less expensive than residential care, with substantial net benefits per participant and ongoing economic advantages up to 10 years post-intervention (Vimefall et al., 2022; Chamberlain, 2020; Shimshock et al., 2022). Long-term follow-up studies indicate sustained reductions in criminal charges and improved functioning (Ding et al., 2023; Chamberlain, 2020).

Moderators and Implementation Challenges

TFCO is most effective for youth with high levels of antisocial behaviour; benefits are less clear for those with lower levels of such behaviour (Hukkelberg & Ervik-Jeannin, 2022). Implementation in different countries can be challenging due to contextual differences, but fidelity to the core model is key to maintaining effectiveness (Greenberg & Lippold, 2013).

Key Papers

Title	Author(s) & Date	Study Design	Population Sample	Key Result	Size
Treatment Foster Care Oregon for Delinquent Adolescents: A Systematic Review and Meta-Analysis	(Åström et al., 2020)	Systematic Review	Youth with serious behaviour	Reduced criminal behaviour. Moderate certainty	633
Criminal offense charges in women: A 10-year follow-up of an RCT of TFCO	(Ding et al., 2023) L. Leve et al. (2022)	RCT	10-year follow-up Adolescent females in JJ	Sustained reduction in criminal charges	166
TFCO: Preliminary Results from a Study among	(Chor & Oltmans, 2023) S.	Observational	Norwegian youth	Severe behaviour Significant reduction in	76



Norwegian Youths	Hukkelberg et al. (2022)			behavioural/emotional problems	
The outcome of non-residential youth care compared to residential youth care	(Gutterswijk et al., 2020) R. Gutterswijk et al. (2020)	Meta-analysis	Youth in out-of-home care	TFCO more effective than residential care	16,943
Cost-Benefit of TFCO Versus Residential Care in Illinois	(Vimefall et al., 2022) K. H. B. Chor et al. (2023)	Cost-benefit analysis	Child welfare system	TFCO less expensive, higher net benefit	119

Top Contributors

Discussion

The research base for TFCO is robust, with multiple high-quality randomised controlled trials, meta-analyses, and cost-effectiveness studies supporting its use for youth with serious behavioural problems (Åström et al., 2020; Ding et al., 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022; Vimefall et al., 2022; Chamberlain, 2020; Farmer et al., 2010; Daniels et al., 2024; Haggerty et al., 2022). The strongest evidence is for reductions in criminal behaviour and improvements in behavioural and emotional functioning, especially among youth with high levels of antisocial behaviour (Åström et al., 2020; Ding et al., 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022). Cost-benefit analyses further support TFCO as a financially sound alternative to residential care (Vimefall et al., 2022; Chamberlain, 2020; Shimshock et al., 2022). However, the evidence for improvements in peer associations, drug use, and depression is less certain, and the effectiveness of TFCO may be context-dependent, with challenges in implementation outside the US (Hukkelberg & Ervik-Jeannin, 2022; Greenberg & Lippold, 2013).

Despite these limitations, TFCO remains a preferred intervention for youth requiring out-of-home placement due to severe behavioural issues. The evidence base is less robust for youth with lower levels of antisocial behaviour and for long-term outcomes beyond 10 years (Hukkelberg & Ervik-Jeannin, 2022; Greenberg & Lippold, 2013; Haggerty et al., 2022). More research is needed to clarify these areas and to optimize implementation in diverse service contexts.

Claims and Evidence Table

Claim- Evidence Strength – Reasoning - Papers

- TFCO reduces criminal behaviour and days in locked settings Multiple RCTs and meta-analyses show moderate to strong effects vs. group care (Åström et al., 2020; Ding et al., 2023; Gutterswijk et al., 2020; Hukkelberg & Ervik-Jeannin, 2022; Chamberlain, 2020)
- TFCO improves behavioural and emotional outcomes Consistent findings in RCTs and observational studies, especially for high-risk youth (Chor & Oltmans, 2023; Gutterswijk et al., 2020; Daniels et al., 2024; Haggerty et al., 2022)
- TFCO is more cost-effective than residential care Cost-benefit analyses show substantial savings and net benefits (Vimefall et al., 2022; Chamberlain, 2020; Shimshock et al., 2022)



- TFCO is most effective for youth with high antisocial behaviour Subgroup analyses and moderator studies support differential effects (Hukkelberg & Ervik-Jeannin, 2022)
- TFCO reduces delinquent peer associations, drug use, and depression Some evidence, but lower certainty and fewer studies (Åström et al., 2020; Chor & Oltmans, 2023; Shi, 2020)
- TFCO effectiveness is context-dependent and may face implementation challenges UK and international studies highlight barriers and mixed results outside US (Hukkelberg & Ervik-Jeannin, 2022; Greenberg & Lippold, 2013)

Conclusion

TFCO is a moderately to highly effective intervention for improving behavioural, criminal, and psychosocial outcomes among youth with serious behavioural problems, especially when compared to group or residential care. Its benefits are most pronounced for those with high levels of antisocial behaviour, and it is also a cost-effective alternative. However, more research is needed on its long-term effects, effectiveness for lower-risk youth, and implementation in diverse contexts.

In summary, TFCO is a well-supported, cost-effective intervention for high-risk youth, but further research is needed to address gaps in long-term outcomes, broader populations, and international implementation.

Research Gaps

Despite strong evidence for TFCO's effectiveness in certain populations and outcomes, gaps remain in understanding its long-term impact, effectiveness for lower-risk youth, and optimal implementation strategies in non-US contexts.

References

- Åström, T., Bergström, M., Håkansson, K., Jonsson, A., Munthe, C., Wirtberg, I., Wiss, J., & Sundell, K. (2020). Treatment Foster Care Oregon for Delinquent Adolescents: A Systematic Review and Meta-Analysis. *Research on Social Work Practice*, 30, 355 - 367. <https://doi.org/10.1177/1049731519890394>
- Ding, N., Lei, A., Shi, Z., Xiang, L., Wei, B., & Wu, Y. (2023). Total Flavonoids from *Camellia oleifera* Alleviated *Mycoplasma pneumoniae*-Induced Lung Injury via Inhibition of the TLR2-Mediated NF-κB and MAPK Pathways. *Molecules*, 28. <https://doi.org/10.3390/molecules28207077>
- Chor, K., & Oltmans, C. (2023). Cost–Benefit of Treatment Foster Care Oregon (TFCO) Versus Residential Care in Illinois. *Research on Social Work Practice*, 34, 888 - 901. <https://doi.org/10.1177/10497315231206752>
- Gutterswijk, R., Kuiper, C., & Lautan, N. (2020). The outcome of multi treatment foster care and intensive home based treatment compared to institutional youth care : A multilevel meta-analysis. *Children and Youth Services Review*, 1-11.
- Shi, C. (2020). Potential Use of *Chromolaena odorata* Linn. Flavonoids against *Escherichia coli* Induced Diarrhoea in Mice. *Pakistan Journal of Zoology*. <https://doi.org/10.17582/journal.pjz/20190923170927>
- Hukkelberg, S., & Ervik-Jeannin, R. (2022). Treatment Foster Care Oregon (TFCO): Preliminary Results from a Study among Norwegian Youths. *Youth*. <https://doi.org/10.3390/youth2040038>
- Vimefall, E., Sahrbloom, F., & Nordlöf, K. (2022). Costs and benefits of an early intervention for juvenile offenders - the 'Treatment Foster Care Oregon programme'. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2022.106452>



- Chamberlain, P. (2020). Treatment Foster Care Oregon. Designing Evidence-Based Public Health and Prevention Programs. <https://doi.org/10.4324/9780367205171-18>
- Shimshock, S., Chor, K., & Brylske, P. (2022). Using Latent Class Analysis to Identify Clinical Subgroups and Pathways of Youth in a Therapeutic Foster Care Program. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2022.106626>
- Farmer, E., Burns, B., Wagner, R., Murray, M., & Southerland, D. (2010). Enhancing "usual practice" treatment foster care: findings from a randomized trial on improving youths' outcomes.. *Psychiatric services*, 61 6, 555-61. <https://doi.org/10.1176/ps.2010.61.6.555>
- Greenberg, M., & Lippold, M. (2013). Promoting healthy outcomes among youth with multiple risks: innovative approaches.. *Annual review of public health*, 34, 253-70. <https://doi.org/10.1146/annurev-publhealth-031811-124619>
- Daniels, K., Hoosen, I., & Pharaoh, H. (2024). Health risk behaviour prevention/intervention programmes targeted at youth/adolescents engaging in risky behaviour—a scoping review. *Journal of Public Health*. <https://doi.org/10.1007/s10389-024-02329-5>
- Haggerty, K., Barkan, S., Caouette, J., Skinner, M., & Hanson, K. (2022). Two-Year Risk Behaviour Outcomes from Connecting, a Prevention Program for Caregivers and Youth in Foster Care. *Prevention Science*, 24, 15 - 26. <https://doi.org/10.1007/s11121-022-01390-4>



TFCA – National Program Data 30 September 2025

123 graduates from the TFCO program

41 per cent are First Nations CYP

79 accredited carer households

35 CYP currently in the program



11 months average length of time in the program

CYP living arrangements after graduation

26% Birth Parents

28% Kith or Kin

3% Semi-independent living

42% Foster Care

1% Residential Care

