

# Response to inquiry: Delivering quality care more efficiently

SEPTEMBER 2025

EMERGE WOMEN AND CHILDREN'S SUPPORT NETWORK

Emerge is a specialist family violence organisation in Melbourne.

We provide:

- adults and children with safe accommodation at our 24/7 refuge, support via outreach and transitional housing in the community
- evidence-based programs and therapeutic support against a human rights model for service delivery
- secondary prevention and early intervention for children at risk of becoming perpetrators of violence and provide holistic support to assist adults and children to end the cycles of re-victimisation
- a recovery model focussed on breaking the cycles of violence and ending system churn.

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## Executive summary

Emerge Women and Children’s Support Network (“Emerge”) welcomes the Productivity Commission’s Interim report, which identifies fragmented regulation, poor care integration, and underinvestment in prevention as critical barriers to delivering quality care. Emerge’s secondary prevention work supporting women and children affected by family violence directly aligns with and supports the Commission’s recommendations.

Emerge’s **Back on Track** program is strongly aligned to the Commission’s call for collaborative commissioning, national prevention investment, and improved integration across sectors. By bridging gaps in care and prevention, Back on Track offers a proven and cost-effective solution to address complex trauma and interrupt cycles of violence before escalation and justice system involvement occur. Its demonstrated outcomes and scalable model position it to meet growing demand for early intervention.

Back on Track offers targeted, evidence-based therapeutic support for children aged 5 to 12 who exhibit challenging and aggressive behaviours toward safe caregivers after experiencing family violence, a group previously unserved by existing services.

### **The problem: high rates of primary school age children use violence – a significant driver of poor health and wellbeing outcomes**

- The most significant factor associated with a child using violence is being exposed to adults who use violence<sup>1</sup> – there is strong evidence for intergenerational cycles of behaviour<sup>2</sup>
- Children represent 1 in 3 people present in family violence incidents in Victoria<sup>3</sup> and are significantly impacted by family violence, and it has profound and lasting effects on their development, outcomes, health and wellbeing<sup>4</sup>.

### **The system lacks secondary prevention before the justice system intervenes**

- There are significant gaps in the specialist family violence system and surrounding sectors which do not provide secondary prevention to children and families escaping violence<sup>5</sup>
- Most system interventions are for teenagers, and occur after a child has had contact with the justice system.
- The system lacks programs that respond during primary school when challenging behaviour begins to escalate.

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<sup>1</sup> Evidence Summary, Adolescent Violence in the home – Australian Institute of Family Studies and Respect Victoria (2023)

<sup>2</sup> Perry, B.D. The neurodevelopmental impact of violence in childhood. Chapter 18: In Textbook of Child and Adolescent Forensic Psychiatry, American Psychiatric Press, Inc., Washington, D.C. pp. 221-238, 2001

<sup>3</sup> See Crime Statistics Agency Dashboard, Family Violence Dashboard, <https://www.crimestatistics.vic.gov.au/>

<sup>4</sup> The National Plan to End Violence Against Women and Children 2022–2032 (Department of Social Services, 2022)

<sup>5</sup> Unlocking the prevention potential: Accelerating Action to end domestic, family and sexual violence (Department of the Prime Minister and Cabinet, 2024)

### **Back on Track: Emerge's cycle-breaking secondary prevention program**

- All participants are using violence at home, and many at school. High proportions of the children are being excluded from kindergarten/school due to their behaviours.
- All participants have histories of experiences of violence, most perpetrated by their father. Most safe caregivers report having nowhere to seek help in the current system, and most reported that contact with police had commenced for their child.
- All participants who have completed the program reported a significant de-escalation or complete cessation in using violence.
- All primary and early high school age participants who have completed the program re-engaged in school.
- All parents who completed the program reported significant increases in ability to respond to behaviours, co-regulate, attune with the child, and reported significant increases to the safety of the family home.
- The program is scalable, and the proposed model focusses on increasing capacity and capability across the family violence and broader social services system.
- The program can be delivered regionally and is designed to meet the needs of participants across the system, including in diverse cohorts and multicultural groups.
- The program has a growing current waitlist – there is high demand and need for secondary prevention in the community before children engage with the justice system.
- The program creates a coordinated, cross-sectoral response identified by the Commission as needed with the care system.

### **Relevance to the Productivity Commission's inquiry and recommendations**

Back on Track's innovative design is evidence-informed with demonstrable outcomes. It embeds the following foundations:

- Collaboration | Cross-sectoral coordination | Innovation
- Prevention | High quality care | Sustainable cost
- Improved care outcomes
- Scalability to build a National Prevention Investment Framework.

Back on Track's design creates a model for scaled, preventative service delivery that aligns directly with the inquiry's focus on solutions that can deliver effective enduring, wide-reaching benefits across the social support landscape.

## **Back on Track – a secondary prevention program breaking cycles of violence**

The Productivity Commission Interim report, ‘Delivering quality care more efficiently’ identified key problems including:

- fragmented regulation across care sectors
- poor integration of care services, and
- underinvestment in prevention.

The Commission has prepared draft recommendations calling upon regulatory reform for a cohesive care economy, the embedment of collaborative commissioning, and establishment of a National Prevention Investment Framework.

Emerge Women and Children’s Support Network (“Emerge”) supports women and children who have experienced family violence by providing refuge, housing and practical recovery programs. The organisation welcomes the Commission’s inquiry and recommendations and is particularly interested in the National Prevention agenda and the needed cohesion across care sectors.

Emerge would like to inform the Commission of the secondary prevention and early intervention supports it is providing for children and young people. In our work responding to family violence we have identified the need for innovation to undertake critical prevention and early intervention work with children and young people to reduce the likelihood of their need for other government services now and in the future.

Emerge has identified a critical gap in services for children aged 5 to 12 who, after experiencing family violence, display aggressive or challenging behaviour toward their safe caregiver. A review of available research highlights that, while family violence has profound effects on children's mental health and behaviour, few specialised programs exist for this age group. Most interventions target younger children (0–5 years), adolescents (12–18 years), or offer general parenting support that does not address the specific challenges faced by children and families dealing with the aftermath of family violence.

Many cases of aggressive behaviour in children aged 5 to 12 are underreported due to inadequate screening, parental shame, and fears about external intervention (i.e., child protection, the police). As a result, few programs address the unique needs of this age group affected by family violence. This gap means vital opportunities for early intervention are missed, which may allow behaviours to escalate and making positive change more difficult as children enter adolescence, when risks and justice system involvement increase.

## Program outcomes

Back on Track: Strengthening Child-Caregiver Relationships After Family Violence (Back on Track) is a holistic, therapeutic program designed to break the cycle of violence for children and caregivers after family violence. It combines psychoeducation with art and play-based therapy in group and dyadic settings, addressing the impact of trauma, repairing family relationships, and fostering early behavioural change to prevent future violence.

The program serves children aged 5 to 12 who display aggressive or challenging behaviour at home following family violence, their safe caregivers, and sometimes siblings. It offers tailored support for two age groups — 5 to 8 years and 8 to 12 years — ensuring each child receives developmentally appropriate care and engagement.

Back on Track has strengthened outcomes for children and caregivers, as evidenced by the Centre of Innovative Justice's evaluation of the program. These outcomes highlight the program's ability to address complex trauma and foster healing, though longer-term support may be needed for sustained impact.

### Outcomes for children

1. **Improved emotional regulation:** Children developed self-soothing strategies and emotional regulation skills, with some showing reduced outbursts and better emotional stability.
2. **Strengthened attachment:** Children began rebuilding their attachment with safe caregivers, welcoming physical affection after previously rejecting it.
3. **Pro-social skills:** Enhanced ability to interact positively with others, including kindness and asking for help.
4. **Critical self-reflection:** Group sessions prompted children to reflect on their emotional states and coping mechanisms, leading to increased self-awareness.
5. **Sense of belonging:** Children felt less isolated, realising shared experiences with peers, which reduced secrecy and shame.

### Outcomes for caregivers

1. **Increased confidence:** Caregivers improved their ability to respond to their children's challenging behaviours and understand the mechanisms behind them.
2. **Strengthened bonds:** Caregivers and children experienced stronger attachments through shared activities and reflections.
3. **Peer connection:** Caregivers benefited from a supportive group environment, fostering shared understanding and reducing feelings of isolation.
4. **Psychoeducation:** Caregivers gained insights into intergenerational trauma and family violence, enabling them to interrupt cycles of harm.
5. **Improved emotional stability:** Post-group sessions showed caregivers feeling more emotionally stable, supported, and better equipped to manage stress

## **Avoided costs of the Back on Track program**

Emerge has identified avoided costs expected from program participation which are largely avoided costs to government.

- Justice system: Avoided cost from reduced juvenile justice involvement, fewer police callouts and lower rates of protective interventions (e.g., IVOs) as a result of early behaviour support and caregiver engagement to reduce the risk of criminalisation in adolescence and reactive justice costs.
- Health system: Avoided cost from decreased mental health presentations, lower hospital and emergency department usage and reduced paediatric trauma-related care as a result of proactive therapeutic care that offsets acute distress and long-term mental health deterioration.
- Housing and homelessness: Avoided cost from reduced need for crisis accommodation and refuge re-entry as a result of supporting the child-caregiver bond so as to lower housing instability caused by intra-family conflict.
- Child protection: Avoided cost from fewer child protection investigations, lower likelihood of out-of-home care placements and reduced case management burnout as a result of strengthened family unit lessening escalation to statutory involvement.
- Education system: Avoided cost from reduced school expulsions and suspensions, less need for classroom aides/behavioural support and higher school attendance rates as a result of addressing behavioural issues early and increasing school engagement.
- Productivity/social capital: Increased caregiver workforce participation and improved long-term outcomes for children including employment readiness as a result of reduced caregiver stress and improved child functioning supporting community and economic contribution over time.

## **Scaling Back on Track to support more young children**

Back on Track is a ready-to-scale therapeutic secondary prevention and early intervention program designed to address a critical gap in the family violence response system: the needs of children aged 5 to 12 who display challenging or aggressive behaviour post-violence. The program works to stop the use of violence in children and young people before it escalates to break the intergenerational transmission and cycle of violence. This goal, combined with its unique structure, and blend of psychoeducation with developmentally tailored art and play therapy, positions it as both impactful and replicable.

The program has been successfully delivered in metropolitan settings, with clear potential for expansion into regional and high-need local government areas. Its core delivery model (i.e., 10 families per cohort supported through a structured program

model) enables replication while preserving therapeutic integrity. With additional funding, Back on Track could operate across multiple sites concurrently, supported by a scalable practitioner workforce trained in trauma-informed practice and child development.

Emerge has invested in infrastructure and protocols that support program fidelity and workforce readiness. These include:

- a detailed practitioner manual and session templates;
- alignment with the Multi-Agency Risk Assessment and Management (MARAM) framework;
- established partnerships with schools, community organisations, and family violence services for referral pathways; and
- a Practice Lead role that ensures consistency, supervision, and quality assurance.

In addition, an internal training framework equips new therapeutic staff with foundational and specialised skills for working with child–caregiver dyads in post-violence recovery. Emerge is ready to support other organisations develop the capability and capacity to deliver Back on Track to extend the program’s reach.

### **Program costing**

A scaled model for program delivery for Back on Track costs approximately \$5600 per participant, with an estimated scaled program cost of approximately \$10.2K per family (including one child and one safe caregiver). This estimate includes all program costs and oncosts, including operational costs, ongoing program evaluation and continuous improvement, and additional supports for more complex presentations.

The scaled model for Back on Track would also enhance the capability of the specialist family violence system and adjacent systems to deliver early intervention and secondary prevention programs, trauma-informed and client-centred therapeutic work, and cohesive and supported warm referrals and collaborative practice to support clients toward recovery.

### **Relevance to the Productivity Commission’s Inquiry and Recommendations**

The Back on Track program is directly relevant to the Productivity Commission’s inquiry as it embeds a coordinated, cross-sectoral response to the complex needs of children and young people affected by family violence. By addressing root causes and intervening early, Back on Track demonstrates a genuine commitment to the National Prevention agenda. It recognises that those impacted by family violence are often the same children and young people who interact with multiple care sectors over the course of their lives. Back on Track directly responds to the lasting impact of maltreatment and family violence

across a child's life, which findings from Australian national research have established cause significantly higher rates of severe mental health problems, behavioural problems, substance use, and self-harm across a victim survivor's life without meaningful intervention.<sup>6</sup>

### **Collaboration | Cross-sectoral Coordination | Innovation**

Back on Track bridges the gap between child protection, justice, education, community services, and the health sector. Its design acknowledges that behavioural, emotional, and educational challenges rarely occur in isolation – instead they are frequently interlinked with experiences of trauma and household instability. The program's integrated service model brings together supports that can respond flexibly and holistically, ensuring children and families are not navigating fragmented systems. This alignment reduces duplication of services and maximises the effectiveness of interventions.

### **Prevention | High Quality Care | Sustainable Cost**

By strengthening families and supporting caregivers, Back on Track reduces system oncosts by:

- decreasing the likelihood of statutory child protection involvement
- lessening demand on out-of-home care and long-term case management
- with an early intervention approach in schools, improving attendance and reducing suspensions and expulsions
- minimising the need for additional behavioural support in the classroom.

### **Improved care outcomes**

In the longer term, these improvements translate into higher educational attainment, greater workforce participation among caregivers, and improved community participation by young people as they transition to adulthood.

Back on Track represents a strategic, evidence-informed investment in early intervention and prevention. Its cross-sector approach promotes better outcomes for children and families, reduces the need for costly downstream services, and embodies the proactive, unified commitment the National Prevention framework requires. For the Productivity Commission's inquiry, Back on Track stands as a practical example of how comprehensive, collaborative responses can deliver enduring benefits across the social support system.

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<sup>6</sup> Haslam D, et al. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology

## **Scalability to build a National Prevention Investment Framework**

The scalability of Back on Track further strengthens its relevance to the Productivity Commission's inquiry, offering a blueprint for how robust secondary prevention and early intervention models can be adopted across diverse settings and populations. Its flexible framework, grounded in evidence and supported by cross-sector partnerships, means that the program is well-positioned for expansion beyond its current catchment. By demonstrating that integrated approaches to family violence recovery can be replicated and adapted to meet local needs across several care sectors, Back on Track provides policymakers with a practical proof of concept. Scalability ensures not only the sustainability of positive outcomes for children and families but also amplifies the program's impact, enabling broader systemic change and maximising the efficiency of investment in prevention.

Back on Track's design creates a model for scaled, preventative service delivery that aligns directly with the inquiry's focus on solutions that can deliver enduring, wide-reaching benefits across the social support landscape.

## Annexure 1: Expected avoided costs

Service area	Avoided cost type	Explanation	Calculation	Estimated unit cost
<b>Justice system</b>	Reduced juvenile justice involvement, fewer police callouts, lower rates of protective interventions (e.g., IVOs)	Early behavioural support and caregiver engagement reduce risk of criminalisation in adolescence and reactive justice costs	Estimate % of participants likely to enter system without intervention, average justice costs per person	Youth detention: \$1.4M/year or \$3,835/day  Group conferencing: \$20K/case
<b>Health system</b>	Decreased mental health presentations, lower hospital and emergency department usage and reduced paediatric trauma-related care	Proactive therapeutic care offsets acute distress and long-term mental health deterioration	Use health service utilisation rates among similar cohorts x average treatment costs per visit or per day	Mental health bed day: \$583–\$759/day  ED visit: \$800–\$1,200 (est.)
<b>Housing &amp; homelessness</b>	Avoided crisis accommodation, reduced need for refuge re-entry and stabilised caregiving relationships reduce risk of housing breakdown	Supporting the child-caregiver bond lowers housing instability caused by intra-family conflict	Estimate % of families likely to access crisis housing x average daily accommodation cost x duration of stay	Crisis accommodation: \$150–\$250/day (est.)
<b>Child protection</b>	Fewer child protection investigations, lower likelihood of out-of-home care placements and reduced case management burden	Strengthened family unit lessens escalation to statutory involvement	Forecast reduced entry into protection based on historical program impact x unit cost of casework and placements	Out-of-home care: \$80K–\$100K/year/child  Protection services: \$1B+ annually in VIC
<b>Education system</b>	Reduced school expulsions and suspensions, less	Addressing behavioural issues early	Estimate % of children likely to require special	Behavioural aide: \$20K–\$30K/year/child

	need for classroom aides/behavioural support and higher school attendance rates	increases school engagement and avoids costly educational supports	supports x associated per-child education costs (e.g., aides, re-engagement)	(est.)  Suspension recovery: \$5K–\$10K (est.)
<b>Productivity/social capital</b>	Increased caregiver workforce participation, improved long-term outcomes for children including employment readiness	Reduced caregiver stress and improved child functioning supports community contribution over time	Use program data to estimate improved workforce participation x average earnings + long-term uplift in child outcomes	Avg. annual wage: \$70K (VIC)  Participation rate: 67.9% (record high)

## Annexure 2: Case studies

### Case study 1 – Semester 1, Back on Track

Client A, an 8-year-old, was referred to the Back on Track (BOT) program due to concerning risks, including threatening family members with knives and severe dysregulation. He and his two older sisters had endured extreme and prolonged family violence, including physical and emotional abuse, coercive control, and being drugged by their perpetrator father (PUV). This exposure led to significant trauma responses in all children, with Client A specifically exhibiting dissociation and selective mutism when his father was mentioned. His aggressive outbursts also put him at risk of school exclusion. Client A's middle sister began modelling the PUV's coercive control behaviours within the family, displaying emotional reactivity and verbal aggression towards family and peers. The eldest sister developed verbal and physical tics, later revealing intrusive thoughts and suicidality, leading to diagnoses of OCD and PTSD.

The BOT program implemented a whole-family intervention, addressing these risks and achieving significant positive outcomes:

- **Cessation of high-risk Behaviours:** Client A completely stopped all knife-related behaviours and self-harm.
- **Improved emotional regulation:** Client A showed a significant reduction in dissociation and selective mutism, alongside increased emotional literacy and self-regulation. This progress enabled him to verbalize feelings, identify bodily cues, and develop confidence in managing his triggers.
- **School engagement:** Client A's school engagement was maintained, preventing exclusion. He was empowered to advocate for his needs, even writing a letter to his teacher explaining what made him feel safe.
- **Strengthened family dynamics:** The program addressed the intrafamilial coercive dynamics modelled by the middle sister, leading to improved sibling relationships and a safer family home. Mum regained confidence in her parenting and established consistent, safe boundaries and responses to trauma behaviours.
- **Child-led advocacy:** Both children were empowered to advocate for themselves, writing letters to the judge and their lawyer about boundaries for supervised contact with their father that met their needs for safety.
- **System linkage:** The family received supported referrals through the program including coordination with CAMHS, collaboration with the school to prevent school exclusion, and lawyers to centre the children's voices in court proceedings.

## Case study 2 – Semester 1, Back on Track

Client B, a 13-year-old boy, and his family had commenced engagement with the child protection and youth justice systems. Client A presented with significant risks including school refusal, severe depression, and escalating physical aggression towards his mother and 5-year-old sister. The family's history was marked by extensive complex trauma, including two violent relationships, time in refuge, and prolonged overcrowded transitional housing. Client A had been disengaged from education and therapeutic services for over seven years, spent most of his time isolating in his room, and expressed profound hopelessness and belief he was "destined for prison." Mum had called the police twice due to his violence. At the commencement of the program Mum was considering placing both children into care. Client B's younger sister also presented with significant emotional dysregulation, including property damage, aggression, and trauma responses mirroring the previous perpetrator's behaviours. Mum had been resorting to locking her children outside during meltdowns, highlighting the extreme distress and lack of effective coping strategies within the family.

The program provided a comprehensive, trauma-informed, and neuro-affirming whole-family intervention:

- **Avoiding justice system involvement and child protection intervention:** The program supported high risk of Client B's removal from the home or youth justice intervention which was a highly likely outcome before program commencement.
- **End of using violent physical behaviours:** Client B stopped all physical aggression and property damage, demonstrating significant improvements in behaviour and emotional regulation.
- **School re-engagement:** Client B achieved full school re-engagement, began building friendships, and became a peer mentor within BOT, helping co-design a gaming-based program for other young people.
- **Strengthened family relationships and safety:** The program fostered a increased emotional safety and a safer home for all family members with safe, respectful conversations, the development of household boundaries and routines, and new connection rituals.
- **Addressing neurodevelopmental needs:** The younger child's ASD assessment and NDIS supports were initiated, providing critical supports for her disability.
- **Parental empowerment:** The mother felt "*seen, not blamed*", utilised psychoeducation to understand her own trauma and the trauma behaviours of her children, and shifted to a connection-based parenting model. She enrolled in a counselling degree and volunteered and formed strong peer support connections with other parents in the program.

### **Case study 3 – Semester 1, Back on Track**

Client C, a 5-year-old boy, was referred to the Back on Track (BOT) program following exclusion from two kindergartens due to severe dysregulation and high-risk behaviours including running away (with incidents on major roads), physical aggression towards peers, teachers, and family members, use of weapons, threats of self-harm, and extreme separation anxiety. Client C's younger sibling was also demonstrating physical aggression, and an older sibling had taken on a parentified role. The family had experienced a long period of family violence, with Dad in jail.

At intake, Client C's intense fear responses and unsafe behaviours meant they could not be left alone in a classroom, putting them at high risk of future school exclusion, child protection involvement, and long-term justice system contact. Mum reported feeling overwhelmed, isolated, and excluded by services, while simultaneously caring for two other children with complex needs.

The BOT program engaged in trauma-informed targeted intervention focussed on play and movement based therapeutic activities to support regulation and emotional literacy, disrupting the trajectory of Client C:

- **Cessation of high-risk behaviours:** Client C's school refusal and absconding behaviours stopped completely.
- **Reduced aggression and improved regulation:** Client C was able to attend school in the mornings with no recorded incidents of aggression, a dramatic improvement in his self-regulation and ability to manage intense emotions.
- **School engagement:** The program's liaison with the school facilitated a part-time hybrid learning plan and gradual classroom exposure, incorporating sensory tools, body-based regulation, and relational safety supports, preventing further school exclusion.
- **Enhanced family safety:** The family reported significant reduction in shame and blame. Mum reported improved confidence, co-regulation strategies, and understanding of the neurobiological impact of trauma. The older sibling was also supported to step back from their caregiving role, promoting healthier family dynamics. Mum reported feeling "seen, heard, and supported as a family for the first time," and was linked with a social worker, child mental health service, and a supportive school with an individual learning plan.

#### **Case study 4 – Semester 1, Back on Track**

Client D, a 9-year-old boy and middle child of four was referred to Back on Track due to escalating violence in the home, school exclusion, and emotional dysregulation. All four siblings had been exposed to multiple violent partners across their early years. Mum had a significant trauma history and had relocated the family eight times across schools and regions, fleeing violence. By the time of referral, Client D had been suspended from primary school repeatedly and was physically aggressive at home. The family had extensive contact with police, schools, and child protection – but had not received support to help with Client D’s escalating behaviours.

*“No one would help us. Everyone saw my son as the problem. I was scared he’d end up in jail like his dad.” – (Mum)*

*“This place wasn’t like other adults – they actually listened, and they were fun.” – (Client D)*

Program outcomes for Client D included:

- **School re-engagement** achieved through the development of an Individual Learning Plan, with BOT staff advocating directly with school personnel.
- **Parenting confidence and insight increased:** Mum developed a trauma-informed understanding of her child’s behaviour and her own triggers, reducing punitive responses and increasing connection.
- **Neurodivergence explored safely:** the child and mother felt validated and supported in naming attention, sensory, and regulation needs without shame.
- **Warm supported referral** to tertiary mental health services initiated formal diagnostic assessments and long-term support planning for both parent and child.
- **Safer home environment:** sibling relationships improved, with fewer outbursts and more moments of play and repair at home.
- **Risk of youth justice involvement averted,** with significant reduction in police contact, no further school suspensions, and child protection concerns stepped down.

## **Case Study – Client E, Age 11**

Client E, aged 11, was referred to the *Back on Track* (BOT) program after a sudden exit from the family home due to escalating family violence linked to his father’s substance use and psychosis. A series of high-risk incidents—including the father driving intoxicated with the children in the car, threats of suicide, and self-harm in front of the children—triggered child protection involvement and the family’s first experience of service contact. Mum, who had never previously engaged with support systems, described feeling deeply ashamed, saying: *“I don’t know how this happened to us—we had a really nice home and jobs.”*

Following the separation, the family rotated through multiple crisis housing arrangements. E became highly dysregulated, presenting with complex trauma responses, school suspensions, physical aggression at home, and disconnection from peers and routines. His mother, now a sole parent with limited financial and emotional supports, called an ambulance three times due to concerns for E’s safety.

At intake, E was at significant risk of intersecting with the justice system, health system, and child protection. The BOT program provided intensive, relationally-based support that included flexible outreach sessions, dyadic therapy, school advocacy, and tailored regulation strategies. Sessions were trauma-informed and adapted to D’s sensory and emotional needs (e.g., parks, art, therapy dog). His school adjusted expectations with BOT support, reducing the risk of expulsion and increasing attendance. D was later diagnosed with ADHD and anxiety, which supported a shift in understanding across services.

Therapeutic work focused on grief and repair—grieving the loss of home, pets, and identity, and supporting reconnection with his mother. E’s empathy toward his younger sibling increased, and new family routines emerged as healing rituals.

By the end of the program:

- No further ambulance or police callouts
- No additional school suspensions
- No protective interventions required
- School attendance stabilised
- Mother returned to part-time work