

SUBMISSION

“Being healthy”: preventative strategies, health care services and health outcomes for children and young people in out of home care in Tasmania

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About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include crisis, short-term and long-term accommodation support; mental health services; acquired injury, disability and aged care services; alcohol and other drug services; financial counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and bear responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Our experience

Anglicare has many years' experience working with children, young people and families, including those involved with Child Safety Services (CSS). We were closely involved at both policy and implementation levels with the current redesign of Tasmania's Child Safety Services through the Strong Families, Safe Kids reforms (Department of Communities Tasmania 2016).

Anglicare provides targeted early intervention services that support positive family functioning, child development, and mental health through to intensive and crisis therapeutic and practical support services for children, young people and families who have significant or multiple risk issues, including intervention by Child Safety Services. Anglicare's services are accessed by children, young people and their families who are at risk of or involved with out of home care.

We provide a range of early intervention services to support children and young people's health and wellbeing around Tasmania, including:

- North West Early Start Therapeutic Support (NESTS), which supports families in north west Tasmania to improve parent and child outcomes by providing opportunities for children to thrive, learn and develop safely in their care.
- KIDS Parenting Support, My Safe and Strong Family and the Home Interaction Program for Parents and Youngsters (HIPPY), which provide early intervention support for families in the north, north west and Derwent Valley to support parents in ensuring their children are school-ready, support families' and children's capacity to develop their own safety plans and support them to connect to their communities.
- TazKids, which provides statewide clubs and camps to support children and young people who have a family member living with a mental illness. Referrals include children and young people through Child Safety Services. The program builds children and families' knowledge of mental illness and coping strategies (problem-based, emotionally-based and social-based).

Anglicare also provides a range of more intensive support services for children, young people and their families that support safe environments and positive health and wellbeing:

- We offer specialist packages of care for children and young people subject to Care and Protection Orders. Children and young people with a high degree of complex needs are referred to Anglicare by Child Safety Services on a case by case basis, often when there are challenges in securing a sustainable placement. We design and deliver intensive support for these children and young people and occasionally

respite for carers. Due to Anglicare's uniquely placed workforce and services, specialist packages can be designed that incorporate daily living supports, positive behavioural supports, expert psychological guidance and support, and accommodation to support children and young people towards stability and positive outcomes.

- Our Supported Youth Program (SYP) offers intensive therapeutic support for vulnerable young people; a wide range of mental health services; support, counselling, information and advocacy for individuals and families; housing support; and, where appropriate, reunification support for children in out of home care and their family of origin.
- Our Child, Youth and Family Mental Health Support Service provides support for vulnerable families with children and young people who are showing early signs of or are at risk of developing mental illness.
- Our Pathway Home program provides assistance and support to allow children in out of home care to return to their family homes in the north and north west of Tasmania. It supports and assists families to ensure a stable family environment. Support is tailored to the needs of the child and may include family or one-to-one counselling; support to reintegrate children into the family unit; practical assistance such as helping parents learn more about nutrition, housekeeping, cooking and budgeting; information about Centrelink, Medicare and relevant government assistance; supporting parents and emphasising the importance of children feeling safe in the home; information about other family-focused services such as playgroups, health centres and schools; and day-to-day support such as getting children to school, packing lunches and providing clean clothes.
- In the north west, Anglicare provides long-term counselling, support, information, advocacy and referral for women, men and children experiencing or affected by family or domestic violence.

Additionally, SARC has undertaken a number of relevant research pieces that inform health outcomes for children and young people in out of home care. These pieces are referenced within our submission.

Anglicare welcomes the opportunity to respond to the Commissioner's thematic focus on exploring how to effectively deliver healthy outcomes for children and young people in out of home care. Anglicare's submission will concentrate on the challenges and effective approaches to addressing children's and young people's responses to trauma and attachment difficulties.

Question 1: *What are the physical and mental health conditions that most impact children and young people in out-of-home care in Tasmania?*

The emotional impacts of abuse and neglect: trauma and attachment

Anglicare's services observe a wide range of negative developmental, social, emotional and behavioural consequences for infants, children and young people affected by neglect and physical or emotional abuse. In particular, children may develop insecure attachments if their parents are emotionally unavailable to them for reasons such as family violence, challenges with alcohol or drugs, poor mental health (see Hinton 2013, 2018), parental stress caused by poverty or material deprivation (Bywaters et al. 2016; Fidler 2018) or parental relationships not being maintained post child removal (Biehal 2014, cited in FISH 2018).

Research and our service experience suggest that insecure attachment can result in a child or young person suffering from anxiety, poor impulse control, lack of emotional and behavioural regulation, inability to regulate sensory environment, low levels of resilience, mental health problems, and cognitive and social difficulties. Our workers also see children as young as nine years old who have suicidal ideation as a result of emotional or physical abuse, including family and domestic violence.

Family and domestic violence, poor maternal mental health or challenges with alcohol or drugs can affect a developing foetus in utero as the mother's stress hormones influence the development and organisation of the central nervous system and developing brain. We also know that exposure to traumatic life events like abuse, neglect and domestic violence in childhood can have a major impact on an individual's ability to manage internal states (Hinton 2018). Complex trauma symptoms may include problems with mood regulation, impulse control, self-perception, attention and memory.

There is much evidence to associate trauma with a broad range of negative outcomes in childhood, adolescence and adulthood including mental and physical ill health, social and relationship difficulties, poor academic and employment outcomes, increased risk of suicide, and increased risk of challenges with alcohol or drugs. It can exacerbate disadvantage and intensify challenges engaging with agencies.

The development of trauma and challenges with attachment have a significant negative impact on the mental health of children in out of home care (OOHC) and affect all of a child's interactions, including with their family of origin, their carers, at school and any other agency with which children and young people are required to engage.

A child who experiences trauma and issues with attachment may respond with anger by breaking things or harming other children, refusing to follow direction, reacting against authority figures or having difficulty concentrating. They may also be exhausted due to hypervigilance and they may struggle to make friends. Poor role modelling may have led to poor behaviour with peers as a child acts out their family's story towards others. These struggles can lead to disengagement from care and their carers, from their family of origin, from school and from agencies wanting to engage children and young people in developing positive health and wellbeing outcomes.

If those supporting children and young people in OOHC treat such behaviours as issues requiring discipline and perhaps, in the case of school, suspension or expulsion – that is, interpret such behaviour as symptoms of the child being 'problematic' or 'bad' – the behaviour may be being misrecognised (Robinson 2018) and the underlying cause of the behaviour will remain unaddressed (Hinton 2017; Robinson 2018). Anglicare is also concerned that the behaviour of children is sometimes seen as needing medical intervention with children sometimes diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiance Disorder (ODD) and medicated without the cause of the symptoms being directly addressed.

In summary, Anglicare's experience is that the most fundamental challenges to health for children and young people in OOHC are struggles with attachment and trauma and how they are supported to address these.

These struggles affect all of a child's interactions with family, carers, peers, Child Safety Services (CSS), schools, health services and any agencies that seek to support them in developing positive health and wellbeing outcomes. We believe there is a risk of behaviour being misrecognised as 'problematic' and a further risk of an over-medicalisation of 'problem' behaviour. We believe that all services working with children and young people in OOHC, including Child Safety Services, community services, schools and health professionals should look at each child's individual circumstances when behaviours are displayed that are well known as symptoms of trauma and attachment challenges.

Question 4: What opportunities exist for improvement in the out of home care system and/or health system to promote positive health outcomes for children and young people in out of home care in Tasmania? Are you aware of any innovative or effective services or programs in other jurisdictions?

A child's brain cannot begin to heal from trauma until they are in a safe environment. Anglicare expects 'the system' to protect children. By this, Anglicare means the care, education, medical and social systems, especially the child safety system. All programs and services directed towards children and young people in OOHC must identify and remove the risk factors for compounding their trauma and attachment challenges and develop coherent support strategies to address these fundamental issues. This applies to all agencies involved in supporting children and young people and should be approached in a coordinated manner.

A coherent care response

Anglicare believes that all services working with children and young people in OOHC need to be informed by trauma and attachment theory with, ideally, the whole of the organisation being trauma-informed, from the CEO to admin staff. This means that all staff would receive training in trauma and attachment theory and would use trauma-informed practice that is flexible, adaptive and targeted to each child's personal experience. Such an approach has been explored within recent SARC research for unaccompanied children (Robinson 2017a, 2017b) and is being further explored in an education setting for this same cohort in a forthcoming SARC report (Robinson in press).

Trauma and attachment theory would especially help services such as general practitioners, paediatricians, psychologists, social workers and schools to assess the wider causes for a child's presenting behaviour and reduce the 'quick fix' of medication or suspension.

Anglicare is concerned that many families and carers seek advice and diagnosis from medical practitioners in relation to the child's behaviour without the practitioner obtaining a full history of the child's experience or of intergenerational trauma. It is important that the reasons for the behaviour, or 'symptoms', are investigated. Understanding issues such as the nature of the abuse or neglect experienced by the child or young person, the child's relationship and level of attachment with their parents of origin, the carer's relationship with the family of origin, and the nature and stage of care (family restoration, permanency planning) are all important to assisting the child to heal.

There is an opportunity to ensure that a thorough trauma- and attachment-informed assessment is undertaken when children and young people enter OOHC through the regional OOHC clinic assessments. Such an assessment should be shared amongst a child's care team and regularly updated.

Anglicare is concerned that too often a child's safety and wellbeing is overlooked because of lack of resources or inadequate knowledge. Anglicare believes that a developmental trauma-informed attachment framework of practice is the most effective way to work with children and young people who experience family and domestic violence. Anglicare's experience is that to minimise the effects of trauma, children need long-term intensive therapeutic interventions that are timely and age-appropriate and provide a routine for the child and the parent, carer, teacher and other professionals when the child experiences stress.

Developing safe spaces

It takes a long time for a child to heal from trauma and trust people again. They are often wary of connection. For example, one of our child clients received a full time aide at school to assist them throughout the day. However, due to this child's experience of family and domestic violence and response to trauma, even with intensive support the child was unable to go outside at lunch time or interact with other children. To build trust, children need to develop a long-term, stable and reliable relationship with an adult to give them a 'safe space' in which they can learn to trust. Anglicare workers use a range of techniques such as play, routines and boundaries to establish trust. According to Anglicare workers, children need:

- good role modelling in how to connect and maintain friendships and relationships;
- to have someone listen to them and believe them;
- their experience to be validated; and
- relationships with people that are predictable and they can trust (Anglicare Tasmania 2016).

Developing attachment

The Tasmanian State Government is currently developing a Permanency Framework, which will redefine the care outcomes possible for children and young people in OOHC (Department of Social Services 2017; Department of Communities Tasmania 2018). The State Government is also developing a new model of Family Based Care for children and young people. It is proposing that this be based on the concept of continuity of care (Department of Communities Tasmania 2018). The core premise for this is to enable secure attachments and stability for children. This is clearly a solid aim, welcomed by Anglicare.

We do not yet know what 'permanency' might look like for children and young people in OOHC in Tasmania (for example, long term foster care, transfer of guardianship, adoption), as the framework is yet to be made publically available. So we do not yet understand what we need from Family Based Care, or Family Support Services to support children, young people, families of origin and carers to plan for such permanency alongside concurrent planning for family reunification, where this is a possibility. However, whatever permanency looks like in terms of a legal approach, the most crucial element in any model will need to be the opportunity for children and young people to develop and maintain healthy attachments with their care circle – i.e. their carers and where possible, their birth and extended family. This has been called 'relationship permanency' by New South Wales' Family Inclusion Strategies in the Hunter (FISH) (FISH 2018).

As FISH describes, the best and safest form of permanency for children is to be raised by their own family with secure sense of attachment and belonging. For children in OOHC, relationship permanency needs to be deliberately cultivated. Family relationships remain critical to many children and young people in OOHC, no matter how long they have been separated for and no matter what type of legal order they are subject to (Samuels 2008, cited in FISH 2018; Mendes, Johnson and Moslehuddin 2012, cited in FISH 2018). Attachment transcends legal orders and is about the relationships a child is able to have with their carer family, their family of origin and their community in order to create a sense of belonging. Such 'felt security' leads to better outcomes for children and young people in OOHC (Boddy 2013, cited in FISH 2018; Biehal 2014, cited in FISH 2018).

FISH recommends that to develop such a sense of attachment, belonging, inclusion and safety, any OOHC system needs to:

- prioritise children's best interests, including their right and need to belong and be part of their family, community and culture;
- utilise family inclusion principles in children's care planning (see FISH 2018).
- aim for relational permanency, whatever a child's care planning goals are; and
- maintain respect for a child's name, identity, culture and background (adapted from FISH 2018).

Therapeutic support for children and young people

Services can best respond to children and young people affected by neglect and abuse by providing trauma- and attachment-informed therapeutic interventions targeted for each individual child and young person. Children need services to focus on their emotional and physical regulation, development of impulse control, awareness of their body and bodily sensations and integration of their senses. Through these foci, a child's brain can, over time, repair from the damage caused by abuse and neglect.

Anglicare uses a number of techniques in its therapeutic work with children, all of which are informed by a knowledge of trauma and attachment, including aspects from Narrative therapy, Dyadic developmental psychotherapy and Story Life Work. For example, we find providing therapeutic play experiences disarms the fear response system and creates an environment for learning. We also use story and narrative work to help children create coherent understanding of memories to minimise risk of Post-Traumatic Stress Disorder.

Physical activities such as walking and various sports and opportunities to gain skills outside of the school system can help build self-esteem. For example, one Anglicare worker who was able to assist a young person to gain their boat license provided the young person with a graduation party that involved key adults in the young person's life. The whole process was photographed and videoed so the young person could easily access these memories. Anglicare assesses that this young person gained self-esteem from the public recognition of their achievement.

Children affected by abuse and neglect also need therapeutic interventions that provide frequent and consistent 'replacement experiences' that are safe, predictable and nurturing. In this way a child's positive neural pathways are strengthened. For example, our workers say that "sports and hobbies can act as anchors when all else falls apart" and that "it is also important that pets are looked after".

Therapeutic approaches in schools

Anglicare's experience is that schools play an important role for children's outcomes in out of home care (Hinton 2017; Robinson in press). Teachers can make an enormous contribution to the lives of their students. However, too often children who experience abuse and neglect are treated by their school as having behavioural problems without identifying or understanding the underlying issues. If a child is suspended, their poor behaviour is likely to be reinforced because the intervention does not deal with the underlying cause and does not provide the child with tools to change their behaviour. Anglicare works with many children and young people in OOHC who are further traumatised by the school suspending or expelling them for their behaviour.

Schools need to be flexible with their suspension rules and ensure that children in OOHC are provided with sufficient access to the school social worker, senior staff or a specialised worker to help them throughout the day. Anglicare workers also note the importance of supporting vulnerable children in the time before school starts, during recess and lunch and after school finishes for the day, as these are times where the child may be particularly vulnerable.

We acknowledge that it may be lack of resources that results in some schools using a more punitive approach at times. It is clear to us that schools need more resources to be trauma-informed. We have recently flagged this need in relation to children in OOHC (Hinton 2017) and it will be thoroughly explored for unaccompanied children in SARC's forthcoming research (Robinson in press). All children and young people would benefit from the State increasing its investment in a trauma-informed approach across the school system and from an increased investment in a more effective student/social worker ratio.

The Hobart Flexible Learning Centre at Chigwell, which is one of a few around the country, is seen by our workers as an effective innovation of the kind we need in Tasmania. Flexible Learning Centres balance academic and social development and rely on developing authentic relationships between teachers and children.

Our workers also believe Tasmanian schools could incorporate more from the Victorian programs Calmer Classrooms and Great Expectations. These programs provide guides for teachers to work with traumatised children. Calmer Classrooms has two key mechanisms for teachers: to understand traumatised children and to develop relationship-based skills to help the child develop a positive attachment to school. Great Expectations focuses on children in the out of home care system and has many strategies that are also useful for children experiencing family and domestic violence.

Anglicare is also concerned by service gaps across the state. For example we see a shortage of occupational therapists working in the north west of the state who are trained in trauma and sensory processing disorders. We also observe different approaches within the State Government's Child and Adolescent Mental Health Services (CAMHS) depending on the region and staff we interact with; CAMHS is not consistent in their approach to whether the developmental trauma behind a child's behavioural issues warrants mental health intervention, which in some cases limits the assistance available to a child or young person.

Support for families of origin and carers

Anglicare believes it is the responsibility of the State to protect children from abuse and neglect. It is also the responsibility of the State to help parents and carers establish safe home environments for children. This responsibility has recently been reinforced through the Government's discussion paper on Family Based Care, which seeks continuity of care for

children in OOHC by offering care placements that are committed to working towards family reunification in the first instance, where this is assessed as a possibility, and to concurrently plan for safe, appropriate permanent care (Department of Communities Tasmania 2018).

As both carers and families of origin play crucial roles in supporting young people's positive health and wellbeing outcomes, they need to be equally supported to be trauma-informed and safe spaces for children and young people.

Providing trauma-informed care for children and young people

Parents and carers need help to support children and young people to understand and recognise their trauma and to provide therapeutic interventions with children and young people. Anglicare draws on a number of such approaches to supporting families, including:

- the Canadian program Mothers in Mind, a relationship-based group for mothers who are concerned that exposure to family and domestic violence or trauma may be affecting their parenting and relationships with their children;
- Theraplay®, which teaches the parent how to become the therapist, enabling them to develop positive and attuned relationships with their child; and
- the Victorian Drummond Street Services that provide support to families throughout their lives through normal and difficult transitions.

It is welcoming to see that the State Government's recent discussion paper on Family Based Care recognises the need to offer therapeutic skills for carers to enable them to support children in care placements. Anglicare would wish to see similar focus on resourcing family support programs that build the capacity of families of origin to offer the same such therapeutic support.

Addressing parental trauma

Addressing any complex or situational trauma parents and carers themselves carry as adults is also important in order to provide a safe care environment for children and young people. As SARC's research has highlighted, many parents involved with Child Safety Services have complex trauma from their own childhoods and many are themselves care leavers (Hinton 2013, 2018).

Many will have compounded trauma from their own experiences of abuse and neglect as a child, from potential violence or abuse as a partner and from the removal of their child(ren). Often this trauma is left unaddressed (Hinton 2018), even though their children are likely to return to them either through family reunification or through the children self-selecting to

return once they are old enough to do so. These parents may also have subsequent children, or be parenting step-children or grandchildren.

Anglicare supports an increase in family support for parents post child removal in order to immediately address safety concerns and any root causes such as trauma. Such support is also important for carers, so that children and young people's care circle is a safe and consistent environment.

Question 7: Is there anything else you would like to tell the Interim Commissioner in relation to outcomes, services and preventative strategies for “being healthy” for children and young people in out of home care in Tasmania?

Health outcomes

Anglicare’s experience of working with children and young people who are involved with OOHC is that achieving outcomes takes a long time, will not be known until many years later and will vary depending on the approaches taken by various services and programs. Because of the difficulty in achieving lasting outcomes, Anglicare sees the importance of acknowledging small or incremental improvements for either the child or their family.

Small outcomes that may be identified include a child becoming comfortable to talk about their experiences, or experiencing a slight reduction in anxiety or anger. A key outcome for children from our work is that they learn to name their emotions and identify how these emotions make them feel within their bodies. By learning techniques for releasing tension, a child is able to regulate their emotions, choose better behaviour, improve attachments and begin to function better on all developmental levels.

It is our experience that in most situations it takes years of intensive therapy with the family to improve the attachment relationship between the main caregiver and the child. If a therapeutic relationship is working for a child it is extremely important that there is consistency in terms of the people working with them, while being careful about service-client dependency.

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