Submission by Take Two Partnership to Protecting Victoria's Vulnerable Children Inquiry

This submission to the Protecting Victoria's Vulnerable Children Inquiry is prepared by the partners of the Take Two program, namely Berry Street, La Trobe University School of Social Work and Social Policy, Mindful – Centre for Training and Research in Developmental Health (The University of Melbourne) and the Victorian Aboriginal Child Care Agency.

Take Two provides an intensive therapeutic service for children in Victoria, Australia who have experienced trauma and disrupted attachment. In addition to providing direct therapeutic services, Take Two undertakes training and research to build and disseminate knowledge.

Although each individual partner organisation may submit a separate submission to the inquiry based on their specific organisation's perspective, it is considered that the Take Two partnership reflects a number of vantage points that provide particular insight. These include:

- The Take Two consortia reflects mental health and child and family services; mainstream and an Aboriginal Community Controlled Organisation and both direct service provision and academia. This is a true partnership perspective with overlapping boundaries and thus demonstrates the value of shared learning across disciplines, cultures and sectors.
- Take Two is a statewide service with central management that has local service delivery in every metropolitan and rural region in Victoria.
- Take Two has been funded by DHS to integrate practice, training and research which is reflected through the partnerships and the organisational model and framework.
- Take Two has a mandate to provide attachment and trauma-informed practice and knowledge to not only provide a high quality clinical service but also to contribute to improving the broader service system.

Following are our comments from these and other vantage points in terms of identifying key issues and making suggestions. The suggestions are made with the understanding that they are each part of a major endeavour towards improvement, and not sufficient on their own. Each point notes the relevant Terms of Reference of the Inquiry.

1) *Issue*: One of the major problems in Victoria is our continuously 'siloed service systems' which fail to address the complex needs of vulnerable children and families. This is from both an adult and child service system perspective. These families need a comprehensive, integrated response that can deal with a range of mental health, protective, welfare, education, alcohol and other drug and other needs. With all the goodwill in the world they often get a fragmented, poorly coordinated and poorly resourced response that provides insufficient safety or recovery for the children or the adults.

   Suggestion: There is currently no service whose mandate it is to care for vulnerable families when the vulnerability means difficulties that require responses across

'sectors' that is a service for 'vulnerable families.' There are some promising initiatives, but not a sufficiently commensurate response to the range and enormity of many of these families' difficulties. We don't yet know the answers about what is the best 'model' for such a service but we do know the pull towards an 'easy' inexpensive solution is misleading and distracts from wrestling with the real complexities. These are 'wicked problems' that by definition don't have simple solutions. We could improve our approach by at least not continuing to do the things that we already know do not help and potentially make things worse, such as fragmented services. (2.1.2; 2.1.3; 2.2; 4.1.3)

2) *Issue:* The complexity of the multiple problems confronting many children and their families in the Family Services, Child Protection and Out of Home Care services are not matched by a sufficiently informed service system. Despite the growing knowledge base coming from both research and practice, there continue to be significant barriers to integrating these across silos and on the ground through service delivery. There is an increased expectation of using research and evidence-informed practice and yet few examples of this being adequately resourced.

   Suggestion: The funding model for integrating practice, training and research within Take Two, provides an example that may inform other funding models for new program initiatives being developed. In particular the integrated funding of research and training with practice has some of the following benefits:
   a. Practice directly informing research and research directly informing practice.
   b. Builds a local evidence base upon which to embed our clinical work.
   c. High degree of research utility in the practice of the service.
   d. Capacity for action research reflects a dynamic learning culture.
   e. Attracts staff with post-graduate qualifications in practice positions who may otherwise have focused on private practice. (For example, 45% of Take Two staff have post-graduate level qualifications of Masters or higher).
   f. Supports publications in peer reviewed and other journals.
   g. Provides the infrastructure to be able to attract other research grants.
   h. Provides training throughout a number of sectors (Child Protection, Out of Home Care, Family Services, Mental Health, Education, Youth Justice, etc) that is directly informed by current research.
   i. Practice, training and research actively involve Aboriginal staff in the planning and delivery, thereby increasing its cultural validity and utility. (2.2; 3.2; 4.1.2)

3) *Issue*: The importance for the children and their families to develop and sustain social networks requires intervention and support for these networks as well as for the children and families. Funding models do not include attention to community development activities. Similarly they do not acknowledge the work involved in consultations, training and the work invested in collaborations.

   Suggestion: The level of community and family isolation for many of these families highlights the need for funding at a community development level, not just an individual or family level. (3.1; 4.1.2)

4) *Issue*: The statewide perspective of Take Two provides a broad lens into the varying practice around the State. It is recognised that a certain degree of variation is inevitable and not always negative, such as when it is in response to local needs and resources. However, in Take Two's experience, there are varying thresholds for decision-making by both Child Protection and the Courts regarding

case planning; varying access to early intervention, family support, mental health and other types of services; varying access to different types of placements; varying approaches to how decisions regarding placement are made and by whom (e.g. Child Protection or Placement Coordination Unit); and varying quality of relationships between DHS and the CSO sector in terms of level of respect and partnership.

There are often historical, geographical and resource based reasons for some of these variations. However our view is that leadership is another major influence.

Suggestion: We are continually reminded of the importance of leadership within both DHS and the community sector and the need to continue to place a high degree of emphasis on building and sustaining robust and respectful leadership across the sectors. Some of the current initiatives, such as the Leadership Guide, the Learning Labs, the coaching program and the Graduate Diploma in Child and Family Practice Leadership have been aimed towards this issue. However, only the Graduate Diploma is also accessible to the community sector, and that is only within the Family Services sector.

Expansion of the leadership strategy to include the community sector would enable not only further dissemination of the important learning derived from these initiatives, but also further opportunities to provide integrated learning across sectors. There may be some professional development approaches that would be more beneficial if service specific, however if the concepts are similar, such approaches can still assist better integration by providing shared language, experiences and expectations of leadership. For example, Take Two is involved in the Residential Care Learning and Development Strategy (RCLADS) by providing training in partnership with Westcare for residential care staff on attachment and trauma informed practice in residential care. However, there is no associated leadership training strategy for those in supervision and management roles within the residential care strategy. This is a similar issue in foster care and kinship care. (3.2)

5) *Issue*: The importance of cultural and community connection for Aboriginal children as both a resilience factor and essential to their wellbeing is not fully understood. The broader child and family welfare sector often struggles to provide meaningful cultural connection for these children and their families. There have been a range of longstanding problems with the Aboriginal cultural support planning forms and processes which were initially aimed to facilitate these connections. Furthermore, the additional costs associated with cultural and community connections such as return to country trips, cultural recreational activities are not costed and place additional burdens on agencies.

   Suggestion: There is a long overdue need for clarity regarding the Aboriginal cultural support planning process and the responsibility of Child Protection and the community sector in terms of completing these or other culturally endorsed processes. The forms and processes are only a part of what is required and so the emphasis should not just be on compliance. A culturally endorsed approach to planning for Aboriginal children regarding their cultural identity and connection needs to be supported through access to cultural knowledge and understanding training and mutually respectful partnerships between Aboriginal and non-Aboriginal organisations. Recommendations arising from such planning, such as visiting their home country and other culturally important activities should be enabled through access to the necessary funds. (3.2; 4.1.4)

6) *Issue*: There also continues to be a gap between recognising the importance of developing knowledge and skilled practice regarding Aboriginal children and families and the actual commitment to resource and support this. For example, Berry Street largely funds the Take Two Aboriginal clinical team, with DHS funding only 2 of the 6 positions. The expectations on Aboriginal community controlled organisations to provide consultation and training for the mainstream sector without sufficient infrastructure and funding continues to set them up to not meet unrealistic expectations.

   Suggestion: There is the need for a skilled workforce in both Aboriginal and non-Aboriginal organisations to work with Aboriginal children and their families and community. For this to be an evident commitment, expectations should be matched with the requisite resources. This includes the recognition that the Aboriginal community controlled organisations need to be resourced to meet the requests from community service organisations for training, consultation and other support. (3.2; 4.1.4)

7) *Issue*: The inclusion of cumulative harm in the most recent legislation is widely considered an important and positive step. However there continues to be a major divide between the Courts and Child Protection regarding the interpretation of this section of the act.

   Suggestion: The role of services such as Take Two, CYMHS and other therapeutic services to work with Child Protection and others to assist in drawing the links between certain risks and actual harms needs to be better understood and supported.(3.4)

8) *Issue*: Because of the immediate and cumulative impacts of abuse and neglect on children, it is harder to give these children even the ordinary yet important resilience-building experiences in day to day life. However what is also clear is that the ordinary opportunities afforded to most children would not be enough to redress the relational and developmental harms that many of the children in Child Protection services have experienced.

   Suggestion: The challenge is to both provide ordinary day to day opportunities under extraordinary circumstances as well as to provide the extraordinary opportunities needed to break the cycle of harms leading to more harms, such as placement breakdowns, exclusion from school, and disruption of relationships.
   a. This means supporting parents, carers and teachers and those who influence and support them to be patient, creative, persistent and to respond to the children not on the basis of their behaviour but on the basis of the meanings behind the behaviours (2.1.1; 2.1.2).
   b. This is seen as a major platform for preventing some avoidable placement changes where the carers are able to develop hope and efficacy in responding to some very difficult behaviours by being able to place them in context and seeing these behaviours reduce over time (3.5.5).
   c. Supporting the workforce to support carers and others requires ongoing access to training at under-graduate and post-graduate level as well as through professional development regarding these and related themes. The professions include maternal and child health nurses, child care workers, teachers, school nurses, DEECD staff, Child Protection, Youth Justice, foster care workers, residential care staff, kinship care workers, Family Services workers, Child and Youth Mental Health Services, adult mental health

services, alcohol and other drug services workers, dual diagnosis workers, family violence workers, housing workers, disability workers, Indigenous services, CALD services, local government services, police, etc. (1.1.1; 3.4.1; 4.1.3; 4.1.4)

d. It requires access to therapeutic services integrated with, embedded within or strongly linked with both child and adult services. This is not only to provide direct therapy to the children and their key relationships but to support the organisational cultures to be more reflective and to be able to integrate their own cognitive and emotional responses to the work. Important examples of these are the Therapeutic Residential Care pilots and the therapeutic foster care (CIRCLE) programs. (3.5.3)

9) *Issue*: The evaluation of Take Two (Frederico, Jackson and Black, 2010) found that the vast majority (92%) of children referred to the program who had been placed away from home and then returned to their parents' care had subsequently been removed again. Over a third of these children had multiple reunification attempts. These are appalling figures. Even if the Take Two cohort is not representative of the substantiated Child Protection population in this regard it highlights a major fault line in the system. In our opinion, it is likely that in some instances this is a problem in the decision-making and in other instances a problem in the level and types of supports available to families in preparation for and during the reunification process.

   Suggestion: Although the new Family Coaching Victoria initiative includes reunification as one of its target areas, it is focused on children reuniting after their first placement. As seen in the Take Two evaluation report, many children have multiple reunification attempts and so would not be eligible for this service. This highlights the need for more research as to how reunification case planning decisions are made and whether there are appropriate reasons in some cases for multiple attempts at reunification. As with Issue 1, it also highlights the need for integrated services for vulnerable families that are able to respond effectively to parents with high needs as well as for children with high needs.

   Work also needs to occur on integrated assessments of parenting capacity where adult and child-focused services undertake this function in partnership as neither is equipped to do so alone (3.5.5)

10) *Issue*: The number of placement changes for some children is extremely high and certainly a regular feature of children's experience in the Victorian and other jurisdiction's protection and care system (average number of placement changes prior to Take Two involvement is 6.9 moves, range 0 to 45).

   Suggestion: Although it is important to find ways to reduce unnecessary changes in placement, there also needs to be an emphasis on stability of relationships not just placements. For example, if a child cannot live with a grandparent or foster parent this should not mean the end of their contact or their relationship. However this is often left to happenstance rather than careful, integrated planning (3.5.5)

11) *Issue*: A related major concern is the absence of funded access to therapeutic and other supports for children post a permanent care order. Some of the implications for this have included a number of cases where the permanent carer has refused to seek a Permanent Care Order as it would mean the child would cease having access to programs such as Take Two.

Suggestion: Recognition of the high needs of most children in permanent care and the imperative of supporting their placement with permanent carers through ensuring access to the same services they needed prior to the permanent care order. (3.5.6)

12) *Issue*: This also relates to the finding when evaluating the Take Two program, of the degree of loss and separation experienced by many of the children. For example in addition to their experience of abuse and neglect, the vast majority of children had multiple placements. Other experiences of loss included 18% of the children having a parent who died and 30% having at least one parent in gaol during Take Two involvement. Many of the children were separated from their siblings.

    Suggestion: Dealing with grief and loss is not synonymous with trauma. Training and support for children, families and carers regarding these issues should be a part of each program. (3.5.6)

13) *Issue*: Another common theme arising throughout Take Two's practice has been the need, yet absence of therapeutic services for parents, especially if the children have been removed from their care with little or no intent for them to be reunited.
    a. Most of the parents have experienced their own childhood histories of trauma and disrupted attachment. In addition to losing custody of their children, they are often confronted with mental health problems (which may not be of a nature that enables access to the adult mental health system); alcohol and other drug problems, transience and homelessness, isolation and deprivation of supports and positive relationships.
    b. It has been the experience of Take Two, that for a number of these parents, the only regular interaction they have with a 'caring professional' is a hostile relationship with the Child Protection system. If this is all they have, they will often hang on to it in an adversarial manner rather than cope with the absence of human interaction.
    c. Programs such as Take Two endeavour to work with the parents to help them gain insight into their child's world but the parents may have minimal contact with the child and their own degree of unmet needs can make it very difficult for them to 'see' the child as a separate being with his or her own needs.

    Suggestion: A frequent recommendation from Take Two clinicians since almost the program's inception is for adult services to be funded to provide a therapeutic response for these 'childless' parents for their own wellbeing and to enable them to work towards an improved relationship with their children even if they do not reunite. It is likely that a number of these parents now have some access to a therapeutic response through Open Place (Forgotten Australians), but this is obviously not available to all parents. (2.1.3; 3.5.1)

14) *Issue*: Since its inception, Take Two has noted the difficulties in providing a therapeutic service for a child if the case management is not allocated, compared to when cases are allocated. Without a case manager, there is not only drift in decision-making and Child Protection practice, but recommendations from therapists and others are put on hold, children's stability of placement and schooling are jeopardised and regular meetings such as care teams are harder to continue. (3.4)

Suggestion: Although it is self-evident to emphasise the need for appropriate resourcing in both Child Protection and the CSO sector to ensure cases requiring statutory intervention are allocated, it is nevertheless important to state.

15) *Issue*: It has consistently been noted by Take Two clinicians that despite the disproportionate number of infants and young children in Child Protection and foster care services, they continue to be significantly under-represented in referrals to therapeutic programs such as Take Two and CYMHS. Our belief is that this is due to: an insufficient knowledge and understanding of how trauma and disrupted attachment affects infants and young children; a lack of understanding of the missed opportunities for early in life intervention particularly regarding brain development; a prioritisation on children with externalising behavioural problems; and a lack of understanding of what a therapeutic service can provide to an infant/young child in the context of their caregiving relationship.

    Suggestion: Workforce training and specific program development initiatives regarding the developmental and therapeutic needs for infants and young children require active consideration and funding. (2.1.2; 2.4; 3.5.3)

16) *Issue*: The policy emphasis at a national and statewide level regarding physical, social and emotional health assessments for children in out of home care has not yet been translated into action.

    Suggestion: There have been various pilots focusing on young children, first time entry into care and the current pilot being considered regarding children in residential care. The reality is that these children are of all ages and whether it is their first, second or forty-fifth placement - they need at least a brief health and wellbeing screening and response. (3.5.3)

17) *Issue*: Another example of the unmet needs of children in the protection and care system is that problems with their general development may go unrecognised for years until they have become entrenched difficulties. This includes speech and language, hearing, sensorimotor development, cognitive, literacy, etc. Such difficulties can directly impact on their school performance, social relationships and behavioural problems. Indeed in our experience it is not uncommon for issues associated with trauma, neglect, disability, developmental problems and emotional and behavioural problems to be intertwined, misunderstood and one ignored whilst the other is given greater prominence in planning. For example, a young man's behavioural problems may be the emphasis for all decisions regarding placement and future plans rather than understanding his behaviour in the context of his disability. Alternatively, another young man's problems may be attributed completely to his intellectual disability with no recognition of the impact of his extensive trauma history also impacting on his current functioning.

    Suggestion:

    a. Take Two through its partnership with La Trobe University and VACCA have attempted to respond to this need through a research project 'Small Talk' which aims to provide a tool with training for non-speech therapists, such as Child Protection workers, foster care workers and clinicians so that they can better ascertain which children would benefit from a speech, language and hearing assessment. This is just one example of an approach to providing tools and training to improve the service systems ability to better meet the developmental needs of children.

b. It is important that the protection and care system does not just focus on risk and how to avoid it but on how to redress and repair harms that have already occurred. In addition to therapeutic responses regarding the emotionally harmful consequences for children, the importance of providing reparative developmental experiences, such as through speech therapy, occupational therapy, and others needs to be recognised. For example, funding being available for Child Protection or CSO case managers to assist access to these types of services.
c. Take Two's involvement with the ChildTrauma Academy has particularly highlighted this need for many children and the concomitant need in the service system to better meet these needs. Most recently, Take Two has been in partnership with the Child Trauma Academy to facilitate a national phone and web-based network involving approximately 40 organisations discussing how to identify and address these and other related needs. This provides a rare opportunity to discuss these issues with Dr Bruce Perry and to share this learning across a range of diverse services and disciplines. It is due to finish in June 2011 with another series likely to occur in 2012.
d. There is minimal access to neuropsychological and other specialist assessments. This is particularly important given the implications of the impact of trauma and disrupted attachment on brain development and psychological functioning, along with the importance of children having greater support to learn and socialise prior to and within a school and other learning environments. (3.5.3)

18) *Issue*: In Take Two's experience and based on knowledge about attachment in particular, it is believed that residential care should be seen as an appropriate care option for some children for whom a more intense family style setting would be perceived as threatening. However it is also acknowledged that a large proportion of children are in residential care due to the absence of sufficient home-based carers or carers with sufficient access to support rather than because residential care is the appropriate match for specific children.

Suggestion: It is well understood but still important to emphasise the need for a whole of system response to ensure the range of placements are available, supported and funded at a sustainable level. It is important to recognise the morale issues in residential care can have an impact on the quality of care and need to be factored in order to ensure the service is able to retain qualified and committed staff (3.5)

19) *Issue*: The difficulties in providing adequate coverage of services in rural areas continue to be a feature of the service system, including but not only in relation to programs such as Take Two. This can be due to problems in recruitment and the funding models which commonly underestimate the additional demands placed on rural staff due to reduced access to infrastructure, greater distances for travelling and fewer services with whom to collaborate. Take Two has continued to find that this has implications for recruitment of skilled staff in some of these areas, as well as the impact of staff being stretched to cover wide geographical areas or to have minimal coverage over others.

Suggestion: A rural service system strategy needs to always be a component of workforce development, service funding models and new initiatives. Historically, rural services have been funded less per target than their metropolitan counterparts and this needs to be redressed. (3.2)

20) *Issue*: Take Two is working with a number of young people in care who are preparing to leave care with clearly inadequate planning and supports in place post leaving care and extremely limited housing options. Our goal is to support these young people towards interdependent living where they bring their experiences of trusting others and building networks with them into this new phase. However there continue to be system and funding barriers that create anomalies and additional problems. One such example is that a young person in foster care may have the option to remain in that placement post his or her 18th birthday so that they can finish their schooling, whereas we are aware of other young people in residential care settings with significant intellectual disability for whom there is no such flexibility.

    Suggestion: A research-informed leaving care strategy with commensurate service models needs to be developed, funded and implemented, as well as flexibility at the placement level to be facilitated. This is especially important when the relationships through the placement are the strongest relationships for the young people that are most able to provide the necessary bridge to other services in their adult life. (3.5.3; 3.5.6)

In summary, many of the issues raised in this submission reflect different elements of fragmentation. Correspondingly, the suggestions are predominantly regarding different approaches to improved integration, such as integration of service responses, integration of knowledge through research, training and practice; integrated practice across Child Protection and the community sector, integrated training options such as regarding leadership, and strengthened partnerships between Aboriginal and non-Aboriginal organisations.

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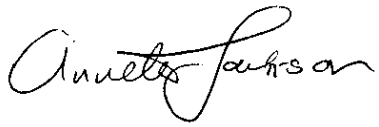

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