



**Submission to**

**Victorian Government Protecting Vulnerable Children Inquiry**

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The Victorian government has established the Protecting Victoria's Vulnerable Children Inquiry to comprehensively investigate systemic problems in Victoria's child protection system and make recommendations to strengthen and improve the protection and support of vulnerable young Victorians. The Inquiry is being conducted by a Panel chaired by The Hon Philip Cummins, together with Emeritus Professor Dorothy Scott OAM and Mr Bill Scales AO.

The Panel will inform the Victorian government about how to reduce child abuse and strengthen the protection of Victorian children who are at risk of, or have experienced, neglect or abuse. It will consider the effectiveness of existing systems and processes, and possible enhancements in systems and services to protect Victoria's children.

Lighthouse Foundation welcomes the Victorian government's commitment to examine the current limitations of the child protection system as well as the programs that are working well. Lighthouse Foundation also congratulates the Victorian government on its commitment to working towards the development of a more responsive system that can provide more positive outcomes for children, young people and families.

### **About Lighthouse Foundation**

Lighthouse Foundation was established in 1991 to support the work of its Founder, Susan Barton AM, who prior to the establishment of Lighthouse as an organisation, had cared for children in her own home for 16 years.

Lighthouse Foundation provides vulnerable and traumatised young people with long-term therapeutic care and support within a family-style setting, integrating a safe home and intensive support, counselling and education programs. Using an approach known as the Lighthouse Therapeutic Family Model of Care, Lighthouse has been successfully tackling youth homelessness for 20 years. Over this time, Lighthouse has developed the experience, expertise and innovative solutions that has enabled over 600 children to be healed, to build meaningful, productive lives and become contributing members of the community.

## **Therapeutic Family Model of Care (TFMC)**

The Lighthouse Therapeutic Family Model of Care is a robust, replicable, outcomes based integrated model of therapeutic care. Each young person is encouraged to be active in school, work or self-advancement, while undertaking programs to address their psychological wellbeing. The continuing support and access to these programs from within the home and beyond, sometimes over many years, ensures that a sense of belonging within the community is maintained and strengthened.

The TFMC is a model of therapeutic residential care developed by the Lighthouse Foundation. It is for homeless young people aged fifteen to twenty two years of age, who come predominately from backgrounds of long-term neglect and abuse. There is empirical evidence from a range of disciplines, which demonstrates that if traumatized children are offered a safe and consistent physical living environment, with positive parental role models, as well as clinical and support services they can build their sense of self, learn new ways of trusting and relating to others, and develop pro-social behaviours.

The TFMC presupposes that new and constructive behaviours can be learned by children from Carers who act as therapeutic parents and who relate to them in a consistent, positive and trusting way. The family like setting, the development of meaningful relationships with the Carers and the support of other specialists allows a child to confront and deal with the impact of childhood trauma, address their self destructive behaviours and learn new ways of successfully and confidently engaging with others.

The Strategic Plan of Lighthouse Foundation is to make this successful approach available to more children across Australia in partnership with other community service organisations and government that provide care to children.

The current submission will have a particular focus on areas that Lighthouse Foundation is currently working in and can provide some specialist advice. These areas are in out of home care, leaving care and youth homelessness.

**The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and**

**transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.**

### **Attachment**

Attachment theory describes the biological and psychological need to bond with and relate to primary caregivers as fundamental to the survival of human beings. The ability to trust and to relate to others is established in infancy to early childhood through the quality of the infant/primary care giver relationship which influences and shapes development and behaviour in later life (Bowlby, 1969; Tomlinson, 2004). The need for attachment and parental acceptance is universal, regardless of culture, age, gender or ethnicity. Many of the children and young people who are in out of home care or homeless have experienced unhealthy attachments in their life, such as abusive and/or neglectful primary relationship in infancy, a number of broken placements in care, and relationship breakdowns in their extended family and community networks. This is a very damaging process that can have detrimental effects on the emotional, psychological and physical development of the child.

The out of home care system currently lacks a continuum of care and a consistent approach to care. In addition, the short term nature of care including multiple movements or placement breakdowns, the provision of unsafe and sub-standard care that at times may be developmentally inappropriate, and a lack of understanding in the system about attachment and trauma has a harmful effect on the developing self of the child in care, and their ability to place trust in relationships which is at the core of healthy attachments. **The system as it stands today, does not promote attachment, and in some ways actually promotes detachment from relationships**, as the insecure internal working models of the world of the child is reinforced by the systems treatment of the child. Without the ability to form attachments it is difficult for a child to develop healthy relationships in their lives, and to be active members in the community. We need to provide safe, therapeutic long term placements for children that provide opportunities for developing healthy attachments

A therapeutic relationship with a traumatised child is one that heals and enables the child to recover from past trauma. The child should have the opportunity to form a primary relationship with a caregiver. From this secure base, there is the opportunity

to develop relationships with many others in the wider community. It has been shown that traumatised children are more likely to recover if they form a primary attachment to a caregiver, and also have a wide network of positive relationships (Bowlby, 1979). Therapeutic care models like that of Lighthouse Foundation that provide a primary carer model, and provide the opportunity to develop a sense of family and community have been shown to be effective in providing positive outcomes for children and young people.

### **Trauma Informed Approach**

In Australia and abroad, research has demonstrated that trauma informed models of care provide the most positive outcomes for children and young people in care (Perry and Salavitz, 2006; Tomlinson, 2004). In Victoria there has been a shift in the sector towards a trauma informed approach. This is a positive step towards providing better outcomes for children and young people. There is only a handful of organisations that are committed to being trauma informed as a whole at this stage. It is vital that this approach to caring for children and young people be embraced by the sector and that the child protection system in particular becomes more trauma informed. It is not possible for traumatised or traumatising organisations and systems to provide therapeutic support for children and young people. Trauma informed practice needs to be consistent across the continuum of care for children and young people.

Traumatised environments are not conducive to therapeutic work. Many organisations are traumatised, due to lack of resources, lack of skills of workers, the challenging nature of the work, lack of consistent staff, lack of staff support systems, lack of effective management structures, and lack of therapeutic organisational processes to support the therapeutic task. We need to ensure that organisations have systems in place to not only care for children, but also to care for those who are caring for the children. Care of traumatised children, requires a whole of organisation response and a consistent approach across the organisations. The therapeutic culture is required to run through all layers of the organisation. This needs to extend to the wider community, whom organisations need to work with when caring for children. Caring for children necessitates a whole of organisation and community response.

### **Lack of cohesiveness in the sector**

The current system does not provide a cohesive and consistent approach to working with children and young people in care. There is a need for a more interconnected

and therapeutically consistent system. The system wide approach needs to be child centred, and must be attachment and trauma informed. By having a more consistent philosophy and therapeutic approach, the different systems can work more cohesively for the child, and ensures that the care is in the child's best interest. A cohesive approach also provides a level of consistency, and containment for children and young people that have experienced trauma, and is more likely to lead to better outcomes in their recovery process.

### **Lack of continuum of care for children**

The lack of cohesiveness as well as the lack of a long term consistent attachment and trauma informed approach across the sector results in different organisations working in different ways with children and young people that can often be counter intuitive. Children and young people that have experienced trauma associated with abuse and neglect require long term consistent care as well as access to a continuum of care that is working hand in hand to provide the young person with necessary supports for their trauma recovery and for developing support networks in the community. At times a program will do fantastic work with a child or young person for a period of time, and then the child or young person is re-traumatised due to being moved from an environment where they feel safe to a totally new environment that may operate quite differently or be unsafe. These dramatic changes are not conducive to trauma recovery. Therefore, there is a need for the whole system, across different developmental stages for the child, to operate from a consistent therapeutic approach that is attachment and trauma informed, and takes into account the holistic needs of the child and young person.

### **Training and Support to Care Workers**

Although well meaning, many of the workers in the sector are under skilled to work with the complex needs of the children in its care. Workers need to have access to high level and ongoing training that provides them with a trauma informed frame or reference, an understanding of attachment and child development, and opportunities for self and professional development. They also require access to appropriate operational and clinical supervision that provides them the support to have longevity in the sector. Children that have experienced long term abuse and neglect need to have opportunities to develop long term healthy attachments. This is not possible with the high turnover of care providers which is due to work stress associated with the challenges and complexity of caring for children and also the lack of support and training. Care workers need to have opportunities to process the emotional aspects

of the work through supervision processes. They also need the practical skills to deal with issues and dynamics that occur in therapeutic relationships with traumatised children. We need to set a benchmark and training program to ensure that workers in the sector are attachment and trauma informed, and have a level of insight and the tools to undergo work of a challenging nature. At Lighthouse we are in the process of developing a Therapeutic Youth Work Course with RMIT that could be of value to the sector.

### **Developmental versus Chronological Focus**

The current system has a chronological focus, rather than a developmental focus. The scientific evidence demonstrates that the brain development of a traumatised child can be slowed down severely or even stunted (Perry & Salavitz, 2006). It is unrealistic to expect that children who have experienced years of neglect and abuse will be developmentally equivalent to their chronological age. Yet we have expectations that children in care live in developmentally inappropriate accommodation such as lead tenant models at 16 years of age, with limited internal and external resources and support networks in the community. We also unfairly expect a young person that has been in care most of their lives to live independently at 18 years of age. Not only is this unrealistic based on their developmental capacity, but it also out of touch with societal norms, where the age of children moving into independent living has risen due to economic and societal pressures. A trauma, attachment and developmentally informed child protection system would support children and young people based on their developmental needs, and ensures that decisions made about the child as per the Child Youth and Families Act 2005 are in the best interests of the child and in line with what is required for their therapeutic recovery. The system needs to provide therapeutic opportunities for as long as it takes for the young person to integrate into the wider community and this should be based on what is best for the young person, rather than a chronological yard stick.

### **Child Centred Approach**

The approach to caring for children and young people needs to be child centred. Many children and young people are placed in developmentally inappropriate placements due to availability of placement, rather than a planned response around the developmental and therapeutic needs of the child. There needs to be accountability from child protection and also organisations that provide care, around ensuring that placements are provided based on the best interests of the child. There

is also a need for flexibility of placements, and to develop child centred care plans rather than a one size fits all models.

### **Meaningful Structure and Routines**

Traumatised children have often suffered severe deprivation resulting from chaotic and unpredictable environments. It is essential that we do everything possible to provide an experience of consistency and stability, enabling them to believe that the world is a predictable and secure place. Most of the children we work with have suffered a complete lack of protection from overwhelmingly traumatic experiences, many in early infancy. The result is that the child is highly anxious, fearful and hyper-aroused and therefore less able to make use of the kind of nurture and nourishment necessary for development. So, these children who may be chronologically much older than an infant need the security of a calm predictable environment. They need to reduce their states of hyper-arousal and enjoy the kind of experiences that are necessary for their recovery. Before a child can successfully manage the realities of the external world he needs to internalise the experience of Carers doing this for him. The child also needs to have access to activities and programs that encourage personal growth. There is a danger that many children in care are involved in programs that do not promote growth, and in some way prevent growth and a sense of self and mastery of skills. The program needs to understand the developmental process for the child, and link activities towards reaching developmental milestones. Achievements support the child to develop confidence in oneself and their place in the world.

### **Community Connectedness**

According to a well known African proverb, 'It takes a village to raise a child'. It also takes a village to welcome a child into its community circle. Children raised in care or who are homeless are often the forgotten children in our community. Due to the abuse and neglect that they have experienced, the number of broken placements they have endured and the transient nature of their existence, they do not feel a sense of belonging to a community. We know that having a sense of belonging to a community is an essential element in human wellbeing. Studies have shown that a sense of community and related factors can result in positive outcomes for individuals and groups. Factors such as being connected to the community, a sense of belonging, group cohesion and social capital play a major role in the overall wellbeing of individuals and groups. It is vital that the care system supports the child to be part of the wider community and works very closely with the wider community to

ensure that the child feels a sense of belonging, as having strong community supports will result in positive outcomes for children and young people in areas such as employment, education, social networks and community connectedness.

### **Leaving care planning (after care and outreach)**

There is currently a lack of planning around children leaving care, and also a lack of programs that have the ability and resources to support this group of young people. It is vital that leaving care planning starts early, and that the young people are placed in developmentally appropriate programs and accommodation. It is vital that we develop a therapeutic continuum of care that extended beyond 18 years of age that supports the young person through developmental milestones, rather than chronological age. It is also important that we work towards providing children a healthy transition right through to adulthood.

### **Individual Development Planning**

Care Plans should be holistic and should be linked to developmental outcomes. It is important that when we work with children, we work with the child as a whole. It is important that we support the child's development across a number of domains that may include Learning, Physical Development, Emotional Development, Attachment, Attachment, Social Development, Autonomy/Life Skills and Relational and Community Connectedness. Each domain should have a number of outcomes that are measurable, and provide a holistic picture of the child's development. It is also important that the Individual Development Plan for the child, is child centred, and that the child has a sense of ownership, and is also able to assess their own progress. The process of Individual Development Planning adopted by Lighthouse Foundation is outcomes focussed and ensures that the process of planning and case management is aimed at development across the above mentioned developmental domains.

### **Outcomes Base Practice**

Outcomes refer to changes, benefits, learnings or other effects that happen as a result of our work. It is vital that services providing care to children are able to demonstrate that their approach is actually providing positive outcomes for the children. We need to move towards a system that provides measurable positive outcomes, and that all service providers are accountable for ensuring that the people we care for are actually gaining positive outcomes. As Loewenthal & Winter (2006, p.47) state it is, "unacceptable...to continue to provide therapies which decline to

subject themselves to research evaluation. Practitioners and researchers alike must accept the challenge of evidence-based practice, one result of which is that treatments which are shown to be ineffective are discontinued...Refusing to accept the need for evidence will lead to some effective therapies becoming obsolete in favour of those that do not have evidence to support their outcomes...**The Dodo bird will be our favored model of therapy and as a result our potential clients will be denied an approach that is able to combine humanity with effectiveness.**” It is unacceptable that we continue to provide outdated and inappropriate levels of care to the most vulnerable members of our community.

### **Therapeutic rather than punitive responses**

When working with children in care we need to ensure that the children’s rights and responsibilities are respected, and this should be reflected in the way we work with challenging behaviours, limit setting and consequences. Many children we work with are used to being punished, often unfairly and for reasons they can’t understand. Many times they will have been punished and treated harshly by caregivers, in an arbitrary fashion based on the caregiver’s mood and needs rather than the child’s behaviour. For children who have been abused, traumatised and who have hyper-aroused stress response systems, punishments are often likely to exacerbate the problem. The work with traumatised children will at times be very challenging. It is important that the children’s challenging behaviour is thought about carefully rather than reacted to on a whim. However, the response can be firm and carried out in a way that is non-punitive. It is quite possible that the child actually hopes that his behaviour will evoke the kind of response from those around him that he needs. He needs boundaries and limits to his behaviour. At the same time he needs to be understood and accepted, even though his behaviour may not be acceptable. The risk driven approach to care has meant that children are treated in a reactive and often punitive fashion. The system needs to find the right balance, and move away from the rigidity that had prevented therapeutic progress. **A move from risk management to therapeutic management is required.**

### **Children’s Rights and Participation**

Organisations that provide care to children should involve children in the decision making process to the best of their ability. What we are suggesting isn’t that young people’s responsibility be elevated in a carte blanche manner, but in a manner subject to an appropriate matching between the young people’s maturity, abilities and skills. Youth Coalition of the Australian Capital Territory in Australia outlines the

potential benefits, “Participation gives young people a say about what is important to them, allows them to ‘own’ decisions made about their lives, increases self confidence and skills, and empowers them. Young people’s participation in decisions that affect them and the life of their community is valuable and has a range of positive outcomes for young people and those who engage with them.” It should be recognised that the concept of youth participation is not only about providing developmental opportunities for young people, but is also about improving the effectiveness of organisations. Lighthouse has developed a system which has child participation embedded across the organisation, from Carers who were once young people in the program, to young people on our board of directors. Tapping into the experiential knowledge of young people within the organisation provides an opportunity to ensure that the program is actually operating in the best interests of the child.

## References

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