



Making Tracks

A Trauma-Informed Framework for Supporting Aboriginal Young People Leaving Care

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Front Cover:

Artist: Emma Bamblett
Clan: Wamba Wamba
Title: Making Tracks

Description of Painting

This painting represents the journey that young Aboriginal people take when leaving care. It shows how workers can gain a better understanding of trauma which can assist them to better support the young person. In the middle of the painting, the figure of an Aboriginal young person represents independency with connections stretching out for culture, identity, safety, family, community and a healthy lifestyle. In other words – interdependency. The different figures surrounding the young person represent different workers, working and linking in together to best support the young person. The circles between the workers represent the sharing of knowledge and information.

The footprints entwined within the painting show the journey of how a young Aboriginal person may come up against barriers caused by trauma. The green areas with the yellow circles represent trauma. The trauma is represented in different sizes at different times within the journey.

The plum colour areas represent the support networks that assist the young person and workers to understand trauma and how this may affect the young person's behaviour, development, relationships and identity.

At the top of the painting is a group of spiritual elders that guide a young Aboriginal person. They pass down their strength, resilience, guidance, identity and culture.

In the bottom right corner is a pair of clap sticks which represent culture. Having culture embedded within a young person's life strengthens their ability to be resilient and gain a sense of identity and to be proud of who they are.

This painting depicts a young Aboriginal person's journey through leaving care and how they make tracks to a better, stronger journey to gain a positive and fulfilled life.

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Berry Street believes all children should have a good childhood.

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Aboriginal Young People Leaving Care

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- Workers from the Victorian Aboriginal Child Care Agency, Berry Street and the broader field who are striving each day to achieve something better, real and more meaningful for each individual child and young person involved with their service.

Through case studies and other means this resource aims to reflect the voices and experiences of Aboriginal young people and the Aboriginal community. We acknowledge and honour their journeys. In telling their stories we witness both the impact of trauma and the rich potential for resilience, healing and recovery occurring within the healing power of culture as beautifully depicted in the cover design artwork.



Message from the CEOs

Muriel Bamblett (Victorian Aboriginal Child Care Agency)

It wasn't that long ago when the Aboriginal community saw the welfare system as the enemy of our people, our culture and our children. So many of our people suffered from welfare intervention as children and left that system as late teenagers bereft of the cultural and community connections that have helped our people prosper for millennia and survive colonisation. Many of them have come to us later in life as Link-Up clients seeking re-connection. So for me this report is yet another example of how Aboriginal agencies and community service organisations have left behind us the destructive policies and mistrust of the past.

Today we work together to improve outcomes for Aboriginal children and this joint work in developing a trauma informed framework to support Aboriginal young people leaving care is further evidence of how when we work in true partnership we can improve the responsiveness of welfare services for the most vulnerable and at risk.

Today the out-of-home care system realises the importance of maintaining connection to culture and community as a key principle of the best interests of the child and young person. Today, although we are still finding our way, we have a growing trust in each other and we operate in the context of mutual respect.

I am therefore more than pleased to introduce 'Making Tracks' in the knowledge that it will set a positive pathway for our children leaving the care system. The focus on cultural resilience and a trauma informed approach is fundamental to the 'public parent' role of the out-of-home care system. A good family ensures that its children leave the family nest well prepared for the world and, more importantly, with a sense of hope and an ability to determine their own future. The framework in this report goes a long way towards establishing a leaving care approach that provides for hope and a positive outlook for young people as they set out into the world, clothed by culture and connected to community.

Sandie de Wolf (Berry Street)

In our Strategic Directions 2027, Berry Street identified the challenges facing young people leaving state care as a priority area for service innovation and development. Our subsequent scoping of current issues and responses in Australia identified a significant lack of research and service provision, particularly in relation to Aboriginal young people leaving care.

Given our strategic commitment, we were delighted to be invited to develop a Trauma-Informed Framework for Supporting Aboriginal Young People Leaving Care. However, as a mainstream child and family service organisation, Berry Street is acutely aware of the necessity to work in respectful partnership with Aboriginal Community Controlled Organisations if we are to contribute to better outcomes for Aboriginal young people. Therefore we are very grateful for the opportunity to work on this project with our esteemed colleagues at the Victorian Aboriginal Child Care Agency.

Whilst we know it is vitally important to understand the impact of trauma, Berry Street's primary focus is on reparation and building resilience, with relationships being the key to recovery and healing. We hope 'Making Tracks' will encourage workers to value the building of a web of supportive people around Aboriginal young people leaving care. We strongly believe that through key relationships, these young people can successfully make a transition from out-of-home-care to a future involving both independence and interdependency with those around them.





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Introduction:

Where will their Journey Take Them?

"It's a very Aboriginal thing to do, to give younger people greater responsibilities within the community as they become able to take those responsibilities on. It is a culturally appropriate transfer of roles that involves respect in both directions ...from the younger to the older and the older to the younger." (Jackie Huggins, 2004, p. 3)

Leaving Care and Transitioning into Adult Life

What is this thing called leaving care?

There are many different experiences of growing up, moving out, leaving home, leaving care and transitioning into adult life.

Most people at some stage move out of the family home into another type of living arrangement, whether it is to live with an intimate partner, friends and housemates, other members of their community, or on their own. Most young people in Australian society do not leave home until they are an adult and many return home at least once before the age of 35 years old (ABS, 2009).

The experience of moving out of home varies. It can involve setting up a completely separate household or a more gradual and dynamic coming and going, with personal belongings and day-to-day routines in both households. Households themselves vary. There can be multiple generations in the one household throughout life or this may occur at different life stages, such as around the birth of children or the care of the elderly, disabled or sick. Households and the moving out process are fluid; influenced by family norms, culture, relationships, economics, employment opportunities and health.

Leaving home is not usually seen as the business of others but the decisions of those within the family. Even when celebrated, leaving home often involves conflicting feelings; the teary and/or relieved parents and the nervous and/or excited young people. We often speak of independent living, but in reality those that leave their home are no longer completely dependent, nor are they totally independent and fully equipped to cope alone. As humans we are social creatures who exist in an interdependent state. Therefore, although much of the leaving care literature refers to the goal of independent living, this resource places emphasis on interdependence as the more important goal.

Leaving care is a different phenomenon to leaving home. Although many young people in foster care and kinship care may have a similar experience to young people in the broader community, there will still be some form of official transition. This will occur when they are no longer subject to a court order and statutory services involvement. In some cases this transition will be largely buffered and even celebrated by the continuing relationships they have with their carers and the fact that they do not have to move out of home. However, this is in marked contrast to young people in residential care, lead tenant or some foster care or kinship placements. For these young people, their age, court order, and/or the constraints of the services will dictate they must leave their home environment and often cease contact with those they have known within that home.

So what happens in these situations?

Leaving care can involve the following experiences:

- Leaving their sense of home
- Leaving the last placement where someone else was responsible for them
- No longer seeing other young people, carers, and workers that have been in their life or not seeing them as regularly
- Not having workers and 'the system' make decisions about their lives
- Not having workers that could buffer or constrain their relationships with family
- Needing to learn to cook, clean, shop, budget and make day-to-day decisions without relying on others
- Becoming an adult with all the associated rights and responsibilities in community and society.

Young people in out-of-home care commonly have fewer opportunities to prepare for the major life transition into adulthood. Compared with other young people, those in foster care or kinship care often have minimal opportunity of returning to perhaps the only home they have really known. For those living in residential care there is no 'right of return' once the young person has reached a certain age or is no longer on a Children's Court order. For many, their difficulties, particularly the trauma of abuse and neglect, began prior to coming into care and are separate to their care experience. However, being in care did not necessarily protect them from further chaos, disrupted relationships and in some cases more trauma. Young people leaving care are at demonstrably greater risk compared to the general population of the same age. They are likely to experience poorer long-term outcomes in health, education, employment, housing and poverty.

Despite government policies and legislation many young people leaving care have been found to not have sufficient access to services and other supports to assist them through this major life transition. Possible reasons for this include: some young people leave suddenly from care due to crisis situations; some move from the area; insufficient availability of outreach services by post-care and other services; insufficient capacity to meet the complex needs of young people going through this transition; inadequate support for carers to assist this transition; inadequate assessment of needs and planning; young people who choose to disengage from the services; the low profile of leaving care services in the broader service system; disparity between policy and practice; and the absence of a whole of system approach to working with young people in this transition (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) & the National Framework Implementation Working Group (NFIWG), 2010).

There is not a uniform pathway for care leavers nor are all leaving care experiences negative. It is a major transition, however; fraught with both familiar and new risks that require substantial and careful preparation prior to leaving care and access to a range of supports throughout the transition and beyond, referred to as 'after care.'

Why the focus on Aboriginal young people leaving care?

Aboriginal and Torres Strait Islander¹ young people leaving out-of-home care are even more likely to experience poor outcomes and with more serious consequences as indicated by the following data:

¹ This report will use the inclusive term of Aboriginal to refer to both Aboriginal and Torres Strait Islander people, unless otherwise specified.

- Aboriginal young people are significantly over-represented in child protection, out-of-home care and youth justice (Australian Institute of Health and Welfare (AIHW), 2011; 2012a). This also means they will be over-represented in the numbers of those who leave care.
- There are substantial gaps in access to universal services and to health and wellbeing outcomes between Aboriginal people and the broader Australian population in terms of poverty, health, education, employment and housing (ABS, 2008).

These two incontrovertible realities paint a serious picture for Aboriginal young people leaving care. They emphasise the importance of being proactive and responsive in supporting this transition, and acknowledge specific aspects to consider for Aboriginal young people. They also point to an important theme in this framework – namely, to understand that Aboriginal cultural heritage can be an important resource for the young people’s future and that putting this in action requires strong and positive links to their community. Being in out-of-home care for many Aboriginal young people may have disrupted these links, and good practice involves building or rebuilding these connections.

Although most leaving care workers in Victoria, Australia do not work in specific Aboriginal programs, many will work with Aboriginal young people and, on occasion, Torres Strait Islander young people. Some leaving care workers are employed by Aboriginal Community Controlled Organisations.

Essentially, this framework is a trauma and attachment-informed approach embedded in a cultural, ecological and developmental perspective. It aims to help workers recognise and make sense of many of the young people’s behaviours, attitudes and responses to the ordinary and extraordinary challenges involved in the transition from care to adulthood. It is not meant to be a definitive guide on leaving care or on working with Aboriginal young people. It demonstrates how trauma and attachment theory when integrated with a cultural, developmental and ecological systems perspective can contribute to our knowledge and practice.

Developing this Framework: A Partnership Approach

This framework accompanied a training strategy which was developed and delivered by the authors from the partnering organisations of Berry Street Take Two and the Victorian Aboriginal Child Care Agency (VACCA).

The partnership represents the coming together of knowledge, commitment and interests of a mainstream health and welfare organisation (Berry Street Take Two) and an Aboriginal Community Controlled Organisation (VACCA).

Take Two

The Berry Street Take Two program is funded through the Department of Human Services (DHS) to provide a therapeutic service for traumatised children and young people most of whom are clients of child protection. It has been in operation since 2004 and has clinical teams in major metropolitan and regional centres throughout Victoria as well as a statewide Aboriginal team. It provides clinical work with children and young people, their families and their carers. It provides specialised consultation, and the therapeutic specialist role with therapeutic residential care, therapeutic foster care (Circle Program) and family preservation programs (Stronger Families program) as well as providing a bushfire youth counselling service.

Take Two predominantly works with children from infancy through to the age of 18 years. Take Two is a program of Berry Street which is one of the largest child welfare organisations in Victoria. Other Take Two partners include La Trobe University Department of Social Work and Social Policy, Mindful - Centre for Training and Research in Developmental Health (University of Melbourne) and VACCA. In addition to its clinical services, Take Two has a research and information management team and a practice development and training team. In its formation it was given a mandate to build and disseminate knowledge that will contribute to the service system’s ability to better meet the needs of vulnerable children and young people.

VACCA

VACCA is the largest Aboriginal Child and Family Welfare service in Victoria and was established in 1977. It provides a number of programs for Aboriginal children and young people such as foster care, residential care, family support, permanent care, an Aboriginal Child and Specialist Advice and Support Service (ACSASS) and leaving care programs. VACCA delivers statewide services such as Permanent Care, plays a leadership and policy development role as well as operating service delivery in a number of locations.

VACCA aims to promote, advocate for and achieve positive changes in the lives of Aboriginal children and young people, their families and their community. VACCA’s objectives include the preservation, strengthening and protection of the cultural and spiritual identity of Aboriginal children and to provide culturally appropriate and quality services, which are responsive to the needs of their community (Bamblett, Frederico, Harrison, Jackson & Lewis, 2012).

Purpose of Resource and Framework

This resource has been developed to provide a trauma-informed framework that assists workers supporting Aboriginal young people leaving care to form and sustain positive relationships, have a positive identity, learn, work and enjoy life. To support this holistically a framework has been developed that reflects an understanding of not only the too common experiences for these young people of trauma through abuse and neglect, but also of their too rarely acknowledged strengths and resilience in the face of these experiences. As part of this purpose, we hope through this resource to assist workers to overcome barriers to achieving these aims.

In particular, the trauma-informed framework aims to assist workers to achieve the following:

- Identify culture and community as a source of resilience so that Aboriginal young people enjoy a confidence and pride in their identity and a sense of belonging to community;
- Strengthen young people’s ability to manage or regulate their stress reactions as well as other emotions and behaviours, especially when feeling under threat (known as self-regulation);
- Help young people who have experienced trauma to make sense of the past so it no longer intrudes on their present;
- Enable young people to gain or regain a sense of hope, control and self-efficacy about their life;
- Repair or compensate for any developmental problems or gaps in the young people’s functioning that may have

occurred due to neglect or trauma, so they are more able to achieve the tasks associated with adult life;

- Assist the key people in young people’s life to be attuned, responsive, available and safe; and
- Form or re-form connections of the young people with their informal support networks and community, especially the Aboriginal community.

Although this resource aims to increase knowledge about Aboriginal people and their wellbeing, it is not designed to replace cultural awareness training. The document most applicable for organisations and workers regarding cultural competence and respectful practice within Victoria is the Aboriginal Cultural Competence Framework (VACCA, 2008). It is strongly recommended that organisations contact their local Aboriginal Community Controlled Organisation to discuss how to access cultural competence training and consultation as part of an ongoing conversation and collaborative relationship.

This resource is written at the time other publications are becoming available regarding best practice for supporting young people leaving care. It is hoped it can be used as a companion document to these national and state government guides. It is not intended as an alternative to these guides and frameworks. For example, the document regarding the national consistent approach to planning for transitioning from out-of-home care (Department of FaHCSIA & NFIWG, 2011) and the Victorian framework and guide for care and transition planning for leaving care (DHS, 2012a) articulate specific domains and questions to guide practice. Our resource may provide some background for why these questions are important and ideas as to how to develop and action the leaving care plans for Aboriginal young people who have experienced a history of trauma and disrupted attachment. An accompanying practice guide with this resource (Jackson, Waters, Meehan, Hunter & Corlett, 2013) directly applies some of the messages from this report to the guide for care and transition planning for leaving care in its application of the Looking After Children (LAC) framework (DHS, 2012a).

Using this Resource

This resource is intended to be a user friendly, helpful document to support workers in their work with Aboriginal young people leaving care. It contains case study material and practical activities and resources for developing knowledge and skills.

This booklet may be read from cover to cover but is designed to be more of a resource where workers can flick to different sections relevant for specific areas of interest.

Each section includes commentary from relevant research and theories and draws together key messages to aid our understanding. At the end are some resources, publications, websites and educational tools for team discussions, supervision and for some work directly with young people and others in their lives. As mentioned, there is a separate practice guide that focuses on key messages for practice arising from this project with a particular emphasis on application of these within the LAC framework (Jackson, et al., 2013).

This resource is divided into three areas:

- (1) An overview of the key concepts and contexts and what the research tells us about Aboriginal young people leaving care.
- (2) Different aspects of the framework including child development, attachment and trauma and how these provide insights into understanding the experiences of Aboriginal young people leaving care.
- (3) Examples of thinking about the practice and leadership implications from the framework.

Figure 1 provides an overview of the framework beginning with the Aboriginal young person, and portraying the cultural perspective as the foundation. The framework acknowledges young people are more than the sum of their experiences in and after care. The care continuum begins with what occurred before care whether as an infant, primary school-age child or adolescent. The other end of the continuum is when the young people have left care for the last time, recognising that some may leave care more than once. Although this framework concentrates on the last three phases of the care experience, namely preparation for, during and after leaving care, it is informed by what has occurred previously from both a harmful and helpful perspective.

The primary audience for this framework is workers in specific leaving care roles; however, it hopes to be relevant to anyone working with Aboriginal young people leaving care, including child protection and community service case managers, residential care staff, home-based care staff, lead tenant workers, housing workers, alcohol and other drug treatment workers, mental health workers and others. This resource is focused on young people from an Aboriginal cultural background; however, much of the ideas

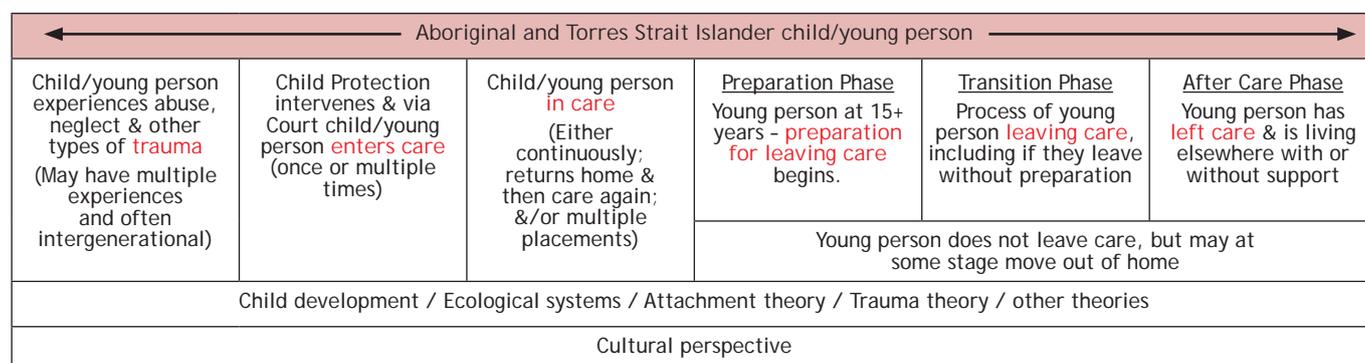
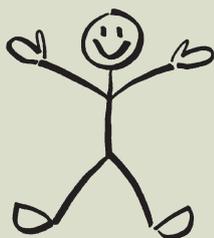


Figure 1: Framework Overview for Understanding Aboriginal Young People Before, During and After Care

and suggestions for practice will be relevant to all young people leaving care.

Throughout this resource we tell the stories of Namatjira (Nama) a 16-year-old young man and Jedda a 16-year-old young woman. These stories are compilations of many stories rather than specific young people. They are used to help illustrate different elements of the young people's experience and some of the practice dilemmas and strategies. It is recommended that workers also reflect on their own examples of young people leaving care.



Let's meet Namatjira (Nama)

Namatjira (Nama) is a 16 and a half-year-old young man living in a residential unit. He left school at 16 to start a traineeship with a plumber. He identifies as being Aboriginal and is well connected to the local Aboriginal

community. His traineeship is not going well and he has been having difficulty taking instruction from his teachers at TAFE and on occasion has 'blown up' due to feeling criticised. He says he has always had problems sleeping and is now having difficulty concentrating at work and at TAFE. He struggles to manage relationships at TAFE and struggles with the work and the workload. Nama has been referred to a leaving care support worker as there are concerns about his traineeship, and his social and practical living skills.



Chapter 1:

Contexts

The following two sections relating to cultural competence and the historical and current situation of Aboriginal people has been largely taken with adaptations from the report called *Building Respectful Partnerships: The Commitment to Aboriginal Cultural Competence in Child and Family Services* (VACCA, 2010).

Cultural Competence

Culture is akin to being the person observed through a one-way mirror. Everything we see is from our own perspective. It is only when we join the observed on the other side that we see ourselves and others clearly – but getting to the other side of the glass presents many challenges (Lynch & Hanson, 1992).

Cultural competence involves understanding differences among cultural groups accompanied by the knowledge, skills and abilities to translate these differences into informed and respectful attitudes and behaviours. Cultural competence enables us to work effectively with people from a culture different from our own—to work cross-culturally, as the following comment illustrates in relation to culture and school readiness.

“When the impact of a family’s race, ethnicity, language, and culture is not recognized and understood there is a risk of isolation and alienation. When the community does not offer competent services and supports..., families may be less likely to participate in the community, and access needed services...” (Hepburn, 2004, p. 7)

To be effective in what we do, cultural competence must be built at organisational, program and practice levels. It is not something we achieve and demonstrate through a certificate on the wall, but is an ongoing dynamic and collaborative process.

Sometimes people ask why they should build Aboriginal cultural competence specifically; and whether they should know and understand all cultures. Although the answer is that of course we should aim to work in a culturally informed and respectful manner with people from any culture, there are specific reasons why we focus on trying to get it right with Aboriginal people and communities.

Firstly, Aboriginal cultural competence is specifically mandated through legislation and regulations, such as the One DHS Standards (DHS, 2011). In Victoria, Section 10 of the *Children, Youth and Families Act 2005* identifies “the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development.”

Secondly, the ongoing and serious disadvantage experienced by Aboriginal children, youth and families indicates that services have not been effective. Mainstream organisations providing services for Aboriginal children, young people and families should build cultural competence to deliver services so that they are more accessible and effective. The aim is to ‘close the gap’ of health and wellbeing indicators between Aboriginal people and other populations within Australia.

Thirdly, there is documented evidence that mainstream government and non-government organisations have

historically caused harm to Aboriginal peoples and communities, such as through the Stolen Generation policies and practices. There are clear lessons to be learnt from history and a commensurate ethical responsibility to not repeat such harms.

Fourthly, Aboriginal children, youth and families will continue to use mainstream services for a variety of reasons. Economic constraints, economies of scale, access to some specialist skills and services and geographic factors mean that Aboriginal Community Controlled Organisations cannot always provide the range of services that Aboriginal children, youth and families need. Aboriginal families may also sometimes prefer to seek services from a mainstream organisation. This is also in the context that Aboriginal children and young people are disproportionately represented in the protection and care system and so they are a relatively large proportion of many organisations’ caseloads. As such, mainstream services need to be equipped to respond in a culturally informed way to Aboriginal people in order to be effective.

Fifthly, the national consistent planning approach to supporting young people transitioning from care emphasises the need for a specific focus for Aboriginal young people.

“Family, community and cultural connections are vital for the social, emotional and spiritual wellbeing and development of Aboriginal and Torres Strait Islander young people.”

The cultural sensitivity of child protection workers during what can be an intense, emotional and difficult process is important in ensuring a smooth transition for Aboriginal and Torres Strait Islander young people.” (Department of FaHCSIA & NFIWG, 2011, p. 6)

Finally, understanding Australian history and its impact on Aboriginal people, their culture, their experiences and their ways is a mark of respect towards the First People of Australia.

Historical and Current Situation of Aboriginal people

Aboriginal people have a shared history of colonisation and forced removal of their children, although how these occurred varied from one area to another.

To be culturally competent, we must acknowledge and tell the truth about our history and its ongoing impact for Aboriginal people. We should understand how the past shapes lives today.

Aboriginal history is Australian history.

Before colonisation Aboriginal people lived in small family groups linked into larger language groups with distinct territorial boundaries. These groups had complex kinship systems and rules for social interaction. There were different roles relating to law, education, spiritual development and resource management, and these differed from one group to another. They had different language, ceremonies, customs and traditions with extensive knowledge of their environment. In other words, Aboriginal cultures were strong and well developed, their communities were self-determining and their children were looked after and protected.

It is well documented that European colonisation had a devastating impact on Aboriginal communities and cultures, such as is shown through this following quote from the United Nations.

"In 1788, when the European settlers arrived, up to one million Aboriginals lived peacefully in Australia and were composed of some 300 clans speaking 250 languages and dialects. Displaced by European settlement, the Aborigines suffered dispossession of land and illness and death from diseases carried by the new inhabitants, which disrupted their primitive traditional lifestyles and practices. This led to mass depopulation and the extinction of some tribes." (Ranasinghe, United Nations Chronicle, 2010)

Aboriginal people were rounded up and slaughtered or placed together on missions and reserves in the name of protection. Cultural practices were denied, and subsequently many were lost. For Aboriginal people, colonisation meant massacre, violence, disease and loss.

For over 100 years, between 1869 and 1971, Aboriginal children were forcibly removed from their families and community groups *"...because being Aboriginal was in itself reason to regard children as 'neglected'."* Between one in three and one in ten Aboriginal children were removed (Human Rights and Equal Opportunity Commission (HREOC), 1997, p. 218). These Aboriginal people are the 'Stolen Generations.'

"The complete separation of Aboriginal children from any connection, communication or knowledge about their Indigenous heritage has had profound effects on their experience of Aboriginals and their participation in the Aboriginal community as adults." (HREOC, 1997, p. 173)

"One principal effect of the forcible removal policies was the destruction of cultural links. This was of course their declared aim... Culture, language, land and identity were to be stripped from the children in the hope that the traditional law and culture would die by losing their claim on them and sustenance on them." (HREOC, 1997, p. 175)

The ongoing and intergenerational impact of policies and practices regarding forced removal of Aboriginal children has been well documented. The *Bringing Them Home* report (HREOC, 1997) found that Aboriginal children who were removed from their families were more likely to come to the attention of the police, more likely to suffer low self-esteem, depression and mental illness and more vulnerable to physical, emotional and sexual abuse. The *Western Australian Aboriginal Child Health Survey* (Zubrick, et al., 2005) found that Aboriginal parents or carers who were removed as children had an increased risk of alcoholism, problem gambling, criminal behaviour and contact with mental health services. In turn, their children were found to be more likely to suffer from significant emotional and behavioural problems.

Today, Aboriginal people continue to experience the impact of the Stolen Generations on an individual, family and community scale. On any measure — socio-economic status, education or health — they continue to face significant disadvantage. Social services intervention in the lives of Aboriginal children and families remains disproportionately high (DHS, 2003). At the same time, Aboriginal people have reasons from history not to trust mainstream organisations, particularly those who had been involved in the removal of Aboriginal children in the past. Aboriginal young people and families who need services may be reluctant to ask for help because of your organisation's history, and may wait until

they are in crisis. Once a family is in crisis, there are often fewer options available to provide assistance. Mainstream organisations may not be aware of the oral history known to the local Aboriginal communities about their involvement in Stolen Generations and other policies and practices.

Questions to consider as an organisation and an individual worker:

1. What does your organisation know about its history in terms of involvement in past Stolen Generations practices?
2. What else does your organisation know about its history with the local and broader Aboriginal community, such as through reviewing archived files and speaking with local Elders?
3. Has your organisation made or supported an apology to the Aboriginal community for past child welfare practices?
4. What is the name of the Aboriginal community and land upon which your organisation is located? Is this acknowledged anywhere in your buildings or in other ways?
5. How would you describe the day-to-day interactions with local and statewide Aboriginal Community Controlled Organisations and other organisations within the Aboriginal community? How would the Aboriginal organisations and community describe them?
6. How does your organisation know if 'good intentions' with Aboriginal children, youth and families are achieving good outcomes or may in fact have some unintended negative consequences?
7. Does your organisation have a plan to strengthen its relationships with Aboriginal organisations and the broader Aboriginal community?

The policy of forced removal of Aboriginal children from their families was developed under the guise that they would be 'better off'. Today, understandings regarding best interests are still influenced by the culture of those making the decisions. For example, attachment theory emphasises assessing a child's attachment "in the context of the relationship with the carer" (Miller, 2007, p. 23). Aboriginal children can form strong healthy attachments to several adults in their community. In the past this was viewed as a problem when seen through the lens of the dominant culture, with its emphasis on the nuclear family. Only recently has recognition of the strength of these connections been explored. For example, Dr Bruce D. Perry states:

"We humans have not always lived the way we do now... We lived in a far richer relational environment in the natural world. For each child under the age of 6, there were four developmentally more mature persons who could protect, educate, enrich and nurture the developing child... The relationally enriched, developmentally heterogeneous environment of our past is what the human brain 'prefers'" (Perry, 2006, pp. 44-45)

Despite enormous challenges and barriers presented by colonisation, forced removal from family and land, discrimination and injustice, Aboriginal communities



Finding out about Namatjira (Nama)

Nama was born to Sophie, a young Yorta Yorta woman. Sophie struggled with alcohol use throughout her pregnancy and described herself as being low after Nama's birth and feeling she wasn't connected to Nama despite wanting to be a good mum. She described Nama as a difficult baby, difficult to settle and a poor sleeper. Sophie had no supports at this stage and there were difficulties in her relationship with Nama's father Thomas, a non-Aboriginal man, who smoked marijuana and drank a lot of alcohol. Child protection was involved on a number of occasions in Nama's first year. Nama was removed at one year due to ongoing family violence and was placed in foster care for six months before being returned to Sophie's care. He was described as a fussy eater, continued to have trouble sleeping and was often ill with colds and chest infections.

When Nama was returned Sophie left Thomas with the help of Aboriginal agencies. Sophie coped better by herself in her new environment but said she often felt like she didn't know what to do for him and that she struggled when he was upset. Sophie reported that her own mother seemed distant and unable to support her in her parenting and in her feelings of being overwhelmed by Nama's needs. Aboriginal agencies attempted to link Sophie with some Elders to support her confidence with parenting, and for role-modelling; however, Sophie reported feeling shame in these meetings and gave up on them quickly. Sophie remained engaged with Aboriginal services and accepted their supports. Nama improved in his appetite, becoming less fussy. Sophie reported that he was easier to settle and his sleep had improved.

Just after Nama turned three Sophie reported feeling lonely and workers noticed she had started to disconnect from supports generally. She met Denis and soon after this Nama and Sophie moved from Fitzroy to Port Melbourne. Denis, a non-Aboriginal man, used and dealt drugs in Port Melbourne. He became violent to both Nama and Sophie once they moved in. DHS intervened and Nama was removed from Sophie when aged three and a half. Sophie was at this time pregnant with Denis' child.

Soon after he moved into the placement, Nama started to misbehave; he missed his mother and he struggled with

language and to make his needs known. Nama appeared chaotic and initially didn't submit to their attempts to create a routine for him. He loved sport and dance and excelled in these areas. Nama's language improved and it was determined that he could start school aged five. His behaviour settled and he became more able to tolerate a routine. Nama began to make friends and his carers involved him in some small team sports which he managed well due to his abilities in this area.

At around age six Nama started to have access visits with Sophie. Access visits with his father Thomas were also arranged, but Thomas had by this time a new family and didn't attend regularly. These visits with his father stopped after two visits. Sophie and Nama continued to have regular access over the next few years, and whilst Thomas was in prison for a year, access visits occurred with some regularity with him also.

When Nama was eight he started to act out again. The carers were unable to cope with his extreme behaviours. Over the next year the situation got worse for Nama both in the placement and at school. His attitude to his teachers changed and he refused to do schoolwork, which he mostly struggled with. Nama was removed from his foster care placement at the age of nine.

Nama began a new foster care placement. This meant a change in schools and he began to lose his friends. His schoolwork dropped further and he did not attend school on some days.

When Nama was twelve he was moved into a residential unit. This was the first placement where Nama was with other Aboriginal people. Nama loved being around his people and community, and he started to feel a connection to his culture. Nama started to find out his history of being an Aboriginal and became connected to his clan, community and culture. He started meeting Elders and role models within the Aboriginal community.

Nama traced his family tree and discovered Sophie's mum was a part of the Stolen Generations. He began to ask Sophie on access what this has meant for her. Sophie described what she knows about her mother's history and what she thinks it meant for her in her own childhood.

Nama continues to have some difficulties. He tends to explode and get very emotional very quickly, which often presents as anger. He is struggling to plan and to consider the future.

and cultures are thriving. Strong kinship ties and social obligations continue. Although the mainstream media emphasise stories of violence or crisis, the presence of cultural centres, Indigenous art, film, dance and theatre and activities celebrating Aboriginal cultures and significant events demonstrate the resilience of these communities and cultures.

Out-of-Home Care

There are multiple options for out-of-home care within Victoria as shown in Figure 2. The decision regarding what type of placement a child or young person will be placed in is influenced by a number of factors. These include their age, assessment of needs, availability of placements, the support available in their wider family network, placement

history and the level of care needed to keep them safe. Although some young people are in voluntary placements, this resource is written with the understanding that most young people leaving care are in court-ordered placements.

Transitioning out of care is not a requirement for every type of placement although eventually all young people will leave the statutory system even if they do not leave their placement. This transition will mean their access to supports, conditions on orders, or who makes decisions about their life will change. The quality of the young person's care experience is a major influence on their leaving care experience and their overall transition to adulthood (Mendes, Johnson, & Moslehuddin, 2011).

There is a range of policies and frameworks related to out-of-home care that directly or indirectly influence the process

of leaving care. Some of these are described in more detail in the Appendices but four that are particularly relevant are the Aboriginal Child Placement Principle, the Aboriginal Cultural Support Plan, the Best Interests Framework and Case Practice Model and the Looking After Children (LAC) framework. A tool currently in development to apply to this population, that is described briefly in the Appendices, is the Outcomes Star.

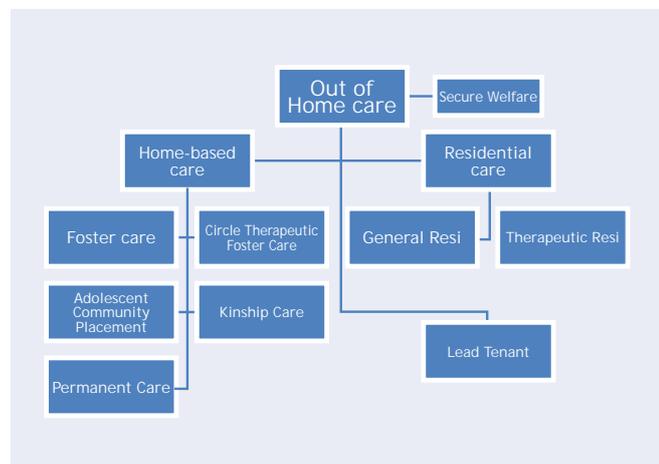


Figure 2: An overview of out-of-home care options in Victoria

Aboriginal Child Placement Principle

Where a child or young person of Aboriginal background is placed in out-of-home care, the placement must occur in accordance with the Aboriginal Child Placement Principle. This principle has been endorsed or legislated across all of Australia. The principle states the preferred order for placement for Aboriginal children and young people is:

1. That they are placed with relatives.
2. That they are placed within their Aboriginal community.
3. That they are placed within another Aboriginal community.

Only where none of the above options are available should an Aboriginal child or young person be placed in a non-Aboriginal placement.

In the latest national data collection regarding children in care it was noted that 31 percent of Aboriginal children in care across Australia were not placed with family or in Aboriginal placements compared to 42 percent of Aboriginal children in care in Victoria (AIHW, 2012a). This indicates that despite the endorsement by every government in Australia, there is much work to be done to enact the Aboriginal Child Placement Principle in practice.

Aboriginal Cultural Support Plan and Guide

As a means of supporting and guiding workers to implement the Aboriginal Child Placement Principle and other aspects of culturally informed practice, DHS developed the Aboriginal and Torres Strait Islander Cultural Support Plan Guide (DHS, 2005a). In addition to supporting decision making regarding entry into care, this guide is applicable to supporting practice for young people leaving care although it does not overtly mention leaving care.

This cultural support plan guide accompanies a plan document that guides what information needs to be collected, such as information regarding cultural identity, family information including siblings, the young person's community group,

and their tribal group. It also lists strategies for supporting the young person's links with their culture and community, including a contact plan.

Best Interests Framework and the Best Interests Case Practice Model

The Best Interests Case Practice Model is embedded within the Victorian legislation and is discussed in a series of government resources beginning with the Best Interests Framework: A conceptual framework (Miller, 2007). This framework was developed for children and young people in the family services, child protection and out-of-home care fields; however, it is highly relevant to the leaving care field whether it is prior to or after the young person has left care.

Foundational concepts in the framework are the importance of taking into consideration the young person's culture, age and gender in the information we gather; the analysis and planning that occurs; the actions that are undertaken; and the process of review. The core outcomes to achieve for each young person are safety, stability and promoting their development. Each of these is relevant for young people leaving care. For example:

Safety – What are the potential dangers and hazards to be considered and planned for in the process of leaving care? What are some of the risk factors present for the young person whilst in care that may still be a factor when they leave care and what are the plans to mitigate these risks? Who can assist the young person to feel and be safe? Do they feel culturally safe as well as physically and emotionally safe? What lessons and skills has the young person had the opportunity to learn whilst in care to reduce potential dangers?

Stability – What degree of stable living situation does the young person have in store for them? Who can provide the young person consistency and predictability in relationships post care? Do they have a sense of stable and secure connection to their community?

Development – What decisions and actions should we be encouraging the young person to make and do for themselves in preparation for greater autonomy later in life? What developmental challenges may be present for the young person that require additional support and is this support available? How can we be age-respectful and developmentally informed at the same time if these are not in sync?

A developmental, attachment and trauma-informed approach with an overarching cultural perspective to promote these outcomes for young people leaving care is a primary reason for the creation of this Making Tracks resource.

Another resource which clearly outlines the application of the Best Interests Case Practice model to young people leaving care is the specialist practice resource on adolescents and their families (Robinson & Miller, 2012). That guide includes discussion on working with adolescents who have experienced trauma and disrupted attachment including how to best support their leaving care transition.

Looking After Children (LAC)

Looking After Children (LAC) is a framework for supporting outcome-focused collaborative care for children and young people placed in out-of-home care through child protection in Victoria. LAC was originally developed in the United Kingdom and has subsequently been implemented in other jurisdictions including many states in Australia.

The LAC framework aims to strengthen communication and collaboration between carers, DHS staff, community service organisation (CSO) staff, other professionals, clients and their families. It prompts the young person's care team to consider matters that any good parent would consider when caring for their own children, including when helping them to leave home. It guides identification of the needs of children and young people and contributes to the development of plans which aim to meet these needs.

The LAC framework has seven life domains in relation to the needs and desired outcomes for children and young people in care. These are health, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills. Although self-care skills are obviously an essential domain in preparation for young people leaving care, so too are the other domains. The LAC framework for young people aged 15 years or older is designed to assist the young person preparing for adulthood and their transition to leaving care. The relevant LAC documents for these young people are an updated essential information record, an updated assessment and progress record and a 15+ care and transition plan. The LAC documents are designed to complement the Cultural Support Plan for Aboriginal children (DHS, 2012a).

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) and Barnardos Australia are working together to develop LAC case management tools specifically for work with Aboriginal young people.

The accompanying practice guide for this resource uses the LAC framework for young people leaving care along with other themes discussed in this resource with an emphasis on child development and culture (Jackson, et al., 2013).

The Leaving Care Process and Programs

In Australia increasing attention is being paid to the need to better support the transition for young people as they leave the out-of-home care system. This has arisen out of the acknowledgement that leaving care has until recently had an insufficient profile and lacked a whole of system approach (Department of FaHCSIA & NFIWG, 2010). This increased interest makes it an interesting and dynamic time in the leaving care field.

Leaving care has been highlighted as a national priority in the National Framework for Protecting Australia's Children 2009-2020. For example, under the National Framework's supporting outcome 4 that children who have been abused or neglected receive the support and care they need, a strategy is "to improve support for young people leaving care" (Commonwealth of Australia, 2011, p. 27). Another relevant strategy in the national framework in terms of understanding trauma and disrupted attachment is the strategy to help children and young people recover from their abuse and neglect experiences. Under the supporting outcome 5 to ensure Indigenous children are supported and safe in their families and communities all the listed strategies in the National Framework have relevance to Aboriginal young people in and leaving care (Commonwealth of Australia, 2011).

Flowing on from this commitment, a nationally consistent approach to planning for the transition from out-of-home care to adulthood has been developed to cover domains based on individual needs. These life domains include housing, education and training, employment, financial security, social relationships, support networks, legal

matters, health, culture, identity and life skills (Department of FaHCSIA & NFIWG, 2011).

"Consistent with the evidence supporting the National Standards for out-of-home care, the nationally consistent approach to planning recognizes that better outcomes occur for those young people who are healthy, safe and secure, have strong cultural, spiritual and community ties, have a positive sense of identity, participate in learning and achieving, and have positive family and other relationships." (Department of FaHCSIA & NFIWG, 2011, p. 4)

A model for facilitating the gradual transition from leaving care as developed by Maunders, Liddell, Liddell and Green (1999) has been described as a best practice model and the ideal approach (Department of FaHCSIA & NFIWG, 2010). This model as expanded on through the national framework has three components:

1. **Preparation** before they leave care (beginning no later than 15 years) through:
 - a high quality and stable system of care;
 - improved case practice and planning tailored to the young person's individual needs, actively involves the young person and where appropriate the carer, applies the LAC framework and involves a leaving care plan document that facilitates the young person's involvement, goal setting and review; and
 - a flexible support continuum emphasising interdependence including a primary support worker, family conferencing and other strategies to engage the family, and access to therapeutic support such as in relation to unresolved anger, loss and grief, anxiety, trauma and criminal involvement.
2. **Transition** through:
 - gradual implementation of the transition plan that is monitored and modified as needed and overseen by a key support worker;
 - continuing to involve the carer in the process and to provide support to them as needed given their pivotal role in supporting the young person;
 - continuing to involve the young person's family where possible and appropriate;
 - assisting young people to develop networks;
 - developing an integrated service response that recognizes the vulnerability of this population;
 - providing effective support and training to develop and consolidate the young person's living skills and other learning needs;
 - providing essential information to the young people about their past and their options for the future;
 - ensuring there are contingency arrangements and a flexible approach to respond to changing needs and circumstances;
 - ensuring the young person has access to adequate financial support tailored to their needs; and
 - involving appropriate mentors.
3. **After care** through:
 - continued access to support as developed in the previous phases as required;

- no closed door response to the young people if they experience problems after they have left care so they can re-access services; and
- continued interest from the out-of-home care service as appropriate (Department of FaHCSIA and NFIWG, 2010).

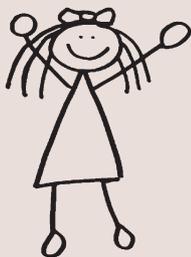
In Victoria, the DHS framework for leaving care emphasises three guiding principles: namely, to be inclusive of the young person, their family and significant others; to use care teams to develop, monitor and review the transition planning; and for the transition planning to be well coordinated and tailored to the young person's needs and circumstances (DHS, 2012a).

DHS has responsibilities to ensure planning for young people to safely transition from out-of-home care starts at least 12 months prior to when their court order expires. Each young person must have a transition plan that he or she agrees to,

which details the services and supports that have been put in place and will continue after the young person has left care. According to the *Children, Youth and Families Act 2005* section 16, DHS are required to provide services to support young people who are, or have been, subject to Custody or Guardianship orders, up to the age of 21 years.

Various services are available for 16–21 year olds who have lived in the out-of-home care system. In Victoria these include a telephone helpline, brokerage funds and case management services and mentoring. Employment and training initiatives through Springboard have recently been funded. Some of these services are described in more detail in Appendix 1.

Nationally, advocacy and resource organisations play a role in supporting young people leaving care via website initiatives and organisations, such as Create.



Finding out about Jedda

Jedda was born in Shepparton (a large rural city in north-east Victoria). Jedda's mother, Mary, is a Kurnai/Gunai woman from Gippsland and her father, Peter, is a Wiradjira man from Wagga Wagga, NSW.

Mary is reported to suffer from chronic and longstanding depression and has substance misuse issues. This is believed to be a form of self-medication as her drug misuse increases alongside her depressive episodes. Jedda's parents separated soon after her birth due to ongoing family violence.

Jedda was a very quiet baby, often sleeping and rarely crying. She is the youngest of six and her older siblings showed a range of difficult behaviours. Child protection files indicate that the household was chaotic and entrenched in poverty when Jedda was born, her mother experiencing post natal depression and at times drinking heavily.

Child protection became involved when Jedda was six months of age due to concerns about failure to thrive. Jedda remained with her family at this time and supports were put in place to assist Jedda's mother who had left Jedda's father.

When Jedda was two years old, her mother moved in with a new boyfriend. Jedda began attending a child care centre and was noted to be developmentally delayed, very quiet and sad. Her communication was delayed and she was still and inactive. She was noted to have problems with blanking out for periods of time. She was also described at child care as putting strange things in her mouth and having problems with fine motor skills.

When Jedda was four years old her mother Mary had another baby. Concerns were raised about Jedda and the baby being neglected. Mary stated she could no longer cope with Jedda in her care. Jedda was placed with non-Aboriginal foster parents.

From five to six years of age Jedda was struggling at school and was described as being a 'different' child who found it difficult to pay attention and who reacted in a fearful way to particular noises and light.

Jedda was settling in well with her carers, although they said she cried at night in her sleep and they couldn't always work out what she was thinking. They also noticed similar behaviours to what the child care centre and school had noticed. Jedda missed her mother but said she wanted to stay with her foster parents. Throughout this period Jedda had access with her mum, siblings and extended family on a regular basis.

At nine years of age Mary was having more contact with Jedda and stated she wanted Jedda back with the family. Mary was doing very well with working on her substance misuse and mental health problems and subsequently Jedda was returned to her care.

Jedda stayed with her mother Mary for approximately one year and then returned to the care of the previous foster parents. Mary had been struggling with her confidence and parenting skills and having been raised in institutions herself found looking after Jedda very difficult.

By age eleven Jedda became increasingly disconnected from her foster parents, her mother, extended family and school. She was described as keeping to herself and had very few friends. At thirteen years of age Jedda's foster parents stated they were unable to deal with her frequent abuse of them after she has access visits with her family and that the placement was over. At this time Jedda's father had re-entered her life and was also having contact with her. Jedda moved to residential care managed by a mainstream organisation. At this time, Jedda did not want to connect with her community and did not want to talk about being Aboriginal.

At fifteen years of age Jedda worked part time at McDonalds and at the age of sixteen she is getting ready to leave residential care.

Chapter 2:

What do we know about Young People who Leave Care?

Given each young person's unique experiences and characteristics we should be cautious in making generalised assumptions about young people who leave care. However, it is reasonable to assume that most will have experienced some trauma or neglect throughout their developmental years that led them to being placed in care in the first place. We know that factors such as age when the initial trauma experiences occurred, who perpetrated the trauma and their access to safe and positive relationships can impact on the level of difficulty they experience later in life. Although most of these young people are likely to have experienced trauma and they have all experienced removal from their home, the details of this trauma and their experiences in care will be varied. These different experiences as well as their personality and other factors will affect their process of transitioning through leaving care into adult life.

Is it my role to ask about trauma?... the elephant in the room...

Our focus should be on getting to know the young person as a person not just as a list of their traumatic experiences or their behaviours. If we assume that almost all those who leave care have experienced trauma then we should respond accordingly even if we never hear the details. However, if we have been able to develop a relationship where they feel safe to tell us some of their experiences then it is important we don't shy away or indicate that it is too terrible to hear. How we listen is often more important than saying the right words.

Remember...

- Follow their lead in how much or how little they wish to discuss.
- Remind them to only tell you what they are comfortable with, acknowledging they may feel more exposed and later regret saying too much.
- Be guided by whether the young person is calm when with you and ensure that you can help them to be calm if they become upset.
- Seek guidance and support through supervision or consultation.
- Be aware that hearing and bearing witness to the trauma experiences of others is a privilege and yet it can have an impact on us. Again this reinforces the importance of supervision and consultation.

Australian research regarding housing for young people who leave care found two distinct trajectories from care, labelled either smooth or volatile pathways (Johnson, et al., 2010). Findings from interviews with care leavers found that:

- 23% experienced smooth transitions from care
- 77% experienced volatile transitions from care
- In their first place of residence after young people left care:

- 42% returned to their family
- 25% moved into temporary or time limited accommodation
- 27% became homeless
- 6% moved into private or public housing (Johnson, et al., 2010).

This research found that those who experienced a smooth transition from care had demonstrably different experiences in care and access to support to prepare for leaving care, compared to those who had a volatile transition. For example, the young people who experienced a smooth transition had histories of fewer placements, generally felt safe and secure whilst they were in care, felt involved and better prepared for leaving care and left care at an older age. In contrast, those who experienced a volatile transition were more likely to have had multiple placements, usually did not have an exit plan, left care in a crisis and often left care into less appropriate accommodation, such as a boarding house or refuge (Johnson, et al., 2010).

International research has different classifications for describing leaving care. Stein (2005) classified three groups of care leavers as 'moving on', 'survivors' and 'strugglers.' Keller, Cusick and Courtney (2007) described groups as distressed and disconnected (43%), competent and connected (38%), struggling but staying (14%), and hindered and homebound (5%).

Similarly to Johnson and colleagues (2010), when Stein (2005) reviewed over a decade of his own and colleagues' collaborative research he found that the care experience had an impact on the leaving care experience. For example, the 'moving on' group generally had more stability in placements and had been able to form attachments to carers. These young people tended to be more educationally qualified and twice as likely to have good practical life skills. The survivors group commonly had multiple placement changes and left care at a younger age in crisis, often in response to behavioural issues. Those in the survivors group often had few or no qualifications and were more likely to experience homelessness and other struggles they would perceive to have made them 'more tough' and 'having done things off my own back'. The strugglers group (later renamed the victims group) was the most disadvantaged group with the most traumatic experiences prior to coming into care. This group demonstrated limited capacity for change in the care system given they were more likely to experience multiple changes in placement and were most likely to leave early and in crisis (Stein, 2005).

These studies highlight that case managers and care providers have a critical role whilst the young person is in care and that this can influence which leaving care pathway is more available for them. They also show the importance of relationships whilst in care for helping to bridge the possibility of new relationships once a young person has left care.

A number of, although not all, young people living in out-of-home care, especially residential care, are described as having high risk behaviours. Examples of such behaviours include frequent and high levels of alcohol and other drug use, absconding or running away from their placement, commercial sexual exploitation such as through prostitution, suicidal ideation and suicide attempts, self-harming behaviours, reckless behaviours such as high speed driving, aggression and violence, fire lighting, problem sexual

behaviours or sexual offending towards others, other criminal behaviours, and association with people who are a direct threat such as paedophiles. They will often have mental health problems, attachment and relational problems, poor affect regulation, chaotic and unpredictable behaviours, poor academic achievement, and minimal involvement with education and training (DHS, 2001; 2005b).

As indicated in the studies that show the different classifications of those who leave care, not all young people demonstrate these behavioural difficulties. However, that does not mean they do not need support. It is also important to recognise that some young people will have more internalised 'under the radar' problems, and others may present as fine at this time but could be at risk of later problems such as when they are a parent. Providing support during this transition is both a tertiary intervention for these young people and potentially an early intervention for future generations.

It is likely that young people leaving care will receive most assistance in this process from their carer. This also means there is a commensurate responsibility to provide support to the carers to best facilitate this process (SNAICC, 2011).

A longitudinal study of young people leaving care is currently being undertaken in Victoria by the Australian Institute of Family Studies funded by DHS. It is hoped this will further inform policy, program design and practice in relation to supporting young people in the leaving care process.



Chapter 3:

What do we know about Aboriginal Young People who Leave Care?

There is minimal research specific to Aboriginal young people leaving care. Recent data published by DHS (2012b) noted that in Victoria there were 33 Aboriginal young people aged between 16 and 17 years of age on Custody or Guardianship orders. Most were from the North and Western metropolitan region of Melbourne (58%), with the next highest group in the Gippsland region (36%). The other Aboriginal young people on long-term orders were relatively evenly spread across the remaining six regions. In addition, there were approximately another 87 Aboriginal young people aged between 18 and 21 years whose court orders had expired. As such, in Victoria there were an estimated number of 145 Aboriginal young people who were either preparing to leave care or who had already left care in recent years.

According to a SNAICC submission (2011), anecdotal evidence suggests that more Aboriginal young people leave out-of-home care to live independently from an earlier age, compared with non-Aboriginal young people. Some are leaving care as young as 14 years of age.

Aboriginal young people leaving care and transitioning into adulthood are likely to share many of the hopes and fears of other young people going through this aspect of the out-of-home care experience as mentioned in Chapter 2. However, they are also more likely to experience some of the more negative aspects of this transition phase. This is in part due to their over-representation in the out-of-home care system. An example of their heightened risk is the higher proportion of Aboriginal young people who leave school early, which is, amongst other things, a risk factor for problems related to later unemployment, homelessness and poverty.

Over-represented in Care and therefore Over-represented in Leaving Care

Aboriginal children and young people are over-represented in the protection and care systems across every state and territory in Australia. The latest national data analysis by the Australian Institute of Health and Welfare (AIHW, 2012a) showed this over-representation as:

- Substantiated abuse and neglect
34.6 per 1000 Aboriginal children and young people compared to 4.6 per 1000 non-Indigenous (7.6 times more likely to have substantiated abuse and/or neglect)
- Court orders
51.4 per 1000 Aboriginal children and young people compared to 5.4 non-Indigenous (9.5 times more likely to be on a court order)
- In out-of-home care
51.7 per 1000 Aboriginal children and young people compared to 5 non-Indigenous (10.1 times more likely to be in care)

These data in Figure 3 show that the deeper into the protection and care system, the higher the degree of over-representation for Aboriginal children and young people across Australia including Victoria. In 2010-2011, across Australia there were 11,468 Aboriginal children and young people in out-of-home care. This was approximately one-third of all children and young people in out-of-home care in Australia (AIHW, 2012a). Osborn and Delfabbro (2006) found that Aboriginal children and young people were more likely to enter care at a younger age and were more likely to remain in care longer.

Aboriginal children and young people are ten times more likely to have substantiated neglect, whereas for non-Aboriginal children and young people the more common reason for substantiation was emotional abuse (AIHW, 2012a).

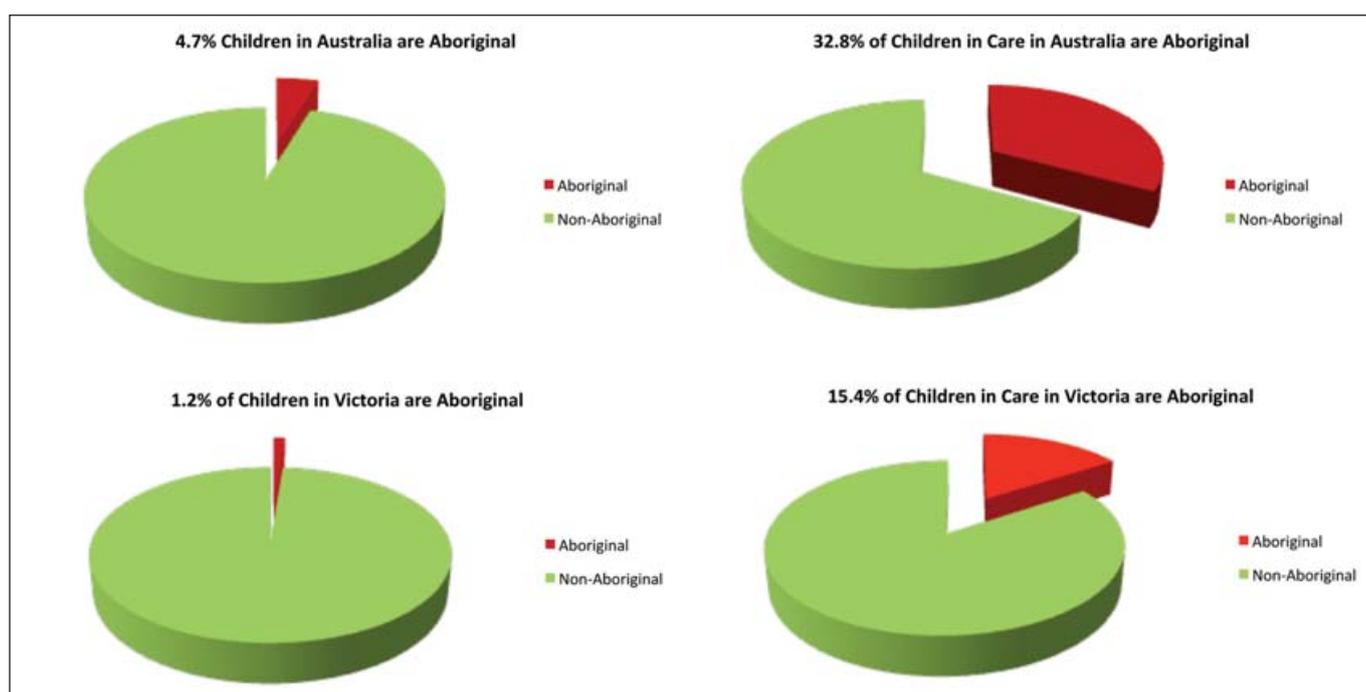


Figure 3: Proportion of Aboriginal children (aged 0-17 years) in out-of-home care and in the general population in Victoria and Australia compared to non-Aboriginal children in 2011 (AIHW, 2012a)

The reasons for the over-representation of Aboriginal children and young people are many and varied and include:

- The legacy of past policies of the forced removal of Aboriginal children from their families, such as the impact on health including mental health and loss of connection to culture;
- Intergenerational effects of previous separations from family and culture, such as leading to limited access to positive parenting models within culture;
- Poor socio-economic status and other disadvantages, such as health, housing, education and employment;
- Aboriginal parents may have learnt through lessons from history to distrust services offering to help to meet their child's 'best interests.' This may reduce their willingness to access services that could potentially provide earlier intervention and support;
- Mainstream organisations do not always have a culturally competent approach to their work with Aboriginal people. This can inadvertently reinforce the lessons of distrust from the past;
- Aboriginal organisations often do not have the economies of scale or funding infrastructure to provide all the services required;
- Cultural differences in child-rearing practices that if misunderstood by mainstream services can lead to premature or inappropriate child protection involvement; and
- Systemic racism, where the predominant culture can struggle to understand the minority culture or even realise when it is operating on false assumptions.

Higher Risk of Leaving School Early

Aboriginal young people are 50 percent less likely to complete Year 12 at school than non-Aboriginal young people (36.6% compared to 75.8%) (Department of Education and Early Childhood Development (DEECD), 2009, p. 244). This is influenced by many factors that precede this age and in turn influences future pathways such as in relation to further education and employment.

Figure 4: portrays some of the differences between those who complete Year 12 and those who leave school early. It also shows the different patterns between Aboriginal young people and non-Aboriginal young people.

The Australian Council for Educational Research on Track survey (DEECD, 2009) found that Aboriginal early school leavers had lower rates of employment than their non-Aboriginal peers (20.6% Aboriginal early school leavers compared to 27.7% non-Aboriginal early school leavers were employed). The proportion of non-Aboriginal early school leavers with full-time jobs was nearly twice that of their Aboriginal peers (12.8% compared to 6.9%).

It is worth noting that not all data regarding education show such differences. For example, Aboriginal young people are less likely to skip school than non-Aboriginal young people and are just as likely to feel connected to their school and school friends (DEECD, 2009).

Importance of culture and community

Rather than focusing solely on the prevalence of risk and harms experienced by many Aboriginal young people who are leaving care, it is important to reflect on the strengths and resources available to many of these young people.

Studies show that connection to community and cultural identity are a protective factor. These studies found that culture has a power in protecting, integrating and buffering those with experiences of trauma. They also found the opposite for those who were not connected to their own culture, where stress was more likely to have a negative effect on their health and mental health (deVries, 1996). Although these studies were not specifically about Aboriginal young people leaving care, the implications are clear in terms of why practice should support and strengthen their connection to culture.

The third evaluation report of Take Two (Frederico, Jackson, & Black, 2010) reported that Aboriginal children and young people varied in their understanding of their own culture and their connection to community. This evaluation found in a sample of Aboriginal children/young people involved with Take Two that 47 percent had no or minimal understanding of being Aboriginal and 36 percent had no or minimal connection to culture. They were significantly less likely to have this cultural understanding or connection if they were placed with non-Aboriginal carers. When we consider what this means for young people preparing to leave care it reinforces the need to be proactive and not make assumptions that the young person's current sense of who he or she is is sufficient to buffer them for what is to come.

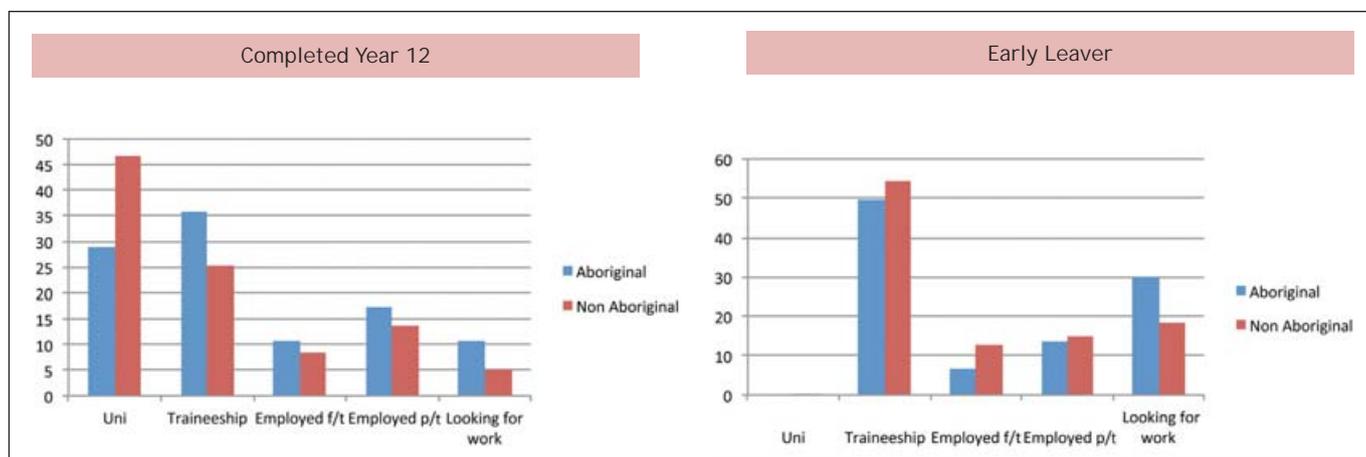
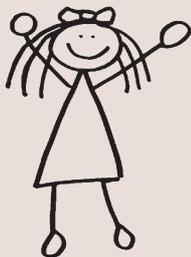


Figure 4: Data about Aboriginal young people completing Year 12 or leaving school early (Adapted from DEECD, 2009)

As mentioned in the previous chapter, Aboriginal young people are more likely to have strong ties with their extended family and to have an understanding of social obligations. Both of these factors are a vital resource to young people as they transition into adult life and what it holds for them.



Working with Jedda

Jedda is now 16 years old. She has been referred to a leaving care program by her child protection case manager as the staff at the residential unit are concerned about how she will cope when she has left their care.

The residential care staff and case manager tell us that Jedda has not participated in any future planning and lives day to day in a state of chaos and crisis. Jedda has violent outbursts which the residential care staff think may be connected to ongoing access with her parents. Jedda is believed to give her wages from her part-time job to her mother Mary and there are some concerns about this. This often leads to Jedda being in financial crisis in the days before her next pay and other older people have been trying to contact her at the residential unit demanding money. Staff are concerned as Jedda often misses school and this is becoming more frequent of late. They report Jedda's connections to staff and other young people in the unit have decreased, her self-harming behaviours have increased and she often stares blankly when staff try to engage her.

Q. What will Jedda need when she prepares to leave care and after she has left care?

Q. How do we **find** out about her sense of who she is and her connection to her culture?



Chapter 4:

Child and Adolescent Development

Why is Understanding Child Development Important?

Understanding child development is an essential element to understanding and working effectively with all young people, including Aboriginal young people leaving care. It helps us to:

- Have knowledge of what to expect for young people at different stages of development including transition to adulthood
- Consider the role of culture in all human development
- Reflect on what young people are capable of achieving for themselves and others as active participants in their own lives, in community and in society
- Reflect on what young people leaving care need from parents/caregivers² and workers
- Understand what is and is not healthy development
- Make sense of the impact of past traumas and other adverse events on development so we can understand the young person's current and future functioning and what may be of assistance.

Understanding child development is necessary in order to accurately complete the LAC documents and conversely, completing the LAC documents will assist workers to better understand and meet the young person's developmental needs. The DHS care and transition planning framework and guide articulates how the seven LAC domains relate to young people leaving care (DHS, 2012a).

Age is an imprecise marker of development but usually the main one available. Best practice from a leaving care perspective involves planning *"...based on the levels of maturity and skill development of young people, rather than simply their age"* (Department of FaHCSIA & NFIWG, 2011, p. 5). Thinking developmentally about this group of young people includes considering four questions:

1. What are the developmental challenges inherent in the transition from care to leaving care?
2. What are the developmental consequences of abuse and neglect and other factors associated with being in care that may impact on this transition?
3. What are the skills required for this transition and how can these be supported prior to leaving care?
4. What are the cultural implications to consider when answering these questions with Aboriginal young people?

Adolescents approaching young adulthood are confronted by new expectations and obligations. Leaving care, with all that entails, compounds these challenges. A healthy and positive childhood equips young people to meet these expectations and challenges, even if they don't succeed in

every situation. A childhood filled with absences, chaos and assaults will at best mean they need more support to deal with what adult life requires. At worst it means they will be unequipped and their chances of living safely let alone being happy are diminished. For many who have experienced abuse and neglect and who have been in out-of-home care, childhood may have taught them that challenges result in further vulnerability. Many may have also learnt that help will not be available when they need it.

What is Healthy Adolescent Development?

Adolescence is a relatively newly defined phenomenon and not described as a separate phase historically in either Indigenous or western societies. However, it has become a useful concept to describe certain developmental changes, tasks and expectations. The dynamic stage of adolescence is a time of great opportunity and risk.

Healthy development in adolescence is usually characterised by the following:

- Coping with the physical, hormonal and social changes which occur in puberty
- Mastering new and strong feelings associated with sexual and aggressive impulses
- Developing a sense of autonomy from parents
- Forging sustainable links to peers and adults outside the immediate family
- Developing a capacity to hold intimacy in a romantic relationship
- Developing a stable sense of one's personal values
- Consolidating a sense of personal identity
- Achieving a sense of industry in work or school tasks
- Planning realistically for future economic independence (Becker, Daley, Hendren, et al., 2003)

Strayhorn (1988) explored what adolescents need for healthy development. We have added to this list based on our understanding of what young people need.

- Closeness, trusting and relationship building with both new and familiar relationships
- Handling separation and independence
- Managing joint decisions and interpersonal conflicts
- Dealing with frustration and unfavourable events
- Structures, routines and flexibility
- Celebrating good things, feeling pleasure
- Taking certain risks and trying new things
- Safety and protection
- Working for delayed gratification
- Positive experiences of touch and human contact
- Relaxing, playing
- Cognitive processing through words and symbols
- Belonging to family, community, identity and culture
- A sense of purpose that adapts to different situations

²The terms 'parent' and 'parenting' are used to capture the particular relationship that the child has with adult/s who are emotionally invested in and consistently available to care for him/her. Who fills the role -regardless of gender or biological relation - is less important than the quality of the relationship, and so the term is used here of all caregivers who serve this role.

- Which of these needs, if any, can the young person you are working with rely on being met?
- For needs that appear elusive or impossible to meet, what can we do differently to help meet them, directly or through others?
- What additional needs may exist when an Aboriginal young person is preparing to leave or has left care?

Zubrick and colleagues (2005) in a large study of Aboriginal children and young people in Western Australia described what they considered to be essential capacities for children for their positive social and emotional development, including but not only in relation to adolescents. These were:

- *“The capacity to form meaningful attachments to significant others.*
- *A capacity for personal identity and autonomy.*
- *The capacity to regulate emotions.*
- *The capacity to understand societal norms and discriminate right from wrong.”* (Zubrick, et al., 2005, p. 554)

Multiple Dimensions of Human Development:

The overlapping and interconnected multi-dimensions of human development include biological, psychological, social, spiritual and cultural dimensions as portrayed in Figure 5. They are best understood within an ecological context (Harms, 2005).

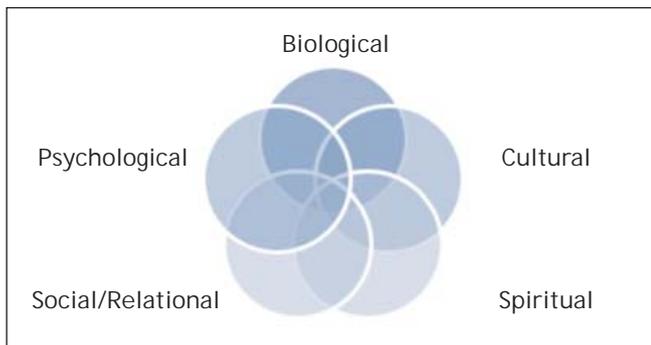


Figure 5: Multiple dimensions of child development

There are *multiple developmental ages* where young people may be at one age chronologically but at different ages biologically, cognitively, socially, emotionally, morally and sexually. Age and development are not always in sync, especially when there has been trauma, neglect or other adverse experiences (Perry, 2006). For example, a 16-year-old may be functioning at a three-year-old emotional and social age, an eight year old cognitive age, yet act sexually as if an adult.

So what?

Unsynchronised development can lead to young people having problems in planning for their future and for coping on a day to day basis.

Whether a young person is developmentally delayed or has regressed under stress, it is important to communicate and respond to them in a way that is informed by their current developmental functioning whilst being age-respectful.

Biological dimension

Development of the body and brain occurs through genetics and experiences and the interactions between them. Our biology changes through a number of influences including the normal process of growth and maturation, diet, health, and the environment, such as relationships and exposure to stress and trauma (Harms, 2005).

Knowledge about the brain and the way it changes helps our understanding of development. Every time we influence someone’s behaviour, thinking, relationships, lifestyle, decision-making, emotions, reactions, sleep, appetite, memory, imagination or capacity to learn we are changing their brain (Perry, 2002). We do not have to be brain surgeons or neuroscientists to change the brain, but there is a lot we can learn from neuroscience to help us be more effective in our work with young people.

The brain develops sequentially and vertically from bottom to top. Starting in-utero with the less complex brainstem (the lower part of the brain), this was followed by the diencephalon, the limbic system and finally the most complex part of the brain, the neocortex (Perry, 2006). Each of these areas in the brain serves different but interdependent functions, as indicated in Figure 6, such as:

- Brainstem: responsible for regulating heart rate, blood pressure and arousal states, etc.
- Diencephalon: responsible for integrating sensory information, such as interpreting sound, smell, taste, pain, pressure, temperature, movement, and touch. It also regulates some emotions, such as anger; some aspects of memory, hunger and thirst, the endocrine system (hormonal system), normal body temperature, and sleep.
- Limbic system: responsible for attachment, some aspects of memory, affect regulation and many types of emotion.
- Neocortex: responsible for concrete and abstract thought and complex language.

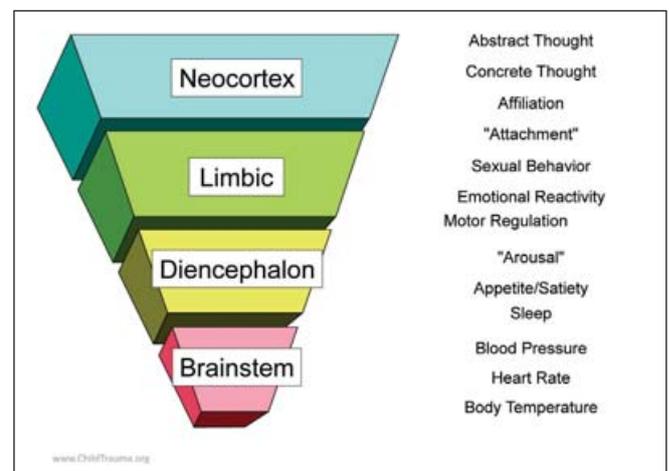


Figure 6: Diagram of different levels and functions of the brain, Perry, 2000, ChildTrauma Academy

A major aspect of physical development is a child’s growing ability to regulate their body states and functions including lower brain functions, such as heart rate, breathing, blood pressure, respiration, sleep patterns, appetite, toileting, etc. As they grow, physical regulation changes to meet the growing and shifting demands on the child or young person and his or her level of activity.

The child or young person's capacity to recognise and regulate these physical states grows over time, although some aspects remain involuntary. For example, young people can learn to recognise when their heart is beating faster and their breathing is rapid (such as when they are running or frightened) and may learn to regulate these to some extent. However, when under threat the heart rate will beat faster as an adaptive biological response to help them get ready to run or fight.

Appreciating that indicators of poor health or dysregulated physiology may be directly or indirectly related to young people's developmental history highlights the importance as identified in the LAC framework of paying attention to a young person's health. This is even more crucial for Aboriginal people who have additional health risks. These include being at higher risk for the following: high blood pressure, lung cancer (although less likely for most other cancers), diabetes, kidney disease, being injured, respiratory problems, poor eye health, hearing problems, poor oral health, disability that restricts core activities, and some communicable diseases such as TB and Hepatitis B. It is also important to recognise the social determinants of health that may be less available to many Aboriginal people especially those in out-of-home care, such as employment, safety, education, income, connection with others, and connection to the land or their home country. A specific social determinant for Aboriginal people is the dispossession from land and from family through past policies of colonisation and Stolen Generations (Australian Indigenous HealthInfoNet, 2012).

Understanding the implications of developmental problems on a young person's health highlight the imperative of providing them with opportunities to learn and practise self-care skills that promote health and physiological regulatory activities. Some cultural activities can help physical regulation, such as music, dance and ceremony that can help regulate heart rate, breathing and physical movement. These and other activities are discussed in more detail in Chapters 7 and 8.

So what?

Difficulties in physically regulating their body, sleep problems, appetite problems, and other brain functions, such as emotional reactivity, impulsivity, their relationships with others, learning and memory can all be affected by early in life and later in life experiences.

Understanding that these are not all managed by the cortex (the thinking part of the brain) reminds us that the most effective response by workers is not always to appeal to the young person's reason or logic. Considering what positive repetitive developmental experiences they did not have as young children may guide us to think about how to provide positive reparative experiences at this older age. Just as the brain can change through negative experiences, it can change through sufficiently repetitive, regulatory, rhythmic and relational positive experiences (Perry, 2006). This is discussed in more detail in Chapters 7 and 8.

From a neurobiological perspective, adolescence is a different phase to what has gone before in childhood and what is yet to come in adulthood.

"Adolescents' neurobiological immaturity, relative to adults, is a fact, and within the neuroscience community, an uncontroversial one at that." (Steinberg, 2009, p. 15)

There are some structural changes in the brain that occur in adolescence and early adulthood although the scale of change is greatest earlier in life. The birth of brain cells (neurons), the creation of the majority of connections between neurons (synaptic connections) and the physical growth of the brain has largely occurred by the age of three years, but other changes continue in childhood and adolescence.

An example of change during adolescence is the increase in myelination of neurons. Think of it as creating more 'insulation' for neurons which increases the efficiency and speed of communication between them (Child Welfare Information Gateway, 2009; Lenroot & Giedd, 2006; Steinberg, 2009). Bruce Perry likens this to the difference between a 'dial-up' (slow) and fibre optic (very fast) internet connection. This increased efficiency is associated with improved executive functioning, including capacity to plan ahead, weigh risks and rewards, consider multiple sources of information and lower impulsivity. This increase in myelination continues during adolescence and into adulthood up until early 30s. In other words, in adolescence they do not yet have the efficiency of executive functioning that they will have later in young adulthood (Perry, 2012; Steinberg, 2009).

During adolescence there is an increase in synaptic connections within the cortex and between the cortex and limbic system. As these connections grow in number and strength, so the young person's capacity to regulate their emotions, to process emotional and social information and to process what is rewarding and what is threatening also grows (Steinberg, 2009).

Another area of change in the brain especially during early adolescence is the increase of dopamine (a neural transmitter) in the prefrontal cortex. Dopamine is involved in the brain's reward functions. One hypothesis to understand increased risk-taking in adolescence is the increase in dopamine activity in the brain that heightens the feeling of reward a young person experiences, such as by thrill seeking (Steinberg, 2008). This is discussed in further detail at the end of this chapter. Other activities or substances that can stimulate the neural systems involved with feeling the pleasure of reward are a mixed bag including: alcohol and other drugs, salty and fatty foods, music and rhythm, doing something consistent with beliefs and values, relationships, sex, generosity to others, gambling and self-harm (Perry, 2011; Linden, 2011). Some of these sources of reward point to potential risk factors and others point to potential strategies to engage the young person in positive experiences of reward, including those associated with cultural activities. We should not underestimate the power of cultural connection as a biological reward as well as a social reward.

Psychological dimension

Understanding the biological dimension of the brain goes hand in hand with understanding the psychological dimension. Helping the young person with their emotions, behaviours and problem solving is often the focus of our work. Goals with the young person may include reduction of impulsivity, gaining self-control over anger, learning to manage finances, plan their housing, help them relate well with others, strengthen their sense of identity and belonging, provide information about their culture and community, or help them understand that what happened to them was not their fault. Understanding both the brain (biological) and the mind (psychological) increases our ability to positively



influence these and other aspects of development. Many of the LAC domains relate to the psychological dimension of development, such as emotional and behavioural development, education, identity, and self-care skills.

Cognitive development, as with all development, builds on what has gone before. In other words it is sequential. In adolescence, young people have usually mastered and gone beyond concrete operational thinking that helps them to reason, as described by Piaget's theories. All going well developmentally, they can make deductions not just on what they see in front of them but can think beyond the immediate and the practical. They can hypothesise, have multiple ideas and think about how they think. Their thinking is more capable of abstract and complex thinking, with a growing interest in ethical and moral dilemmas (Daniel, Wassell & Gilligan, 1999). Chapter 7 describes some of the implications when cognitive development is not going well and is impacted by trauma or neglect.

An aspect of psychological development that is very relevant to understanding young people in out-of-home care and leaving care is affect regulation. Affect regulation is the ability to recognise and manage or regulate our emotions, moods and feelings, leading to a stronger capacity to manage or regulate behaviour.

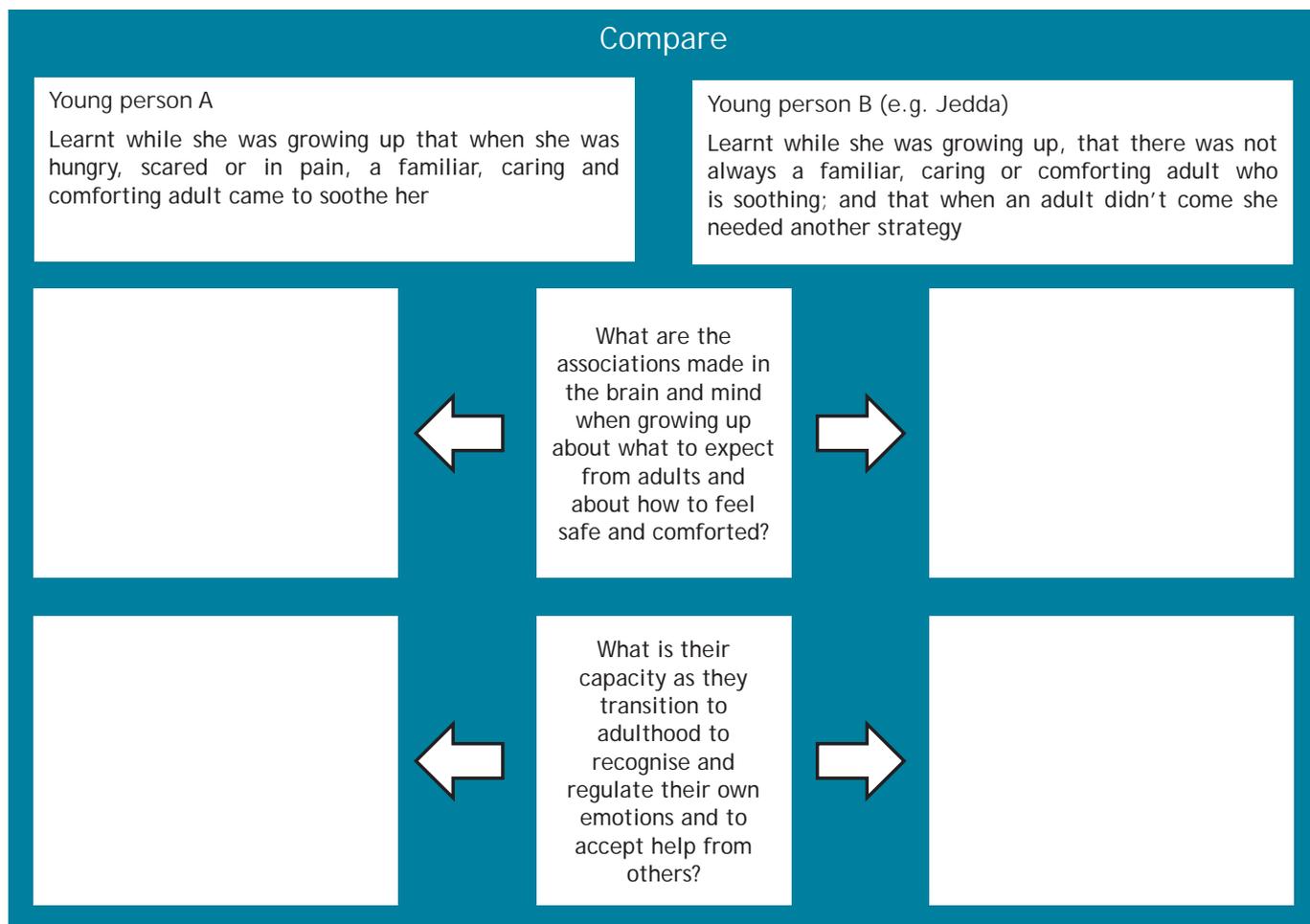
In infancy emotions can be extreme and not able to be self-regulated. Hence infants need the adult to co-regulate their emotions. By preschool age, children are usually able to anticipate, talk about and use their growing awareness of their own and others' emotions to better manage everyday emotional experiences and adjust their behaviours. It is still not easy and they continue to need trusted others to assist.

By school age, children's capacity for affect regulation is more extensive and flexible but can be challenged by unpredictable or overwhelming events. Then comes adolescence! Hormonal and other changes in adolescence can disrupt young people's developed capacity to regulate their affect on a temporary basis. At the same time they are more likely to be exposed to external stressors that will test their limits. If well established earlier in life, they usually adjust and strengthen or rediscover the ability to regulate their affect under different conditions.

The primary way we first develop affect regulation is through early attachment relationships. The infant learns to regulate his or her affect through co-regulation with safe and secure adults who comfort, rock and otherwise respond to the infant to soothe his or her distress. This provides the template for future emotional development where the child gradually learns to do these things for him or herself. However, there are times at any age, such as when under overwhelming distress or threat, when needing someone we trust to help co-regulate is a sign of healthy adaptive functioning. It doesn't matter how old we are, sometimes we just need someone by our side, or a hug.

Attachment is discussed in more detail in the next chapter but following are some general principles that link attachment with affect regulation and emotional development:

- Young children under normal circumstances are assisted to understand, experience and manage their feelings through the support of their parents/carers.
- Young children whose needs are responded to lovingly and consistently, gradually learn that when they feel



distressed, frightened or in pain someone they trust will respond, nurture and soothe them.

- As parents/carers respond to their children's emotions and help them to manage and put their emotions into words, they are teaching them to regulate and give these emotions meaning.
- Affect regulation and positive behaviours are fostered not only by the parent/carer's immediate responses, but also by the security and confidence their relationship creates as the child grapples daily with feelings that can be confusing and frightening.
- Older children and adolescents are more frequently exposed to external situations which challenge their affect regulation compared to younger children. Their earlier formed template will be their default position unless they learn other strategies.
- Young people can learn to better regulate their affect and expand their repertoire of behaviours so as not to rely on their default ways of reacting, but this is harder than it sounds and takes lots of practice.
- Children, young people and adults will have more capacity to self-regulate if they are surrounded by people who are trusted, familiar, in tune with them and safe. This is not just within family but also within community.

An aspect of development that looks very different throughout the stages is the emerging interdependent self. Infants are not autonomous but wholly dependent on others. However, growing up is about developing both independence and autonomy in some functions and interdependence in others. Capacity for independence that increases for children as they grow include their capacity to feed themselves, look after their personal hygiene, and meet certain learning and other self-care tasks. Interdependence that emphasises our ongoing need for relationship is particularly valued within Aboriginal culture (Ryan, 2011). Children learn autonomy and self-mastery, but also the continual yet changing and mutual need for other people in their lives.

As we grow and develop in a healthy manner we learn to respond to situations based increasingly on internal control compared to external controls. This capacity to regulate ourselves is also assisted by having a strong internal locus of control. This refers to our perception that we have some degree of control over our circumstances, rather than assuming or attributing the cause of every situation to external factors. Internal and external locus of control are on a continuum.

There is a link between self-efficacy and a strong internal locus of control. Children require scaffolding – or training wheels – to learn how to tackle new tasks and accept new challenges without fear, until it is time to stand or ride alone. As adolescents develop an increased internal locus of control and self-efficacy, they explore, test limits, accept certain responsibilities, and become more autonomous. When and how autonomy emerges, and what it looks like varies from culture to culture. For example, Yeo (2003) noted that autonomy within the Aboriginal community is considered important if it contributes to the group cohesion and connectedness.

Capacity for self-efficacy and autonomy are pivotal in performing many tasks required when leaving care, such as employment, budgeting, living on their own or negotiating living arrangements with others. If a young person does not

have a strong internal locus of control or self-efficacy, they may not realise they can influence their life including their own behaviour.

For example, if they have problems with not having enough money for rent or not turning up to their job on time, then statements such as: "He made me do it" "I had no choice" "The services are unhelpful so I couldn't do anything about it" indicate they perceive the control and power rests with others and not with themselves. This not only means they will not learn personal responsibility but is likely to make it harder for others, such as employers, customers and landlords or even family to give them a second or third chance. If they have similar financial or other difficulties but use statements such as: "I'm finding this hard to learn", "I need to learn how to do this" or "I want my family to know they can rely on me" they are more likely to develop a sense of fulfilment when they achieve a new skill and are more likely to find others responsive and understanding.

Young people who have experienced early in life trauma often struggle to develop self-efficacy or a sense of competence, especially if they have a pervasive sense of helplessness. They may find it difficult to link their thoughts and feelings with outcomes of their own and others' actions, leading to confusion and hopelessness (Schmied & Tully, 2009; Taussig, 2002). The impact of trauma and grief on Aboriginal people's self-efficacy was noted in the HREOC (1997) Bringing Them Home report.

Stein (2005) contends that the UK child welfare system actively decreases the self-efficacy of young people in care. He noted their lives were often controlled by others and filled with assessments and decisions which determined what was going to happen to them. This sounds familiar to the Australian system. Young people with little sense of self-efficacy are likely to be increasingly anxious as the transition to leaving care is underway and may react in unpredictable and fearful ways.

In contrast, some adolescents and younger children who have suffered abuse and neglect, particularly neglect, may learn an artificial self-efficacy too early and on a false foundation. They may have been forced to become self-reliant and autonomous when they should have been able to rely on others. These young people pose different challenges when in out-of-home care and when leaving care. They may reject offers of assistance and need to hold on to the idea that they are the only people they can trust. This false sense of self-efficacy creates barriers to truly developing self-mastery and autonomy.

Personal, social and cultural identity formation is another key developmental task. It is most clearly formed and expressed in adolescence but is built progressively from earlier childhood. As children explore their hopes, wishes and fears, they develop a sense of who they are in the present, who they want to be in the future and who they are connected with. Different roles, behaviours and beliefs are tried out in order to select or find an identity. Self-expression, personal beliefs, vocational choices, sexual preference, affiliation and identification with particular groups, and cultural identity are all aspects of forming identity. Stein (2005) writes that helping young people to develop a strong sense of identity promotes resilience for when times are tough.

Identity is a major developmental task for all adolescents and young adults. However, those who perceive themselves as overtly different from the mainstream, such as from

Indigenous cultures, from a culturally and linguistically diverse background, including refugees, those with a same-sex identity or with a disability may confront additional hurdles (Robinson & Miller, 2012; Whyte, 2011). This could be from their own perspective and/or the perspectives of others, such as through injustice and overt or covert prejudice.

For Aboriginal young people, understanding their own cultural background and identity is a crucial step to understanding and supporting development of autonomy and identity. For Aboriginal people, identity is not just about self, but is also inherently about the other. Identity is connected to kinship, land and community and is about the past, present and future (Fryer-Smith, 2008).

Young people in out-of-home care often have particular challenges in developing a positive identity. They may struggle to have a clear understanding of their lives and their own or their family's history (Whyte, 2011). *"Being able to provide a young person with a context or narrative to their life may have important ramifications for the development of their sense of self and their sense of wellbeing."* (Whyte, 2011, p. 28)

There are often missing pieces in their knowledge of themselves and their families. The LAC 15+ Assessment and Progress Record can be very useful in gathering what information is available and thinking about what is missing. Approaches to life story work, such as described by Richard Rose (2012), can help create a partnership between the young person and the life story worker as detectives together finding some of the missing pieces to his or her puzzle.

The need for a young person to have a sense of permanence; that is stability and a sense of their own identity, can be taken for granted for most families in society but not for children and young people in care.

"Research has shown that the wellbeing of ...children (at risk) depends not only on meeting the basic physical and psychological needs which they share with all children, but on the provision of a 'sense of permanence', and also a sense of their own identity." (Thoburn, 1994, p. 37)

As illustrated in these following quotes, there are different ways the leaving care experience can influence a young person's identity.

"It gets lonely, it's only when you leave care you know you've been dumped." (Care leaver, 1986 in Kufeldt & Stein, 2005, p. 135)

"I think I'm special because I tried and finished college." (Care leaver, 2002, in Kufeldt & Stein, 2005, p. 138)

"I feel more of a person now that I'm on my own and I ain't got to go and ask permission from social services for this and that and the other. I feel like myself now, more normal." (Care leaver, 1995, in Kufeldt & Stein, 2005, p. 138)

Experiences leading up to and during the out-of-home care process, especially in relation to trauma, can create problems with self-worth and identity. Does the young person self-identify as a client, a citizen, a kid, an adult, a trouble-maker, a victim, a survivor, a warrior, one of the gang, or a proud Aboriginal young man or young woman, or a combination? Is their perception of self based on a real or distorted memory or the stories they have been told about their parents and why they are in care? Is their perception of self based on having learnt about the heritage of warriors

in the Aboriginal community and feeling proud to lead the charge for a better life for their family and community? What does this sense of identity likely mean in terms of whether they feel helpless or someone who can act?

The transition to adulthood will bring some of these and other facets of their identity to the forefront, along with potentially confronting emotions and ideas. It is crucial that young people have access to people they already trust in order to explore their questions, assumptions, hopes and fears about "Who am I?" and "Who do I want to be?"

As highlighted in the *Who Am I? Making Records Meaningful* project, it is also essential they have access to their records. That project is a study funded by the Australian Research Council and by partner organisations including The Centre of Excellence, VACCA and DHS. An underlying premise of the Who Am I project is the importance of out-of-home records to be used as a resource for the child or young person's identity. Not only does this mean ensuring notes are up-to-date, but writing them with the idea that the young person may one day wish to read them. As described on the Centre of Excellence website (www.cfecfw.asn.au/know/research-and-evaluation/sector-research-partnership-projects/out-home-care/who-am-i), client *"records represent explanation, connection, identity, belonging, context and meaning."* In the Who Am I project care leavers stated they wanted to see personal information that was relevant to their lives rather than for administrative purposes. Stories from people who have left the care system reveal a desire to keep searching for details of their childhood including what happened before, during and after care as a means of helping them develop a sense of identity. The importance of record keeping with the young person at the centre is as relevant for leaving care workers as it is for workers in the child protection and out-of-home care system.

Social and relational dimension

As the biological and psychological dimensions are interconnected so is the social dimension. Our capacity to form and sustain relationships begins with our initial attachment relationships. As we grow older, our range of relationships increases, including other adult-child relationships, such as with teachers, friendships and sexual relationships. Early attachment relationships significantly shape our capacity to trust others, to learn how to have empathy for how others are feeling and to consider what others may be thinking. Adolescence provides new opportunities for expanding our relationship repertoire. Attachment is discussed in more detail in the next chapter. The LAC domains most relevant to this social and relational dimension of development are family and social relationships and social presentation.

Making friends and getting along with peers is a major developmental task of childhood that continues throughout life, yet usually has a particular focus in adolescence. There is an emerging capacity to move beyond attachment figures to trust, love, empathise and nurture others and to resolve conflict constructively as indicated through these next points:

- The young person is likely to generalise messages from their experience of early attachment relationships to guide expectations about other relationships, including friendships.
- Friendships provide a major source of security in threatening situations, especially if underpinned by secure attachment relationships. They also provide

a major source of learning about self-identity, individual differences and getting along with others. Most children old enough to interact with peers face competition and rivalry, differences of opinion or values, misunderstandings, antagonism or explicit conflict. In some situations overt threat, such as bullying or other forms of verbal or physical violence, may be occurring. Friendships can involve risk, such as when there is peer pressure on the young person to do something against their will or become involved in high risk activities, such as substance misuse, criminal activity or unsafe sexual activity. This is discussed in more detail later in relation to risk-taking. By adolescence, the whole sense of self can often feel defined by relationships with peers. For example, "I'm a good person" or "I'm a bad person" may be defined by whether other people 'like me'.

- Friendships and peer groups can differ from one culture to another, as can the unspoken rules of interpersonal interactions with children of similar or different ages. For example, collectivist cultures, such as Aboriginal culture, often place more emphasis on group harmony than competition.

Erikson's (1950) eight stage model of development brings the psychological and social dimensions together when looking at adolescence and early adulthood. Erikson identified adolescence as being a time when the world expands. Social aspects of school and neighbourhood become more important while parents may diminish in their influence. Erikson defined the tasks for adolescence as developing a sense of industry as we become competent in mastering tasks, in learning, and in being creative. He saw adolescence as being a time to discover individuality and separating from family, but not being completely separate from family. How this presents in one culture may be quite different to another and this is not fully explored by Erikson. Erikson's theory states that if there are difficulties at this stage it can lead to role confusion. He noted that due to lack of life experience idealism is common. This of course assumes that a life experience of trauma has not already taught them hardship and hopelessness.

Erikson describes the tasks for early adulthood (18-35 years) as negotiating intimacy and isolation. He believed that difficulties at this stage could lead to isolation and distance from others, possibly resulting in feelings of being superior to others as a form of defence.

Erikson's model, as with most child development theories, is based on a dominant western culture and his research focused on men. As such it has been critiqued as having some cultural and gender bias (Hook, 2009). So although Erikson's model has been very influential in how our society understands these aspects of development it is likely that some of the expectations and tasks may appear differently in Aboriginal communities.

Another important feature of development for this age group is sexual development, which also has a biological and psychological dimension. A study by Smith and colleagues (2009) cited in the Specialist Practice Guide on Adolescents and their Families (Robinson & Miller, 2012) noted that the majority of young people in Year 10 and 12 at secondary schools have participated in some form of sexual activity, with over half having experienced sexual intercourse. Nearly four in ten young women in that study reported having unwanted sex.

Early sexual activity can be very damaging, especially but not only if it occurs through child sexual abuse (Robinson & Miller, 2012). According to Wilson and Widom (2010), beginning sexual activity prior to the age of 15 years was a stronger predictor of subsequently being sexually exploited through prostitution, compared with alcohol and other drug use, running away, criminal behaviour or school problems. Research has also found that young people leaving care can be at risk of this type of sexual exploitation (Bruce & Mendes, 2008). Child sexual abuse and neglect through poor supervision was a risk factor for early sexual activity. Sex education is important for adolescents, although there are concerns they are less likely to receive this when in out-of-home care (Bruce & Mendes, 2008).

Spiritual dimension

Spirituality is often hard to define, and is much broader than a particular faith or religion. It relates to our search for meaning and sense of purpose. *"Spirituality is another important dimension of children's health and wellbeing through the way it gives meaning and significance to life, experiences and relationships."* (Zubrick, et al., 2004, p. 18)

Although there is not a specific LAC domain relating to spirituality, it is identified as an important part of understanding the needs for young people leaving care (Department of FaHCSIA & NFIWG, 2011). It fits within each of the LAC domains but most clearly in the emotional and behavioural development, family and social relationships, and identity domains. As highlighted below, an affront to a person's sense of faith, meaning and spirituality is often entangled in their sense of identity.

Spirituality can only be understood within context and how we find meaning (Bamblett, et al., 2012). It is often described as having a moral component where we wish for the wellbeing of others.

Spirituality may also include the concept of holding something sacred and revered. *"For many of the world's indigenous cultures, such as the Australian Aboriginal and Torres Strait Islander culture, an intrinsic relationship with the land is core to a sense of the sacred."* (Harms, 2005, p. 7)

Experiences of trauma and deprivation, such as what may lead a young person into care, can violate a person's faith and sense of meaning about themselves and others (Herman, 1997). Garbarino and Kostelny (1996) wrote that trauma can lead to difficulties in the development of values and belief systems. Van der Kolk (1987) stated that the essence of trauma is the loss of faith in the order and continuity of life. The reality of awful events, catastrophes or betrayals cannot be denied and may feel impossible to avoid. Matsakis (1996) referred to trauma as the wounding of emotions, spirit, will to live, beliefs about self and others, dignity and sense of security.

On the other hand, some people find faith or rely on it for comfort and clarity during times of trauma and hardship. We should not underestimate the importance of faith and spirituality for others, regardless of whether or not we share it.

Cultural dimension

The importance of understanding the cultural dimension was discussed in more detail in the previous chapter and is present throughout this resource. As with spirituality, culture is not a specific LAC domain although it is emphasised in the national framework relating to young people leaving

care (Department of FaHCSIA & NFIWG, 2011) and is a cornerstone in the Best Interests Framework (Miller, 2007). Culture should be considered across every LAC domain and the Cultural Support Plan should be used in conjunction with LAC to guide the process for Aboriginal young people.

Adolescence is a biological and psychological phenomenon moulded by the social and cultural context in which it occurs. Despite some common markers such as puberty and many aspects of neurological development, what is considered adolescence and what is expected at this age often differs from one culture to another. Whether or not it is described as adolescence, most cultures have a way of understanding and a process of preparation for adulthood (Crockett, 1997). Some aspects of this preparation to adolescence or to adulthood within the Aboriginal culture are connected to rituals that are privileged and sacred and not discussed with non-Aboriginal people.

“Adolescence is the time when there is a significant expansion of cultural identity, which traditionally involved initiation and receiving secret and sacred cultural knowledge (VACCA, 2006). Helping young Aboriginal and Torres Strait Islander people understand where they are from, and finding out for those who do not know, is an important aspect of identity development that can help deal with confusion and anxiety arising from a clash of Aboriginal and mainstream culture.” (Robinson & Miller, 2012, p. 14)

Understanding child development in a cultural context is essential to guard against making false assumptions or missing important cues, especially if working with young people from a different cultural background to our own. For example, cultural variations in child rearing mean that some developmental tasks identified by one culture are not always the same for children from other cultures. In another example, the pace and degree of autonomy expected or accepted is a cultural phenomenon, as is how one expresses intimacy and what is important to identity.

We all live in a cultural dimension where there are norms and shared understandings that make sense to others in the same culture. Culture shapes our beliefs and assumptions of ourselves and our world. It often involves shared stories, symbols and language that hold particular meanings. Particular cultural groups and individuals differ in how clearly and readily they can describe their culture and its importance to them. Culture often has an additional emphasis when working with those from a minority culture or whose culture has been taken from them or used as a reason for discrimination, fear and blame. Developing a cultural identity requires having access to those who hold cultural knowledge and being in a position to receive this knowledge and understanding.

Ecological systems context

Experience always occurs in the context of our environment. Understanding the various worlds and multiple settings in which young people live is important to understanding their reality. It is more than just the sum of these dimensions but how they interact with each other; how they adapt and change; and what occurs over time (Bronfenbrenner, 1979).

Transitioning from out-of-home care into other living and relationship environments has many implications for the ecological systems within which the young person interacts. As such, leaving care is not just an individual journey but a changing of interacting systems around each person.

For example, for many parents of young people in out-of-home care, the workers and carers in the protection and care system have been a large part of their life as well as for their child's. How does their child's transition out of the care system impact on them? What happens to the relationship between the parent and the young person when a statutory worker (and statutory system) is no longer a buffer, a bridge or a barrier? This can be an enormous change for the young person and family.

Another ecological systems component is thinking about the physical environment as well as the individual and the relational environment. For example, it has been recognised that the physical environment of the local neighbourhood is an important context for adolescents that can contribute to their sense of safety (KPMG, 2012).

Adolescent Development and Risk-Taking

Risk-taking is not unusual in adolescence and is not peculiar to young people in out-of-home care. Taking risks does not necessarily lead to dire consequences and most young people who take risks grow up to be healthy adults. Taking calculated risks is an important developmental task. Learning how and when to take risks enables young people to try new things, meet new people, and make major change such as attend a new school, a new job, or form new relationships. Risk of course can also mean thrill seeking, danger to self and others and can have short-term or long-term harmful consequences.

The multi-dimensions of development play a part in risk-taking, including biology. For example, the adolescent brain goes through certain changes that makes young people more oriented towards seeking rewarding feelings at a time before they have developed adult capacity for self-regulation and decision-making (Steinberg, 2009).

Other differences between adolescents and adults with implications for risk-taking include:

- Adolescents are more likely to base decisions on immediate or short-term consequences compared to longer term consequences
- Adolescents are less sensitive to risks and more sensitive to rewards
- Adolescents are less likely to delay gratification
- Adolescents, are usually less impulsive than children, but are more impulsive than adults
- Adolescents are more likely to seek sensations and thrills
- Adolescents are more likely to experience rapid and sometimes extreme mood swings
- Adolescents are less likely to have synchronised cognition and affect
- Adolescents are more likely to be influenced by peers (Gardner & Steinberg, 2005; Steinberg, 2008, 2009, 2010).

For example, Gardner and Steinberg (2005) found that young people took more risks, focused more on potential rewards than costs and made riskier decisions than adults. These differences were more apparent when the young people were with peers than when alone. This finding was significantly stronger for young people in mid or late adolescence.

The fact that an adolescent at the age of 16 and 17 years old does not yet have adult level capacities in impulse control

and other risk-managing functions was acknowledged in three separate American Supreme Court cases.

In *Roper v. Simmons* (2005), the Missouri Supreme Court ruled in relation to a non-homicidal offence, that it was unconstitutional to sentence a youth under the age of 18 years to the death penalty due to the immaturity and neurobiological differences between youth and adults. A submission to the Court by the American Medical Association (AMA) and other national organisations provided scientific evidence to confirm adolescents behave differently than adults. They argued that adolescents' minds operate differently, they have more volatile emotions and their brains are anatomically more immature than adults. They demonstrated that adolescents are more prone to risk-taking behaviours and less capable of resisting impulses because of developmental differences. They reported that adolescents have more activity in the regions in the brain related to aggression, anger, impulse control, risk assessment and moral reasoning. In addition, they reported that adolescent brains are not as developed as adult brains in regions related to reasoning, risk-taking and impulse control.

In *Graham v. Florida* (2010), the US Supreme Court ruled that life without parole should not be applied to adolescents for non-homicide offences. The AMA and the American Academy of Child and Adolescent Psychiatry (2009) made a submission to this court case which was cited by the court as persuasive. Justice Kennedy, (p. 17) noted that the submission pointed out that *"...developments in psychology and brain science continue to show fundamental differences between juvenile and adult minds. For example, parts of the brain involved in behavior control continue to mature through late adolescence."* The court also noted that adolescents have developmentally more capacity to change than adults. Griffin, Germain, and Wilkerson (2012) note that neither of these court decisions referenced research regarding trauma but reached these conclusions based on research about normal adolescent brain development.

In *Miller v. Alabama* (2012) in relation to a 14-year-old who was sentenced to life without parole for murder, there was another submission to the US Supreme Court by a number of experts including Dr Bruce Perry. This submission confirmed that the science continued to support the findings in *Roper v. Simmons* and *Graham v. Florida* and that the conclusion that life without parole was unconstitutional for minors should be extended to cases where the adolescent was charged with a homicide offence. Justice Kagan (ct 2468) noted that *"Mandatory life without parole for a juvenile precludes consideration of his chronological age and its hallmark features – among them, immaturity, impetuosity, and failure to appreciate risks and consequences."*

Risk-taking by adolescents can be understood differently from one culture to another. What is considered normal or acceptable risk-taking may vary. Culturally acceptable responses to risk may also vary. Little is written about this hypothesis in relation to Aboriginal communities and so more discussion and research is needed.

Potential sources of risk can differ between rural and urban communities. Accessibility of drugs, farming machinery and farming lifestyle, guns and norms regarding under-age driving are just some of these differences. For example, the number of young people killed in road crashes is significantly higher in rural areas than cities (Henderson, 2002). It is likely that different patterns and expectations of risk-taking are likely to vary given the different potential sources of danger.

Risk has a particular meaning and set of responses within the protection and care context. For example, while they are in the out-of-home care system young people whose behaviour puts them at risk may be placed in Secure Welfare as a means of ensuring their immediate safety. This is no longer available to them once they have left the statutory system and so different approaches are then required. This is a particular challenge if Secure Welfare, as an external control strategy, has been the predominant safety mechanism for the young person.

Best practice in leaving care acknowledges that risk-taking is consistent with the literature on normal adolescent development and that this may mean some of the planning may need to be adjusted along the way, recognising *"...the need for the young person to experiment and take risks but incorporate strategies to maintain support when these plans fail."* (Department of FaHCSIA & NFIWG, 2010, p. 16)

So what?

Providing opportunities to engage in positive risk-taking, such as sport, camps and public speaking, can be helpful (Robinson & Miller, 2010).

The leaving care transition phase constitutes a series of important risks for the young person to take as they are challenged to have new experiences.

- What are some of these risks?
- How can we help the young people meet these risks and remain safe?

Reflect on the case studies of Nama and Jedda and consider the following:

- Build a chronological time line for Nama and Jedda, identifying the experiences which have the potential to impact on their development (both positively and negatively). Given what we know about their current functioning, behaviour and relationships, consider the extent to which these experiences appear to have affected their development.
- Consult the DHS Child Development and Trauma Guide: 12 - 18 years (www.dhs.vic.gov.au). To what extent are Nama and Jedda following the general developmental trends in terms of their physical development, self-concept, social-emotional development and cognitive and creative characteristics? Do they display any indicators of trauma?
- Reflect on your role and consider how you might support Nama or Jedda to achieve the following aspects of healthy development:
 - Developing a sense of autonomy
 - Forging sustainable links to peers and adults
 - Consolidating a sense of identity
 - Achieving a sense of industry in work or school tasks
 - Planning realistically for future economic independence

Chapter 5:

Attachment Theory and Young People Leaving Care: Up Close and Personal

What is Attachment?

Attachment theory describes the process by which a child develops a special, enduring emotional connection with one or more caregivers that helps him or her feel safe and secure. All humans have a biological need to be attached to someone who is stronger and wiser in order to keep them safe (Cassidy, 2008).

Safety is in numbers not in isolation. As humans we learn very early in life that relationships are essential for survival (Carlson & Sroufe, 1995). We are profoundly ill-prepared to care for ourselves when we are very young. Before developing language, babies develop attachment behaviours to be close to others so as to let them know what they need. We continue to show these behaviours throughout life although they look different in adults, when we seek comfort and closeness with others.

Key components of an attachment relationship include:

- The child having a mental framework or template (known as an internal working model) that provides the basis for the child's confidence and trust in the caregiver's love and his or her own worthiness to be loved.
- Someone (or more than one) who is seen as a safe haven who promotes a feeling of security in times of distress and anxiety.
- Someone (or more than one) who is seen as a secure base and who fosters confidence in the child's ability to explore the wider world (Cassidy, 2008).

Although attachment theory relates to all age groups, it is important to understand how attachment begins in early childhood before explaining its relevance for adolescents and adults. It is worth noting that John Bowlby, the father of attachment theory, began developing this theory when trying to understand behaviours of adolescent boys involved in criminal activity.

Attachments are usually assessed by looking for certain behaviours from the child towards adults, such as when the child is distressed or frightened. Attachment behaviours of the child are used to elicit predictable responses from others, such as crying to receive comfort. Attachment behaviour is a biological drive designed to keep certain people 'up close and personal' in order to increase our sense of safety (Bowlby, 1973).

Who fills the role of caregiver - regardless of gender or biological link - is less important than the quality of the relationship they establish with the child. Our attachment figures as young children are those who provide most of the day-to-day care, especially skin-to-skin contact. We can have different attachment relationships to different people. For example, a child may have a secure attachment with one adult and an insecure attachment to another. If the family group includes two parents, both of whom have caregiving roles, it is likely the child will form attachments to both. If the family group is one of parents, grandparents, aunts and

uncles and friends, a number of whom have caregiving roles, then the child is likely to form attachments to a network of people. The latter description is particularly common in Aboriginal families and is described as an attachment network (Coade, Downey & McLung, 2008). In addition to attachment relationships, children can form positive relationships and enjoy contact with a range of people within and external to family but they may not seek them out in times of distress or threat in the same way they would with attachment figures.

Attachment is a lifelong component of human development. Attachment styles can change through later experiences but our earlier attachment experiences are foundational. At any age, our levels of confidence in self and others (i.e. internal working model), and our ability to rely on others to provide a safe haven when we are distressed and a secure base when we need to be brave are hallmarks of our attachment style. When we consider that young people leaving care and transitioning into a new world with new relationships are likely to be faced with situations where they will need comfort, encouragement and self-confidence it is clear why attachment theory is relevant.

Attachment in Aboriginal Communities

Attachment theory is a western concept and assessments and diagnostic terms tend to relate to attachment styles where there are one or two primary attachment figures in the child's life. Although attachment theory speaks to many principles that relate to all humanity, it is important to recognise some of the differences across cultures.

As mentioned, in Aboriginal communities there is more likely to be an attachment network than one or two attachment figures. Although attachment behaviours are found across all cultures, they are interpreted within a cultural context and can be misinterpreted if the context is misunderstood. For example, in most attachment assessments of toddlers, exploration away and then returning to the parent are observed to determine the child's attachment style. However, in Aboriginal culture, exploration and reunion may look different from many western cultures (Yeo, 2003).

There have been no studies found that explore what attachment styles look like in Aboriginal communities. The Take Two evaluation found that Aboriginal children were significantly less likely to be described at the time of referral by child protection as having attachment problems or to be diagnosed by Take Two as having a Reactive Attachment Disorder compared to non-Aboriginal children (Frederico, Jackson & Black, 2010). Despite the prevalence of trauma experienced by these children, one hypothesis for fewer Aboriginal children presenting with attachment problems is that the emphasis on relationships and connection is a protective factor within Aboriginal communities.

Another difference with implications for attachment is that Aboriginal parents have been found to be more likely to anticipate the child's needs through checking on them regularly rather than responding to distress signals from the child (Yeo, 2003). If misunderstood, this could appear as if the parent is overly clingy or under-responsive, whereas neither may be the case.

It is possible to extend the metaphor associated with attachment theory of needing a safe haven and a secure base to describe some aspects of Aboriginal people's connection to the land, such as the pull to return to their country when dealing with loss and needing comfort. This also resonates with the findings that there can be an attachment component

to young people's connection to their physical environment (KPMG, 2012), although it is likely to be a more complex phenomenon built over generations for Aboriginal people.

Attunement

As parents or other caregivers respond to an infant's hunger, pain, discomfort or tiredness they help regulate the infant's emotions, behaviour and biology. They do this through cuddles, rocking, feeding, the sound of their voice, changing nappies and many other ways that are so familiar we don't always appreciate how essential these are for human development. Infants are unable to regulate themselves and so this external regulation by parents and others teaches them what it feels like to be calm and satisfied compared to distressed and dissatisfied. The pattern of external regulation through this in-tune relationship, with sufficient repetition, eventually becomes part of their internal state. This is one of the primary building blocks for the child's internal working model and as mentioned in the previous chapter influences other hallmarks of development such as affect regulation and self-efficacy.

Attunement between the caregiver and child is a dance played out in many moments each day. As shown in Figure 7, the responsive predictable caregiver can alleviate a child's distress which over time helps to develop an internal expectation that this will happen in the future as shown via the blue line. In contrast, as shown via the red line, an unpredictable caregiver's response will let the child experience more severe levels of distress and will be less effective in helping the child return to a state of calm. This lack of attunement is more likely to lead to the child being dysregulated.

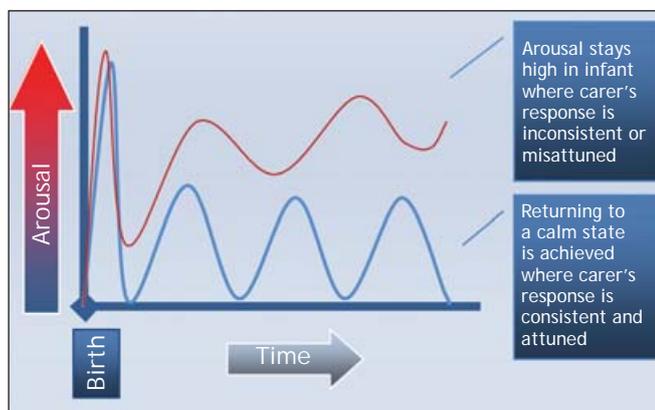


Figure 7: How carer response shapes the infant's stress response system. Adapted from Perry, ChildTrauma Academy, 2004

Attunement between young people and others can be seen through the shared laughter, shared tears, shared understandings, mucking around together, and the comfortable silences. A carer or worker can show attunement to a young person by giving them personal attention, active listening and being responsive to their needs. It is often our non-verbal interactions that truly show we are attuned.

Neurobiology of Attachment and the Intimacy Barrier

The quality, quantity and timing of early attachment relationships shape certain neural networks in the brain such as those responsible for empathy, reward, social interaction and communication. Many of these neural systems are also involved in our stress response. Attachment theory explains

how we come to rely on attachment figures to reduce our stress reactions when under threat. Feeling distressed or stressed activates certain parts of the brain responsible for our stress arousal response. A calm, responsive and available carer or worker alleviates that stress through their comforting, soothing responses. If the carer or worker is inattentive the stress response system can continue to activate. If the carer or worker is angry or abusive, the stress systems can be exacerbated.

As with other aspects of neurobiology, the brain changes through repetition. The more frequent a particular type of interaction occurs between the parent/carer and the child when stressed, the more the child's brain will become accustomed to such a pattern (Perry, 2009).

Perry's (2011) concept of an intimacy barrier provides insight into some of the implications of attachment disruption and exposure to trauma, especially when children and adolescents have had years of inadequate or dangerous relationships. *"Children that are rejected by their parents will have a host of problems...including difficulty developing emotional intimacy"* (Perry, 2001, p. 7).

Perry (2011) describes a continuum of possible relationships from casual, routine, personal to intimate relationships. In this context, healthy intimacy allows only certain people through a barrier of privacy, shared understanding and closeness. It may or may not involve a sexual intimacy depending on the type of relationship. If someone tries to break through this intimacy barrier that is inconsistent with the mutual understanding, such as raising private topics of conversation or inappropriate touching, this is likely to activate the other person's stress response system. They are likely to get a strong negative reaction, including a fight or flight response (discussed in more detail in the next chapter).

This intimacy barrier is influenced by cultural norms, gender, age, and familiarity. It is also influenced by earlier experiences of attachment and the young person's internal working model. For example, a young person with positive attachment experiences is likely to respond effectively to a range of relationships including a small number of intimate ones. A young person with a mixture of positive and negative attachment experiences is likely to have a higher barrier where casual and routine relationships are relatively straightforward but certain personal and intimate relationships may lead to a stress response as if they are a threat. A young person with a life filled with poor or destructive attachment relationships is likely to have a very high intimacy barrier where even casual contacts may activate a stress response and lead to a strong negative reaction. Pietromonaco and Barrett (2000) note that those with a positive internal working model are more likely to feel comfortable with closeness and intimacy.

"If the child is raised in an unpredictable, chaotic, violent environment, it is highly adaptive to have a hypervigilant, hyper-reactive arousal system;

if primary relationships are characterized by violence, neglect and unreliability, intimacy becomes maladaptive;

if a young child is frequently assaulted, it becomes adaptive to 'over-interpret' non-verbal cues, to quickly act on impulses and strike out before being struck.

The 'symptoms' of hyper-vigilance, cognitive distortion, physiological and behavioral hyper-reactivity, intimacy avoidance and dissociation, commonly seen in traumatized children were all, at some time in the lives

of these children, necessary, adaptive and appropriate responses to traumatic stress." (Perry, 1993, p. 8)

The intimacy barrier concept helps us understand what may otherwise seem inexplicable reactions from young people, such as when they lash out to offers of support or friendship. If we think about how we react when someone invades our personal space or sense of privacy we can translate it to the young person's experience where even the most casual of conversations may feel like an intrusion. If we know their attachment history we can better predict what types of interaction may breach this intimacy barrier and so adjust our approach. It does not mean we cannot have positive interactions with them, but it may mean we need to be more gradual and pace our approach so as not to overwhelm or threaten them. Talking, walking and just being alongside them for a while, in parallel rather than face-to-face, may feel less intrusive. Bruce Perry speaks of 'fishing therapy' where we sit side by side doing a shared parallel activity but not asking too much of the young person in terms of the interaction. Whether it's in the car, an office, a park or their home there are different ways of engaging without being overwhelming.

Many young people with negative attachment experiences may be quite indiscriminate in their interactions with others. It may appear that their 'intimacy barrier' is in fact quite low, and they are happy with or allow many people to cross it, for example in the case of young people engaging in prostitution, having relationships with paedophiles, or indiscriminately seeking affection from others. The important distinction to make is that this is not healthy intimacy and the emotional quality of interaction may be quite superficial and even damaging. Sadly, when we make appropriate attempts to interact with and connect with these young people the intimacy barrier, as described by Perry, comes into play.

Guilt and Shame

Learning to feel guilt and remorse is a healthy part of moral development and requires an ability to empathise with others which we learn through our attachment experiences. In contrast, getting stuck in a shame reaction is not about feeling sad for doing the wrong thing, but feeling sad about being a bad person. Feiring, Taska and Lewis (1996) in their study of shame and sexual abuse noted that guilt relates to a specific behaviour, whereas shame is a more generalised and pervasive attitude of the self.

In some literature and day-to-day use of the word, shame is not always a negative concept. It can refer to a positive sense of obligation and needing to make things right, similar to guilt. However, if the person does not have a healthy way of dealing with shame it can be defeating. Aboriginal communities may use the word shame in this context and also in a culturally specific way (Coade, Downey & McLung, 2008). For example, shame or shamejob in Aboriginal culture may refer to doing something wrong from a cultural perspective where the person is growled or told off by someone in the community. This is different to feeling shamed due to cultural disrespectful practice by others (Aboriginal Mental Health First Aid Training and Research Program, 2008). Either way it is important to not underestimate the power of shame within the Aboriginal community as it is deeply linked with kinship and community ties. It is another example where non-Aboriginal workers may need to recognise that they cannot understand it fully (Vallance & Tchacos, 2001). So as to be clear for the purposes of this resource, we will talk about healthy shame and toxic shame.

Shame and particularly toxic shame is understood both through understanding the impact of disrupted attachment and a feeling of being abandoned as well as through understanding the impact of trauma.

Garbarino has written about shame as an underlying feature behind violence. Three preconditions for shame leading to violence are: (i) the shame is chronic, (ii) they do not have other strategies to deal with shame, and (iii) they lack the capacity to deal with the feelings of shame. Toxic shame is where they feel "...fundamentally disgraced, intrinsically worthless and profoundly humiliated in their own skin, just for being themselves" (Garbarino, 1999, p. 58).

Toxic shame can reflect an internal working model of "I'm bad." The child is likely to defend against the shame by thinking or saying "You can't hurt me, I don't care." When a child or adult has experienced relational trauma, toxic shame can be a response to a pervasive sense of helplessness (Herman, 1997).

"The question of shame is critical to understanding the lack of self-regulation in trauma victims and the capacity of abused persons to become abusers. Trauma is usually accompanied by intense feelings of humiliation; to feel threatened, helpless, and out of control is a vital attack on the capacity to be able to count on oneself. Shame is the emotion related to having let oneself down." (van der Kolk & McFarlane, 1996, p. 15)

Feeling guilty or healthy shame helps us learn from mistakes as guilt is an uncomfortable feeling we want to stop. However, an overwhelming toxic shame can reinforce the negative internal working model that shuts down learning and the sense that we are on our own. "It is not what I did that is wrong but who I am. Making mistakes just proves I can't change."

Literature in relation to loss and grief for Indigenous peoples, such as the American Indians, also noted the powerful impact of shame to negatively impact on identity and connection to community.

"Grief covered by shame negatively impacts relationships with self and others and one's realization of the sacredness within oneself and one's community (Kaufman, 1989). Associated feelings are helplessness, powerlessness, feelings of inferiority, and disorders in the identification of the self (Kaufman, 1989)." (Brave Heart & DeBruyn, 1998, p. 63)

Attachment in Adolescence and Early Adulthood

As stated earlier, attachment is not just a theory of early development but is relevant throughout life. Bowlby (1973) wrote of adolescence as a time of a dramatic increase in differentiating ourselves from others. These developmental changes allow young people to consider themselves in relation to multiple relationships and form an internal relational view of self which is not centred on one particular relationship (Golding, 2011). Adolescents begin to consider relationships from the other's perspective and actively seek to behave in ways to maintain relationships with others. If the young person has missed out on formative positive attachment experiences they may not have developed this ability to consider the other's perspective.

The adolescent's attachment relationships evolve alongside other developmental changes, such as cognitive and other relational skills. For example they can make more allowances for others not always getting it right and for differences.

Schofield and Beek (2009) developed five dimensions for how a foster parent can provide an adolescent with a secure base, from an attachment perspective. These dimensions are:

- Availability from the carer – helps the young people to trust.
- Sensitivity of the carer – helps the young people to manage their feelings and behaviour.
- Acceptance by the carer – builds the young people's self-esteem.
- Co-operation with the carer – helps the young people feel effective.
- Family membership – helps the young people belong. (Schofield & Beek, 2009)

Although their article was in relation to growing up and potentially staying within a foster care placement, it is useful to consider Schofield and Beek's dimensions as what a positive attachment figure in placement or within the family can offer a young person who leaves care. In other words, if a young person moves into independent accommodation but knows their family, carers and/or community are available when needed, sensitive to their feelings, accepts them for who they are, helps them to feel effective and gives them a sense of belonging, this provides him or her with a secure base to explore the world as an adult.

As adolescents move into adulthood, their differentiation from parents and parent figures includes forming and strengthening independent peer relationships as well as sexual relationships. Collins and Feeney (2000) found that level of security of attachment was a major predictor of the person's ability to seek support and social competence later in life.

Understanding the young person's attachment history can help us predict how they are likely to respond to offers of support and to situations of major change such as leaving care. In particular it can inform us if they are likely to have a destructive sense of abandonment that we need to work hard to avoid. Knowing their approach to attachment relationships and their intimacy barrier can guide us as to what type of support the young people will find meaningful and non-threatening.

For example, if a young person has a secure attachment based on earlier experiences that there are people in the world who they can trust to keep them safe, they are more likely to: cope with new environments; show self-control; have a sense of reciprocity with others; be able to regulate their affect; have empathy and self-efficacy; be socially competent; understand conflicting emotions associated with leaving care; and seek support. It is worth noting that attachment styles can change over time if they receive sufficiently repetitive positive experiences that alter their expectations of others and their capacity to reflect on themselves.

If they have an insecure attachment style based on a shaky or negative internal working model, then each of these abilities is less likely to be evident in particular situations. They may react to new experiences in a high risk, unpredictable way or be highly avoidant. For each of the developmental challenges, insecure attachments will make the tasks so much harder. The important message is that it is not too late in adolescence to provide young people with the opportunity to form positive, reassuring and predictable relationships even if they have to work harder to earn their trust.

What is imperative is that we avoid wherever possible recreating an experience of abandonment – where people just disappear from their life without warning or without the opportunity to mark the transition. This is the opposite of providing a secure base and instead means the young person is untethered and disconnected. Young people who have experienced disrupted attachments in the past are significantly vulnerable to further abandonment or the perception of abandonment. It is likely to be experienced as rejection or desertion and increase either their anger towards others or their self-loathing, both of which can be devastating to their ability to form new relationships.

At the time a young person leaves care, relationships are changing and there can be a sense of loss and grief. A grief reaction can be a healthy sign of past positive attachment experiences. If the young person has someone who he or she can safely seek out when needed for comfort (i.e. a safe haven), then this should be actively supported and encouraged.

This time of leaving care can provide opportunities for the emergence of new types of relationships. If the young person has someone who provides him or her with encouragement and a sense of security when they are trying new things (i.e. a secure base), then this should be actively supported and encouraged.

If the young person has neither a secure base nor a safe haven, we need to try to create these, even if artificially. For example, it may be the agency responsible for their care, the building, the location, the school, or something else they find comforting and encouraging, albeit this will be a transition figure. It may be a formal mentor program or some other support role that can be a bridge or a buffer throughout this process.

Consider:

- How does this young person deal with loss?
- Does this young person fear rejection and if so how do they try to avoid it?
- Is this young person able to empathise or see the impacts of their behaviour on others?

Ideas:

Family members, community members and others can be a secure base and safe haven, even if the young person is not living with them, or has not done so for a long time. Enlisting people to support the young person through this transition is an important strategy.

Consider finding therapeutic support to help them deal with loss and other changes.

Prepare and predict with the young person for their likely responses when changes in relationships occur (see Emotional First Aid Tool in Chapter 8)



Reflection on Nama & Jedda

Reflect on what we know about Nama and Jedda's early experiences of being cared for.

- What views might they have developed in relation to themselves and the world around them (internal working model)?
- How might their internal model have shifted and changed over the years according to their experiences?
- What are some things we can do in our work with Nama and Jedda to promote a positive view of themselves and others?

Think about the factors that helped or hindered the development of a secure base and safe haven for Nama and Jedda over the years.

- What can we do in our current work with Nama and Jedda to support the development of a secure base and safe haven?
- What can we do to try to build and maintain this sense of safety and connection after they leave care?



Chapter 6:

Trauma Theory and Young People Leaving Care: A Clear and Present Danger

Trauma theory helps explain how different types of abuse, neglect, disrupted attachment and exposure to family violence for the child or adolescent places them at risk of various neurobiological, psychological and social consequences. It helps explain the way adverse experiences can compromise key developmental tasks of the child, and persist in the impact on development into adolescence and adulthood if the child is not assisted to recover. Trauma theory equips us to recognise the signs of the impacts of trauma and to facilitate assessments, referrals and interventions as early as possible.

Although trauma is not unique to Aboriginal young people, there is evidence they are more at risk of being exposed to traumatic events and are more likely to be dealing with the consequences of intergenerational trauma.

“There appears to be little time to grieve before another loss or traumatic event impacts on the community. Many children have already experienced the loss of several family and community members by the time they reach adolescence. (Zubrick, et al., 2004, p. xvi)

Trauma and Resilience

Trauma and stress are common words in our society but have very specific meanings in child welfare, youth work and mental health. The National Scientific Council on the Developing Child (2005) distinguishes between positive stress, tolerable stress and toxic stress.

Positive Stress = a moderate, short-lived stress response and is a normal part of life and an essential feature of healthy development.

Tolerable Stress = stress responses that could affect brain structures but usually occur for brief periods that allow time for the brain to recover and reverse potentially harmful effects.

Toxic Stress = strong, frequent or prolonged activation of the body's stress system where it may lead to an adverse impact on brain structures and change the stress system so it responds at lower thresholds to events that might not be stressful to others.

Stress itself is not necessarily harmful. Indeed learning to deal with tolerable stress is a part of being able to adapt and survive in any environment and to develop resilience. *“The ability to cope with novel and/or potentially threatening situations, such as an unfamiliar environment or physical danger is essential to survival”* (National Scientific Council on the Developing Child, 2005, p. 1). According to Perry and Szalavitz (2006), tolerable, predictable and moderate changes can build resilience. As we respond to these tolerable or positive stressors over time we build capacity to respond to future stress and increase self-efficacy (Zubrick, et al., 2005).

Resilience refers to the individual or community's ability to buffer the consequences of trauma. Resilience is influenced by a variety of factors, including earlier in life experiences, attachment relationships, access to social supports and genetics.

In contrast, overwhelming, unpredictable and intense stressors can be traumatic and lead to increased vulnerability instead of resilience. This will also be influenced by the context, timing and responses of others. Intolerably stressful situations can lead neurobiological systems to remain dysregulated and be less able to achieve a new equilibrium. Toxic, unrelenting stress or traumatic stress overwhelms the individual's internal and external resources and if it continues can deplete their future capacity to cope (van der Kolk, 1996).

So What?

Many young people leaving school and going on to further study or employment will experience the stressors associated with those experiences as tolerable or positive. The stressor of leaving care may also be experienced as tolerable or positive but may also be experienced as toxic or traumatic stress. Many young people leaving care have less access to other positive transitions, such as further study.

The more we can involve young people in the preparation and planning about what will happen when they leave care, the more likely they will perceive these changes as tolerable, rather than toxic stress or trauma.

If there are sufficient positive elements in the leaving care plan young people are more likely to experience the transition as positive. Indeed the focus could be more on where they are going and with whom rather than what and who they are leaving behind.

Perry (2003) applies the concept of the stress arousal continuum to help our understanding of the different responses that can occur in response to the one traumatic event. When a traumatic event occurs the average person can move up the stress arousal continuum from calm – alert – alarm – fear – terror (see Figure 8). Factors that influence the different responses include the person's vulnerability or resilience prior to the event and access to support.

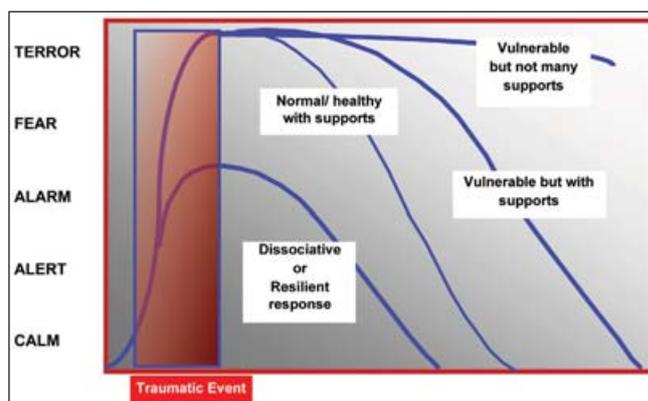


Figure 8: Acute response to trauma (adapted from Perry, ChildTrauma Academy, 2003, p. 3)

It is likely that most young people in out-of-home care have not experienced a single traumatic event, but rather have been exposed to multiple traumas. Their stress arousal system may therefore be at a constantly high hyperaroused state or a dissociative state where they are disconnected from their feelings. Their baseline (resting) state may never return to 'calm'. This is a way of understanding the impact of cumulative harm. Those who have experienced multiple traumatic events such as a childhood filled with abuse and neglect are likely to experience 'complex trauma' (Herman, 1997).

Developmental Impacts of Trauma

The person's age when a traumatic event occurs is an important piece of the puzzle when considering the possible consequences. If an adult with an already developed and organised brain is exposed to a major traumatic event, they may be dysregulated to the point where it impacts on their day to day functioning. If a young child who has a developing and organising brain experiences a similar traumatic event, it can not only impact on their current functioning but on how their brain continues to organise and develop into the future. In other words, trauma, especially chronic trauma, can alter the trajectory of their development.

As mentioned in the earlier chapter on child development, there are sensitive periods when different parts of the brain are more susceptible to different types of experiences. This is highly adaptive as it is this ability of the brain to change in response to experiences that enables us to develop, grow and learn. However, when the experiences are traumatic and dysregulating, this sensitivity places future development in jeopardy (van der Kolk & McFarlane, 1996).

Figure 9 adapted from Bruce Perry's work provides an overview of at what age particular parts of the brain are in their most active stage of growth and what are the functions being organised at that time. If the child is subjected to significant abuse or neglect at a particular age, some of these developmental functions may not develop as they would otherwise. For example, an infant exposed to a chaotic environment where her needs for consistent food, warmth and love are not regularly met may not have developed an organised sleep cycle.

Age of most active growth	Sensitive brain area	Critical functions being organised
0 - 9 months	Brainstem	Basic survival functions: <ul style="list-style-type: none"> Regulation of arousal, sleep and fear states
6 months - 2 years	Diencephalon	<ul style="list-style-type: none"> Integration of multiple sensory inputs; e.g. sight, sound, smell, touch, taste, balance and body movement Fine motor control Startle response
1 - 4 years	Limbic system	<ul style="list-style-type: none"> Emotional states and affect regulation Social language: Interpretation of nonverbal information
3 - 6 years	Cortex	<ul style="list-style-type: none"> Abstract cognitive functioning: thinking, reflective reasoning, planning Socio emotional integration

Figure 9: Age of active growth and critical functions (adapted from Perry, ChildTrauma Academy, 2006)

Physiological Impacts of Trauma

We think most clearly when we are calm. To use our cortex to its maximum capacity and most creatively, our lower parts of the brain need to be regulated. If not regulated, our cortex is less able to assume control, such as during stress. Our work with young people includes recognising when they are likely to feel under stress or threat. At these times they may

need additional assistance to process and make sense of new information as they may not think as clearly as they would at other times. For example, moving house is stressful for anyone. If the young people do not have sufficient cortical control over their stress response they may not only lash out emotionally but it will also be harder for them to take in the salient information they need, such as regarding finances, lease agreements, furnishing arrangements, etc.

Because we all need to respond without thinking when we are in real and immediate danger, our brain is organised so certain reactions can be almost automatic. For example, we take our hand off a hot stove before we've realised it is there. We don't have to wait and think what to do. We can react first and think later. A batsman at a cricket pitch can react in order to hit the ball faster than his cortex can consciously work out where the ball will go. The limbic system, diencephalon and brainstem each have a role in this capacity to quickly react and it is very useful when the threat is real or the task requires it.

We also have the ability to learn from one experience and generalise it to other potentially threatening experiences. For example, if a child is frightened by a dog, he will be more cautious around other dogs unless he has an opportunity to have a different and safe interaction. However, this useful capacity can create problems when dealing with trauma.

If a childhood is filled with threat and danger, the young person may build an internal picture of a threatening world and will respond to such a world accordingly. He or she will respond to even neutral signals as if they are threats, making false associations between the current, neutral stimuli and past trauma. A loud voice, a raised arm, a certain smell, an unexpected touch - inconsequential in their own right - can trigger a trauma response as if they represent clear and present danger (Perry, Pollard, Blakely, Baker & Vigilante, 1995).

Higher cortical functions which would normally enable young people to recognise that the current situation is not a true threat are not always sufficient to modify every stress reaction. Consequently, young people exposed to danger and threat associated with early neglect and abuse may respond to neutral triggers and to any emotional laden interaction as if the original threat was right there. They may have anxious, regressed, aggressive or numb responses, referred to as a dysregulated state.

Chronic childhood trauma interferes with the capacity to integrate sensory, emotional and cognitive information into a cohesive whole. It sets the stage for unfocused and potentially harmful responses to subsequent stress. These responses seem unconnected and unhelpful, and without support may be all the young people have available to respond to new situations. Our brains and bodies are developed to help us respond to threat, and these responses can be predictable. They include the flight, fight and freeze responses.

Fight or flight responses

When confronted with a dangerous or potentially dangerous situation, our brain goes on alert and gets the body ready to respond. It does this by increasing the adrenalin (epinephrine) in our system so we can be faster and stronger. When the perception of threat is no longer there, our brain releases other chemicals such as cortisol to counteract the adrenalin. This helps us return to a calmer state. We no longer need to fight or run so our body adjusts. This is a normal, healthy reaction. However, for those who have experienced trauma,

their brains can react so that a smell, a sight, a sound or a touch can take them back to the time of the trauma as if it is happening now. This can lead to a fight or flight response even when no actual threat is apparent. Someone raising their voice, an adult who reminds them of someone else or a location can trigger this fight or flight response, without anyone, including the young person, realising why. The fight or flight responses can be described as hyperarousal, where their arousal system (their engine) is running hot (Perry, et al., 1995).

Fight behaviours can include aggression, violence and angry outbursts. Flight behaviours can include absconding, being withdrawn, school absences and being inattentive. Fight and flight reactions are more often seen in boys than girls (Perry, et al., 1995).

Although young children will often act out on fight or flight urges, older children, adolescents and adults usually have some capacity to use their cortex to manage those impulses, although as mentioned in the child development section, adolescents do not have the same level of control as adults. Loss of cortical control due to alcohol or other drug use, acquired brain injury or lack of appropriate developmental opportunities can reduce their capacity to restrain these impulses. A trauma reaction can also bypass a person's usual ability to control their behaviour.

Our brain develops in a use-dependent way. The more we do something the more our brain changes to make that function or response easier and quicker to do over time. That is why we do things better with practice. However, what this means for those who are frequently in an alarmed and hyperaroused state is that the brain will adjust to this state as the baseline (the normal). Therefore we will see these fight and flight reactions as the predictable behavioural response from some young people, instead of the exception (Perry, et al., 1995). We need to help them find a 'new normal.' Use-dependent development also means that for those young people who did not have the opportunity to use their brain in certain ways as a young child, such as in play, hugs, and sufficient communication, it will take longer and more concerted effort for them to develop these and other abilities later in life.

Dissociation or freeze response

In some situations where fighting or running is not possible, a different set of physiological, and mental changes may take place as an alternative response to threat. An alternative reaction is when the person freezes, such as through dissociation. Breathing slows down and chemicals such as endorphins are released that help the person be very still or even become numb and so feel less pain. If dissociating, they withdraw attention from the outside world to focus on the inner world. It may involve a detached feeling, as if they can make themselves 'disappear' and watch what is going on from a distance and happening to someone else (van der Kolk, 1996). In extreme cases they can withdraw into an elaborate fantasy world or even faint.

As with the fight and flight reactions, dissociation can be a healthy adaptive strategy. It is when it becomes a habit born from pervasive threat and an overwhelming sense of helplessness that we see some of the more negative implications. These can include self-harming behaviours, blanking out for long periods of time in class and being disconnected from what is happening around them. Girls are more likely to use dissociation than boys (Perry, et al., 1995).

Fight, Flight and Freeze

Think about Jedda and Nama:

- Can you determine where along the arousal continuum Jedda may be most of the time?
- What about Nama?
- What type of fight, flight or freeze reactions do either of them show?
- What may have led to these patterns of reacting to new situations?

The arousal continuum

As illustrated in Figure 9, if the young person feels increasingly threatened, the brain and body's reactions will be shifted further along an arousal continuum from alert through to terror. The physiological responses associated with flight or fight are designed to ensure appropriate physical and mental responses to the threat will 'kick in'. Trauma occurs when an event is so frightening it causes a *prolonged* alarm reaction, where the body is primed and pumped with chemicals such as adrenalin and does not calm down for a long time.

The young person who presents as resilient may appear superficially similar to the one who is dissociating, but there are significant differences. For example, the dissociated young person might look 'spaced out' with her or his affect not appropriately matching the situation, such as seeming incredibly calm and detached in a situation where most of us would be alarmed. This may be their only way to cope with the pain and anguish. Alternatively it may be a healthy part of development. Stein (2005) refers to spacing out as a form of preparation that provides time for freedom, exploration, reflection, risk-taking and identity searching. A resilient young person may also appear calm but may be managing his or her feelings in order to respond to the challenges he or she is facing.

The Impacts of Neglect

Neglect is very familiar and yet often under-rated in terms of recognising its impact on children and young people.

"Neglect occurs when a child's basic needs, such as their developmental, emotional and physical wellbeing and safety, have not been met. Chronic neglect is when this occurs in an entrenched and multi-level pattern of experience for the child and family." (Frederico, Jackson & Jones, 2006, p. 8)

Although neglect may or may not lead to a trauma response, such as a fight, flight or freeze reaction, it can have a devastating and pervasive impact on the brain. *"Deprivation of critical experiences during development may be the most destructive yet the least understood area of child maltreatment"* (Perry, et al., 1995). It can involve an absence of developmentally necessary experiences, so that key developmental steps are not achieved.

Examples of consequences of neglect include poor physical health, emotional problems, behavioural problems and social problems. The emotional problems include helplessness, passivity, despair, shame and low self-esteem. The behavioural problems include aggression, frustration and non-compliance (Frederico, Jackson & Jones, 2006).

The Take Two evaluation found that neglect was one of the most common experiences for children of all ages referred



to this program including adolescents. The evaluation also found that the vast majority of children and young people referred to Take Two (96%) had experienced two or more types of abuse and neglect (Frederico, Jackson & Black, 2010).

Data from every child protection jurisdiction in Australia as well as the Take Two evaluation report show that Aboriginal children and young people are more likely to experience neglect than other types of abuse (AIHW, 2012a; Frederico, Jackson & Black, 2010).

Intergenerational Trauma

Families exist not only in time but over generations. Trauma can interrupt not only a moment or a lifetime for an individual, but can pervade through the generations. Intergenerational trauma is understood in two different ways.

Firstly, it can reflect a community-wide series of catastrophic events, such as holocaust survivors, the impact of colonisation and stolen generation policies towards Aboriginal people and the impact of similar incursions on Indigenous peoples in other colonised countries.

“The whole impact of the processes of colonization, dispossession, discrimination, deprivation, and removal of children has affected indigenous family life in multiple ways and thus impacted broadly as well on successive generations.” (Raphael, Swan & Martinek, 1998, p. 336)

Secondly, intergenerational trauma can occur within a family, separate to or in addition to what has occurred within the community. An example is where parents’ own histories of childhood trauma may be an anchor that drags through their life into adulthood and parenthood. They may continue to live in chaotic and dangerous situations that make it near impossible to focus on anything other than survival.

It is reasonable to assume that Aboriginal young people who are leaving care are likely to have directly or indirectly experienced both the intergenerational effects of historical community-wide trauma and the intergenerational patterns of intrafamilial abuse or neglect. If they have had positive experiences in their community, this is likely to provide an important source of resilience for now and the future, including when they leave care.

Helen Milroy (an Aboriginal psychiatrist) was cited by Stanley (2005, p. 14) as saying:

“So many Aboriginal children have a wounded soul from the layers of grief and loss, yet so many of these children can still experience the joy in life and warm our heart.”

Secondary Trauma

Secondary trauma refers to additional traumatic experiences that occur in the aftermath of the initial trauma, as a result of that event or the subsequent actions or inactions of others (Herman, 1997). Some secondary traumas are avoidable and can be due in part to disbelief, blame, insufficient attention or poor practice.

Secondary trauma is not always avoidable and may be an inevitable consequence of the process of healing or safety. An example of such is the pain resulting from burns treatment that can be just as overwhelming and in some situations more so than the original burns. In the protection and care context, the child or young person’s removal from home, their time in care, court cases, medical interventions

or the family’s reactions to their disclosure of abuse can be examples of secondary trauma.

According to Pynoos, Steinberg and Goenjian (1996), regardless of whether or not they were avoidable, secondary traumas can have the following consequences:

- increase the risk of comorbidity (such as more than one mental health problem);
- complicate the young person’s efforts to adjust to their life after the trauma;
- initiate maladaptive coping strategies; and
- can interfere with access to social support, family relationships, and reconnection with peers and friends.

Our role in relation to secondary traumas needs to be proactive and includes:

- Firstly, to prevent secondary traumas whenever possible by paying attention to possible situations that may provoke further trauma and to help others not blame or denigrate the young person and his or her experience, such as through educating family members, teachers and others.
- Secondly, to reduce the impact of secondary traumas whenever possible by providing information, minimising the levels of distress associated with certain processes and to reduce the level of exposure to subsequent trauma.

The term secondary trauma also refers to the effect of witnessing other’s trauma, such as what can occur for workers emotionally impacted by their work with young people, families and communities. For the purposes of clarity, this resource refers to this type of secondary trauma as vicarious trauma so as to distinguish it from the other use of the term. It is very important for workers and their organisations to pay attention to their reactions and responses to what they see, hear and do. Self-care, supervision and team support are just some of the strategies to keep in mind. This is discussed in more detail in Chapter 9 on leadership roles and challenges.



Chapter 7:

A Lens to Understanding Developmental and Behavioural Difficulties for Young People Leaving Care

Many young people show considerable strength and resilience in the face of adversity. Some young people who leave care have a smooth transition such as described in Chapter 2. However, there are many young people who are likely to have a volatile transition, of whom most will present with difficulties arising from their experience of disrupted attachment and trauma. These difficulties include:

- Physiological dysregulation (including sleep, appetite, heart rate)
- Affect dysregulation (including violent behaviours, mood swings, self-harming and addictions)
- Attachment difficulties and maintaining relationships of trust and emotional intimacy
- Developmental delays, such as language, cognitive capacity and attention and memory problems
- Poor social skills
- Identity formation and moral development
- High reactivity to stressful experiences

A mixture of these and other problems can be seen in many young people in out-of-home care and therefore may continue to be difficulties after they leave care. These can be problems for young people from all cultural backgrounds, although Aboriginal young people have been found to be more likely to experience some difficulties, such as alcohol and other drug use and homelessness. In contrast, the Take Two evaluation report found that Aboriginal children and young people were less likely to have difficulties related to attachment and relationships (Frederico, Jackson & Black, 2010).

This chapter discusses how some of these problems present in the day-to-day lives of young people leaving care with an emphasis on Aboriginal young people.

Alcohol and Other Drug Problems

Childhood abuse and neglect and other childhood traumas are associated with increased risk of alcohol and other drug dependence in adulthood (Anda, et al., 2006). Consistent with this, studies have found a relatively high prevalence of care leavers with substance abuse problems (Whyte, 2011). Other studies have shown that Aboriginal people are more likely to have problems with alcohol or other drug use. For example, one national study found that although Aboriginal people were less likely to drink alcohol than non-Aboriginal people, if they did drink they were more likely to have high risk drinking patterns (Australian Indigenous HealthInfoNet, 2012).

Explanations for the association between early childhood trauma and later substance abuse include:

- Self-medication to gain some relief from physiological problems such as sleep disturbance or emotional problems such as anxiety

- A way of numbing or muting feelings and memories associated with trauma
- Substance abuse may be an intergenerational pattern that has been modelled by other family members. This may also mean the absence of modelling alternative ways of coping
- Young people may have developed a pattern of drinking or using drugs through association with other young people engaged in that behaviour. This may not only be due to group pressure, but also as a form of belonging and identity.

Alcohol and other drug use should not be underestimated in terms of negative consequences for young people including potentially life threatening implications. It is also associated with other compounding difficulties such as mental health problems, violence, homelessness, relationship difficulties and parenting difficulties.

Features of good practice in general also apply to our responses to a young person with alcohol and other drug problems, such as active listening, relational approach, goal setting, motivational interviewing, and engaging the family and other relationships around the young person. Robinson and Miller (2012) provide an overview of strategies to consider when working with young people with alcohol and other drug problems.

Additional evidence-based practices used within the alcohol and other drug treatment field can be helpful, particularly around relapse prevention. As such, it is useful to enlist an alcohol and other drug treatment service with a young person who has problems of addiction as early as possible in either a direct or consultation role. It is important to deal not only with the substance abuse problems but any underlying trauma that may be at the source of these difficulties. *“It is likely that substance abuse treatment of traumatized individuals can be more effective if the issue of recurrent post-traumatic problems during withdrawal is vigorously addressed”* (van der Kolk, 1996, p. 191).

Mental Health Problems

Leaving care has been identified as a time where there are increased levels of mental health problems. In a UK study by Dixon (2008), 41 percent of care leavers reported an increase in mental health symptoms after they left care. Twenty-nine percent reported stability of symptoms and 29 percent indicated some improvement. Dixon also found changes in physical health after leaving care. She surmised there was a link between housing instability, homelessness and unemployment with the increases in physical and mental health problems.

At times we see disturbing ways of coping with trauma experiences in young people which may bring them to the attention of the mental health system. Many serious mental illnesses have an onset in adolescence and earlier identification provides an opportunity for early intervention and prevention of some of the potential harmful consequences (Robinson & Miller, 2012).

Young people in out-of-home care are at higher risk than their peers of having mental health problems (Royal Australasian College of Physicians, 2006; Clinical Advisory Group, 2012). This is largely influenced by the reasons that brought them into care, such as trauma and neglect, but may have been compounded by their experiences of loss and separation and potentially from the care experience itself. A US study which

found that a third of those leaving care had a mental health problem reported that young women were more likely to be diagnosed with posttraumatic stress disorder and young men were more likely to be diagnosed with a substance use disorder (Courtney, et al., 2005). A smaller Victorian study by Mendes, Moslehuddin and Goddard (2008) found that 11 of 20 care leavers reported depression or other mental health problems that warranted medication and other forms of treatment during and after leaving care.

Some young people leaving care may have a number of symptoms associated with mental illness but not of sufficient number or severity to formally constitute a diagnosis. These symptoms, such as anxiety or depression, can still create or add to the challenges associated with leaving care and transitioning into adulthood and may benefit from a mental health service response.

Aboriginal children and young people are more likely to be reported as having low levels of psycho-social wellbeing and more likely to be admitted to hospital for psychiatric problems than other children in Victoria (DEECD, 2009). The literature regarding Aboriginal mental health is relatively scarce despite the prevalence of problems. The more holistic concept of social and emotional wellbeing is seen as a better way of discussing this issue within community. This is particularly as mental health can be misdiagnosed for Aboriginal people due to a lack of understanding of culture (Bamblett, et al., 2009). For example, spiritual experiences may be misinterpreted as hallucinations or delusions (Armstrong, 2007). It is imperative that any mental health assessments be conducted in a culturally respectful and informed way (Bamblett, et al., 2009).

The report on the health needs of children and young people in out-of-home care by the Royal Australasian College of Physicians (2006) noted there were often barriers for workers in recognising children's mental health needs and in being able to access mental health services. Although it is recommended that mental health services should be involved with young people who have a mental health problem including when they leave care, it is acknowledged that such services can sometimes be difficult to access. The Office of the Chief Psychiatrist guidelines for mental health services to provide priority access for children and young people in out-of-home care will hopefully also be relevant for this leaving care population (Department of Health & DHS, 2011). Another element of the mental health reforms that may assist this population is that child and youth mental health services (CYMHS) now mostly go up to the age of 25 years.

In better understanding the mental health problems of individual young people, important elements to consider include:

- The duration of any changes in mood or emotions (e.g. more than a few weeks);
- The behaviours associated with these changes and the level of risk associated with those behaviours;
- The impact on the young person's day-to-day life, such as decreasing functioning in school or work (Robinson & Miller, 2012); and
- The cultural and community context of the individual experiencing these difficulties (Bamblett, et al., 2009).

Some tips:

- We can form a regular relationship with a local mental health service, such as a CYMHS so that you can access secondary consultations
- Diagnosis can be a helpful descriptor but is usually less helpful than asking questions such as:
 - What behaviours of concern should we look for?
 - What mood changes may be important to note?
 - What may be some of the young person's reactions on a bad day?
 - What is a helpful way to respond when they are having a bad day?
 - In what circumstances should we contact the CAT team?
 - What else should be included in any safety plan?
- We can never underestimate the value of a multidisciplinary case conference at times of key transitions such as leaving care to ensure all roles and other changes are known to everyone involved.

Self-harming behaviours and suicide risk

There are major concerns regarding the risk of suicide and self-harm within the Aboriginal population, where the risk of suicide is estimated to be two or three times higher for Aboriginal people than non-Aboriginal people (Tatz, 2005). However, surprisingly there is little data available in Victoria regarding Aboriginal young people and prevalence of suicide or self-harming behaviours. There are, however, indicators that Aboriginal young people aged between 15 and 17 years are more likely to present in emergency departments with self-harm related injuries than other age groups (DEECD, 2009).

"A history of mental illness and self-harm can contribute to suicide in young people. Aboriginal young people have very high levels of deaths due to suicide (Coffey, Veit, et al., 2003); however, there is little data available on this issue within Victoria." (DEECD, 2009, p. 195)

Many behaviours involving harm to self can be linked to the impacts of trauma and disrupted attachment. For example, a negative internal working model involving a belief of one's self as bad or experiencing overwhelming shame through early childhood experiences can lead to self-directed aggression. Van der Kolk, Perry and Herman (1991) found that the age at which the abuse or neglect occurred affected the severity and type of self-destructive behaviours. The younger the child at the time of the abuse, the more self-directed the aggression was likely to be at a later age. Where the abuse occurred in early childhood, there were strong associations with later suicide attempts, self-mutilation, and other self-injurious behaviour. This differed from abuse that began in adolescence which was associated with other mental health problems, such as anorexia nervosa and increased risk-taking behaviours.

There are many potentially overlapping reasons for self-harming behaviours, such as the following:

- Some young people self-harm to regulate their emotions, such as stopping bad feelings or relieving anxiety.

- Some self-harm to induce the numbness that comes with the endorphins activated when the body feels pain.
- Some self-harm to overcome numb and alienated feelings that come with dissociation, where the self-inflicted pain is an attempt to feel something rather than feel nothing.
- Some may become addicted to the endorphin release that accompanies traumatic stress.
- Some have developed a profound self-hatred and act that hatred out on their bodies as a form of self-punishment.
- Some suffer from severe depression and their self-harm is associated with a wish to end their pain, potentially as an attempt to commit suicide.
- Some self-harm to help stop them acting on suicidal thoughts.
- Some internalise the aggression of the abuser and become the victims of their own aggression.
- Some want to do anything that is in their own control.
- Some want others to behave or respond a certain way (Cairns & Stanway, 2004; Klonsky, 2007).

As evident from this list above, some reasons for self-harming behaviours are different than for suicidal behaviours and may even be an attempt to ward off suicide. Tatz (2005) outlines some possible risk factors for suicide for Aboriginal people including: a lack of purpose, lack of publicly recognised mentors and role models, disintegration of family and community supports, sexual assault, alcohol and other drug use, animosity and jealousy associated with factionalism or lateral violence and persistent grief, and illiteracy. Robinson and Miller (2012) also note the link with suicide risk and family violence and shame.

Responses to young people at risk of self-harm and suicide need to pay attention to both the immediate situation and the longer term context and the many possible reasons that may underlie the behaviour. The next chapter mentions mental health first aid which can involve training, such as identifying early warning signs. The main message is to take any concerns regarding self-harm or suicide seriously and seek consultation with a mental health service. It may be the local CYMHS, Head Space (www.headspace.org.au), Beyond Blue (www.beyondblue.org.au) or others but it is important not to minimise or discount the possibility of real danger. Depending on the situation, the first strategy is to put in immediate steps for safety, such as ensuring their current safety or taking the young person to hospital. Developing safety plans with the young person and the care team is an important part of the response. Safety plans are described in more detail in Chapter 8 on strategies. Messages such as 'It is attention seeking' are unhelpful and do not guide us to positive action nor reduce the risk to the young person. If we think the young person is seeking attention, we need to give them attention. The specialist practice guide for working with adolescents and their families provides a useful overview on what is important to consider and do if there are concerns regarding a young person being suicidal (Robinson & Miller, 2012).

Homelessness

Homelessness is a far too common pathway for those leaving care, especially those who have had multiple placements

(Whyte, 2011). Others at risk of homelessness are young people in residential care and those who leave care to return to their families in an unplanned way and then leave again, but without support.

Homelessness is a temporary circumstance for many, and entrenched for others. Victorian research found that ongoing homelessness for young people often came from relationships within the homeless subculture and through exposure to drug use (Johnson, Gronda & Coutts, 2008). Young people leaving care may be particularly vulnerable to this pattern due to their trauma histories. Johnson, Gronda and Coutts found that young people increasing their drug use once homeless was a means for some to deal with trauma such as abuse.

The links between homelessness, poverty, and lack of education and training have been reported. Care leavers are more likely to experience these risk factors than the general population (Johnson, et al., 2010; Stein, 2005; Whyte, 2011). Aboriginal young people are also at a higher risk of unemployment and poverty and so therefore likely to be at risk of homelessness (DEECD, 2009; AIHW, 2012b). As such, Aboriginal young people leaving care are part of two high risk groups for homelessness and so require proactive planning and support.

"Housing forms a cornerstone for intervention in the lives of young people leaving care and housing is a key indicator of outcomes for young people after they leave the care system. Intervention in the lives of young people prior to their becoming entrenched in a 'homeless career' is pivotal to impacting on their future wellbeing." (Whyte, 2011, p. 23)

Physical Dysregulation, such as Sleep Disturbance

As indicated in Chapter 6, traumatised young people may struggle to regulate their physiology, such as sleep, heart rate, breathing or appetite. As they grow older, these patterns of dysregulation can become more ingrained.

Focusing on sleep as an example is useful as it is an often under-rated problem that can impact on other behaviours, learning problems and health problems. Some studies have shown that between 50 and 90% of children or young people who have suffered abuse and neglect or who have posttraumatic stress disorder have sleep difficulties (Hambrick & Perry, 2009). The evaluation of therapeutic residential care in Victoria found that a number of young people in that form of care had problems with sleeping. When improvements in sleep patterns were noted, the young person was more able to participate at school and had reduced levels of stress (VERSO Consulting, 2011).

"Sleep is an essential state during which a variety of important regulatory and processing activities take place in the brain and body. Deprivation of sleep is well known to cause a range of physical and mental symptoms including irritability, inattention, sensory disturbances and even psychosis. In contrast, quality sleep of sufficient duration and normal architecture can refresh, invigorate and improve mood, cognitive processing, physical performance and creativity." (Hambrick & Perry, 2009, p. 1)

Possible explanations for patterns of sleep disturbance that are relevant for young people leaving care include:

Young people who have missed out on a secure early relationship may not have learnt to put themselves to sleep,

not having been given the comfort and support to do so as infants when this part of their brain was most actively developing.

- Young people subjected to abuse or surrounded by frightening, violent events may not want to sleep due to fear of what might happen in the night.
- These young people may also be triggered by certain sensory inputs, such as night-time, bed-time, and the bedroom, as unsafe times or places where traumatic experiences are revisited in their memory as if it is still happening.
- Young people may be affected by certain drugs, caffeine, energy drinks, cigarettes and other substances (or a combination) that can impact negatively on sleep.
- Young people may not have had the opportunity to develop a healthy sleep routine whilst in care.
- Young people may be distressed due to the dislocation of being in care or the dislocation of leaving care. This distress and the accompanying anxiety can cause difficulties with sleeping.
- Some may have health problems that impact on sleep, which have not been sufficiently attended to whilst in care. These can include respiratory illnesses which are more prevalent in Aboriginal people than non-Aboriginal people (Pierce, et al., (2010).
- Some will have developed internal patterns of hyperarousal, hypervigilance, anxiety and fear that interfere with their sleeping patterns as they either cannot get to sleep or wake up to avoid traumatic nightmares.
- Some may be trying to sleep in situations that are counterproductive for sleep, such as poor bedding, loud noises, unhygienic situations, too much light, etc.
- A smaller number may use sleep as a dissociative mechanism, oversleeping to avoid the world, or falling asleep as a response to a trauma trigger in the environment (Hambrick & Perry, 2009; Pynoos, Steinberg & Goenjian, 1996; van der Kolk, 1996).

Some sleep tips:

- Make sleep a part of a regular conversation as it is often not discussed and so we can miss if it is a problem. This can be useful for young people in out-of-home care as well as for those who have left care.
- The young person may take their lack of proper restorative sleep for granted, so talking about it as a problem to be solved may challenge some assumptions.
- If sleep is a problem, asking the young person to take a 'sleep history' can provide helpful information.
- Reviewing the sleep environment and other external factors can provide clues to assist in developing a better sleep routine.
- These conversations are best held before the young person leaves care so that sleep can be more routine before they are in a new setting and whilst they are hopefully with people they know and trust.

- Instilling good sleep routines and habits is an important part of trauma recovery as well as preparation for changes coming in life, such as leaving care.
- Seeking medical advice does not necessarily mean medication and can provide other useful insights, especially if poor sleep is exacerbated by physical health problems. Note the higher risks associated with some of these health problems, especially respiratory problems for Aboriginal people that warrant extra attention.

Violence toward others – The Fight Response

Although young people leaving care do not necessarily have problems with violence, those who have such problems pose particular challenges for themselves, others in their lives, workers and society in general.

There is little data regarding the prevalence of violent behaviours in relation to Aboriginal young people; however, some data show they are more likely to be involved in the youth justice system for violence-related offences than non-Aboriginal people. It is not clear if this related to their greater level of social and economic disadvantage, greater exposure to trauma, experience of racism, and/or increased policing of some Aboriginal communities (AIHW, 2012c). The Take Two evaluation report found that less than a quarter of Aboriginal young people referred to Take Two showed violent behaviours but that they were significantly more likely to be described as having these types of problems compared with non-Aboriginal young people (Frederico, Jackson, & Black, 2010). Other data show that Aboriginal people are more likely to suffer violence from others (DEECD, 2009).

Young people with a well-worn fight response will react more quickly and with more potency to actual and perceived threats. Their perception of threat is likely to include inputs that most would see as innocuous but instead remind them through sights, sounds, touch or smells of danger. Whether it is overt violence or a more generic aggressive response to others, the fight response can keep others away and provide a barrier to forming more positive, safe and even intimate relationships. Aggression, uncontrollable rage and other violent actions may be a secondary consequence of hypervigilance, due to the young person feeling under constant threat and out of control. An overly used fight response will isolate the young person.

This type of affect dysregulation may become an entrenched pattern. In addition, certain factors can create or exacerbate these dysregulated states. Some potential triggers are common in adolescence, such as new relationships, relationship break-ups, distressing news about others, and difficulties at school or work. Young people in out-of-home care can be triggered by other situations, such as new people moving into the placement, changing placement, change of staff, change of case plan, pending court case, and of course pending transition or actually leaving care.

Leaving care, especially if care has been a long-term experience, is at best unsettling and a positive stress and at worst terrifying and a toxic stress. This transition therefore may add to any difficulties the young person already has with affect regulation. It can be helpful in calmer moments to predict some possible reactions with the young person so

they don't feel they are 'losing it.' It also highlights the need for extra not less support at these times.

Aboriginal young people are more likely to be exposed to racism, culturally inappropriate responses, threats, and stressors (DEECD, 2009; AIHW, 2012c). These coupled with other difficulties may trigger a violent response. As with any of these potential problems, applying a culturally respectful and informed approach is essential not only in responding to the young person in a positive way, but in avoiding exacerbating a difficult situation.

Applying concepts discussed earlier, such as understanding the intimacy barrier, can help reduce the likelihood of unintentionally overwhelming the young person that can trigger aggression. If we know that someone does not cope well with direct, personal interactions, we might consider other ways of interacting, such as parallel interactions or 'fishing therapy'.

Important message:

Being trauma-informed means also being aware of potential safety issues for workers and preventing potentially dangerous situations from escalating as much as possible.

The best way to respond to violence is to prevent it. This usually involves preparation and fore-thought, especially with young people with a history of unpredictable violent outbursts. Such preparation can include planning where to meet, who else may be present, the time of day, and whether others know where we are.

We cannot keep others safe if we are not safe – so jeopardising our own safety cannot be part of the plan.

Running Away – The Flight Response

A young person voting with his or her feet to leave care may be displaying a form of 'flight' behaviour. For some young people, leaving care is instigated by their rarely being at the placement and either couch surfing or living in places unknown or considered unsafe by workers. Eventually the official placement is closed and a leaving care strategy put in place after the fact. This can inadvertently reinforce to the young people that they were right to reject the placement as they have now been rejected. This can be a way of trying to keep some level of control over their situation as well as a response to perceptions of threat.

There is minimal data about whether Aboriginal young people are at more or less risk of absconding or running away. One rare example is the Take Two evaluation that found, as noted at the time of referral to Take Two, that Aboriginal young people were significantly more likely than non-Aboriginal young people to have a pattern of running away (Frederico, Jackson & Black, 2010).

Not surprisingly, it is often too late to start to try to engage the young person in the placement if they have already left the placement in everything but name. In these situations where the opportunity for earlier engagement has been missed, the effort is still worth making to engage the young person in their post care living situation. Whether it is a leaving care worker, the case manager, the carers or all of the above, it is important to not give up on trying to form a relationship with the young person. The relationship may not be an intense or particularly intimate one, but hopefully at least one that has some level of positive predictability

and familiarity for the young person. The Mental As Anything song '*If you leave me can I come too*' (1981) could be the catchcry as we reinforce the message that even when the young people leave the placement there are some people they know who wish to remain in their lives.

Patterns of the young person absconding whilst in out-of-home care are an overt form of flight that needs careful assessment and understanding. Such absconding can place the young person at increased risk for sexual exploitation, assaults, substance use, homelessness and other dangers. A key question to ask when a young person has a pattern of absconding is "Are they running away from or to something?" (Jackson, 2011). If they are running away from the placement, then we need to know what is happening in that placement that is perceived as more threatening than the street. If they are running to someone or someplace, we need to know whether that person or place is a safe option. If it is safe then there is the possibility that those people can be engaged in the young person's life within placement so that a more overt and planned transition can occur.

We need to reinforce to young people, that even if they want to run, we want them to be safe and to know there are people who care about them.

What is safe?

The consequences of trauma can involve a young person developing a range of strategies that appear to work for them but may be counterproductive or actually dangerous. These include high-risk behaviours such as running away, violence towards others, self-harming behaviours and substance abuse.

Adolescents are more likely than younger children to take risks as they explore new parts of the world and their own sense of self. This is a healthy and adaptive part of human development. It is best able to occur when they can rely on their attachment figures to be the secure base they can return to who will help them make sense of and learn from their experience. This provides them with a safety net.

However, young people who have been traumatised and do not have a positive internal working model are more likely to privilege familiarity over safety and so take risks without a safety net. If the familiar is that people will reject them, hurt them and exploit them, they are prepared for this and will feel more able to survive that reality, than if they are offered the promise of acceptance, safety and advocacy. This can appear confusing and self-defeating to others, yet from their perspective provides a sense of control in a violent and unsafe world. We need to make actual safety and support familiar and predictable for them if we are going to change this strategy. We need to provide or be their safety nets.

Attention and Cognition

It is not surprising that some traumatised young people have ongoing problems maintaining their attention and concentration – as they have a reduced capacity to regulate strong emotions, which leads them straight to reaction with no time to think. Attention and concentration may be significantly reduced by hypervigilance. In those situations, the young person is constantly on the alert for danger and not relaxed enough to listen and learn, and may have sleep disturbance.

Apart from the literature that indicates Aboriginal young people are more likely to leave school early, as discussed in Chapter 3, there were no studies found in relation to Aboriginal young people and attention or cognition. However, it is reasonable to assume that education and training approaches that are not culturally sensitive will create particular barriers for young people's participation in the school context (DEECD 2009).

Some young people who have experienced severe early neglect or traumatic experiences may have cognitive difficulties or delays. Trauma is also seen to have an impact on executive functioning, whereby the young person's ability to reason and problem solve can be jeopardised (Beers & DeBellis, 2002; Glaser, 2000).

"There is considerable evidence for changes in brain function in association with child abuse and neglect. The fact that many of these changes are related to aspects of the stress response is not surprising. The neurobiological findings shed some light on the many emotional and behavioural difficulties which children who have been abused and neglected show. Hyperarousal, aggressive responses, dissociative reactions, difficulties with aspects of executive functions, and educational underachievement thus begin to be better understood." (Glaser, 2000, p. 110)

These children and young people are capable of being taught great things and may well have rich potential for learning; however, they often miss out on the opportunities to develop this potential. Disruption to their education is a common phenomenon for young people in out-of-home care, especially if they have moved from placement to placement or if their behaviours have been particularly challenging. Dissociation can also lead to gaps in learning and difficulties with concentration. Even without cognitive problems or educational disruption, traumatised young people may display disorganised thinking due to the chaos in their emotional world. For example, they may forget things, not pay attention to what others tell them and seem thoughtless and uncaring.

"Research shows that young people who have resided within the out-of-home care system may have significant educational deficits and are less likely to complete secondary education and/or move on to tertiary education. The impact of trauma on neurological development, insecure living environments, placement changes accompanied by changes in schools – which often includes a change in teachers, teaching styles and curriculum, as well as peer supports and networks – further disrupts and disadvantages the young person." (Whyte, 2011, p. 24)

Of course, the fact that some young people in the out-of-home care or leaving care situation do well at school is a testament to their resilience, and the care and supports available to them. We should not ever assume this is not possible for the young people in or leaving care.

When preparing to leave care or having already left care, difficulties in reading and writing, planning, problem solving and decision-making can create further impediments to successful transition. These problems can make it more difficult for the young person to budget, pay rent, keep appointments, navigate public transport and negotiate unexpected problems. As stated earlier, difficulties in reading can even be of sufficient shame to increase the risk of suicide for Aboriginal people (Tatz, 2005). Assessments,

such as neuropsychological assessments; can be helpful in knowing what additional supports may be required to navigate this adult world. Gathering information from their school is a useful source, as well as of course asking the young person and carers directly. Knowing areas of learning that might be challenging should directly inform the leaving care plan in terms of the supports and training needed for the young person.

Developing and Maintaining Positive Relationships

Family relationships

Although young people in out-of-home care are by definition not living with their biological parents, this does not mean their parents could not already be or become a source of support. As Aboriginal young people may not make a distinction between parents and other family members, attention needs to be paid carefully to broader family and kinship relationships.

A certain number of young people will return to their family home when they leave care whether or not this is officially part of the plan (Whyte, 2011). It is important to neither be overly optimistic, or pessimistic about these relationships and what the future may hold. If the young person is returning home due to a lack of alternative options this is likely to place an additional burden on the relationship, especially if there has been minimal preparation.

There are rare situations where it is imperative the young person does not have contact with a parent for his or her own safety. Apart from these unusual situations, encouraging parents and other family members to participate in the young person's life whilst in care, including but not only having regular contact, can lead to genuine positive outcomes. Such outcomes are more likely if the parent and young person's relationship is supported or on occasion refereed by others.

These outcomes can relate to the mother, father and other family members and may include the following:

- The parent and young person getting to know each other. This may provide a basis for both the parent and young person to better understand each other and either build a more robust platform for a safe reunification or a reality check as to why this is unlikely to succeed and what their alternative relationship could be.
- The parent becoming a more positive source of support for the young person even if they do not live together.
- Involving the parent in the planning with the young person can reduce the possibilities of their undermining such a plan.
- Enabling the parent and young person to have more positive contact can provide opportunities then or later for some therapeutic interventions to help repair their relationship.
- Parents are often the gateway to other important relationships within the family which may be available to provide practical and emotional support to the young person.
- Parents may be the source of important information about the young person's culture and may be a gateway to become more connected with the Aboriginal community.

The Take Two evaluation found that Aboriginal children living in a placement with an Aboriginal carer were more likely to have knowledge about their family of origin, although this was not a significant difference. They were significantly more likely to have contact with their extended family if they were living with an Aboriginal carer (Frederico, Jackson & Black, 2010). One of the important aspects of our work is often to discuss ways the young person can discover or rediscover their family and community. It is important to involve Aboriginal organisations in this type of work given their knowledge of the cultural sensitivities that may apply.

Peer and other relationships

Young people who struggle with relationship skills (such as attunement, and the reading of others' body language and facial expression) find it difficult to engage in mutually satisfying interactions with other young people. For example, they often do not understand the usual rules of relationships such as sharing and may have had limited opportunities to develop empathy. They may find friendships difficult, and other young people are likely to react negatively to their aggression or controlling behaviour. Traumatised young people can drive others away, either through socially unacceptable behaviour, lack of social skills or aggression.

Young people who did not have opportunities to play with others when they were younger may not know how to interact in an age-appropriate way with peers. In these situations they may need an adult who can take on that role whilst they learn. For example, a mentor and a young person may do a range of activities together that teaches the young person how to interact socially in an appropriate manner. This could be an important step before they could manage with young people their own age.

In contrast, some young people in out-of-home care have a strong sense of connection to others in care and find the loss or changing nature of these relationships to be a source of great distress. Similarly, Aboriginal young people may have or wish to have a strong connection with other Aboriginal young people and this will be important to support wherever possible. In a Victorian government report it was found that Aboriginal children were more likely to have someone to turn to when they needed help and their parents were more likely to report contact with both friends and family (DEECD, 2009). The emphasis on relationships within Aboriginal communities is a likely source of strength and resilience (Parker, 2010) and we need to ensure the least possible disruption to these relationships. On the other hand, we need to be alert for racism within peer groups as this can have a damaging impact to a young Aboriginal person trying to develop a sense of who they are and where they belong (DEECD, 2009; Zubrick, et al., 2005).

Young people leaving care have a number of new and old relationships on their horizon. Hopefully they will be able to keep contact with previous carers, friends and other young people in care and at school and potentially with workers. They are hopefully able to make new relationships with employers and other work colleagues, other workers and new friendships. Their relationships with family may change. They will hopefully form romantic relationships and may sooner or later become parents.

Understanding the difficulties a young person who has experienced trauma and disrupted attachments may have in sustaining meaningful relationships is helpful in preventing breakdowns in such relationships. Often young people who have known relationships to be fearful do not trust new

people and may try to set up situations to confirm their internal view of themselves and others. This requires we stay calm and act with empathy, not react. In doing this we challenge what young people expect from others in relationships. With repetition we can start to change their longstanding relational template.

Behaviours that may normally elicit a shock reaction may be more helpfully approached in a deliberately low key manner. In these situations care, concern and attention to safety is provided but the carer or worker demonstrates they are not overwhelmed by the behaviour and instead model and promote positive coping behaviours.

Early Parenting

Aboriginal women under 20 years of age are nearly five times more likely to become pregnant than other young women of the same age in Victoria. This has a number of associated risks such as poorer birth outcomes, ceasing their education, unemployment and poor housing. There are also concerns that young fathers can be isolated from their children. Early parenting should be considered a possibility or a reality for both young women and young men (DEECD, 2010).

As mentioned earlier, research has shown that young people in care are less likely to receive adequate sex education which can increase their risk for unwanted or unplanned pregnancy whilst in care and when they leave care (Bruce & Mendes, 2008). Research has also shown that a significant proportion of young women with a history of being in out-of-home care were mothers by the age of 19 years (Whyte, 2011). Given the rates of early parenting for Aboriginal young people and for young people leaving care, Aboriginal young people leaving care are at increased likelihood of becoming parents at a young age.

There are a number of specific parenting services targeted for Aboriginal parents. They have different geographical boundaries and so the details need to be looked up before making referrals (DEECD, 2010). These include:

- Koorie Maternity Services.
- Cradle to Kinder - a new parenting support service for high risk young women who are pregnant or whose infant is less than 6 weeks of age.
- Aboriginal In-Home Support Program - parenting support for Aboriginal families to improve their child's health, development, learning and wellbeing from birth to age 3 years.
- Stronger Families - a family preservation service for children and young people where there are substantiated protective concerns and there is likelihood of imminent placement or a planned reunification.
- I'm an Aboriginal Dad Program - includes group work and outreach services to support Aboriginal men in their role as fathers.
- Aboriginal supported play groups and parent groups.
- Early Parenting Centres and Parenting and Skill Development and Assessment (PASDA) centres.
- The Welcome Baby to Country Project - a ceremony of welcome near the family home.

Chapter 8:

Working with Aboriginal Young People Leaving Care who have Experienced Trauma and Attachment Problems

Trauma: How Recovery can Occur

Throughout this resource there are tips and ideas for how to respond to young people leaving care and to Aboriginal young people in particular. However, most of those suggestions are for specific problems or areas of concern. It is also important to have a holistic approach that holds the young person in the centre. Similarly, it is important to not just focus on problems but to have strategies to build on the young people's strengths and areas of resilience.

Persistent repetitive intervention, including nurturance, love, stimulation and support, is needed to assist young people to recover from trauma and learn new skills associated with a successful transition into adulthood. The elements of a framework for intervention with traumatised young people as described by Herman (1997) involve safety, making sense of their story and other reparative work and reconnection to others.

For more specific information and suggestions on how to support and plan with the young person transitioning out of care, the *Specialist Practice Guide on Adolescents and Their Families* has useful checklists specific to leaving care (Robinson & Miller, 2012).

Safety

Logically, it is an insurmountable task for someone to completely recover from trauma if they are still being traumatised. It does not mean there are not important things we can and should do, but the fundamental task is to first stop the trauma and increase the safety. *“Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish the survivor's safety”* (Herman, 1997, p. 159).

There are three ways in which we consider safety. Firstly, there is the importance of ensuring the young person is and feels safe in a range of domains. Secondly, there is work with the young person on reducing symptoms or behaviours that may jeopardise their or others' safety. Thirdly, there is a need to provide stability of relationships throughout the transition, as safety is in relationships.

There are five domains of safety to consider. The Sanctuary model refers to four domains: namely, physical, psychological, social and moral (ethical) safety (Bloom, 2005) and we would add cultural safety (Bamblett, et al., 2012). Cultural safety involves Aboriginal young people feeling that their Aboriginal identity is valued and respected so they can freely express their identity (VACCA, 2008). A way to consider each of these safeties is to reflect on whether the opposite is present as shown in Figure 10. Is the young person still subject to physical, psychological, social, ethical or cultural violence?

In order for psychological recovery to occur through therapy or other means, the young person must feel safe. A sense of safety will help them self-regulate. When a problem arises they will be more likely to think and solve the problem, rather than become dysregulated, lose the capacity to think, and act on the raw emotions of fear and terror (Perry, 2005).

As mentioned in the chapter on attachment, Aboriginal people, especially those already connected to their culture and community, speak of the pull to return to their country and to the land when they are distressed or stressed. If this is expressed by an Aboriginal young person it is imperative that consultation is sought through an Aboriginal organisation to see if this is possible and appropriate.

Working with young people to protect them from placing themselves at risk is a key part of the strategy. This includes working to reduce some trauma-related symptoms, such as hyperarousal, affect dysregulation, dissociation, suicidality and self-harming. Some of their symptoms may feel useful to them in keeping them relatively safe, such as withdrawal, aggression, dissociation and hypervigilance. The young person may be highly resistant to letting go of these symptoms whilst they are considered essential for survival. Herman (1997) notes that not only must the young person be safe but know there are others who want them to be safe and who are working to help achieve this.

Types of safety	What does the absence of safety look like for an Aboriginal young person leaving care?	What does the presence of safety look like for an Aboriginal young person leaving care?
Physical	<ul style="list-style-type: none">Exposed to violence from othersLives or works in a violent environmentDoes not have a safe and secure place to live	<ul style="list-style-type: none">Is not exposed to violenceFeels safe in their home and work environmentHas a place they can call home that provides safety and comfort
Psychological	<ul style="list-style-type: none">Places own safety at risk through self-harm, substance abuse or risk-taking behaviours	<ul style="list-style-type: none">Is not taking risks that place their own safety in jeopardyIs able to recognise and seek support when feeling unsafe and uncertain
Social	<ul style="list-style-type: none">Is particularly vulnerable in a group setting, where they are likely to be bullied, blamed and misunderstood	<ul style="list-style-type: none">Experiences group interaction as supportive and protective
Ethical, moral	<ul style="list-style-type: none">Being forced or influenced to go against their own values and ethics	<ul style="list-style-type: none">Encouraged and supported to develop a value base and act within these values and ethics
Cultural	<ul style="list-style-type: none">Is subject to racial taunts or other forms of racism	<ul style="list-style-type: none">Is supported to explore and identify with their culture and to experience it as a form of protection and comfort

Figure 10: The absence or presence of safety for Aboriginal young people leaving care

“The first and foremost response to trauma is to create a sense of safety for the young person. This may require establishing a resource network that will help the young person reach out when needing safety and security. Some adolescents may have no baseline for safety because they never felt safe, and cannot respond to efforts to ensure it – it may take some time to understand that adults are able to protect them.” (Robinson & Miller, 2012, pp. 33-34)

Specific strategies for resolving or reducing particular symptoms or behaviours, such as alcohol and other drug usage, violent behaviours, self-harm, suicide and running away are described in the previous chapter. However, a broader principle regarding achieving safety is for the young people to learn and practise ways of increasing their capacity to self-regulate when they are relatively calm so they can draw on this skill when distressed or under threat. Examples of such strategies may include yoga, progressive muscle relaxation, deep breathing activities, OT-informed activities, and music and movement. These strategies may help someone know what calm feels like in their body and help them become calmer when dysregulated (Perry & Szalavitz, 2006). Calming activities usually include ones that are familiar, slow paced, rhythmic, predictable, not intense, simple, soothing and have positive associations (Gay, 2012).

It is also important to enable the young person to practise these self-regulatory skills before attempting to make sense of their trauma experiences. If they have not sufficiently learnt how to be calm, then reactivating their memories of trauma can potentially be harmful (Perry & Szalavitz, 2006).

Safety plans can be used in a variety of ways. They can be specific to a particular risk, such as self-harm, suicide, sexualised behaviours towards others or other forms of violence (Robinson & Miller, 2012). They can also be used in a general way to help the young person be prepared for unexpected situations. The Sanctuary Model uses safety plans for all children, young people and staff to help them think ahead about what strategies can be comforting and calming when under threat or distress. They are written on small cards that the young person and others carry with them at all times (Bloom, 2005).

Risser (2008) speaks of a number of safety tools including personalised safety plans and crisis management plans. These include enabling the young person to think about his or her own safety but also to help prepare the staff so there is a consistent approach to risks. Below is an example of a person’s safety plan as suggested by Risser (2008). Such safety planning with a young person is better done when they are calm and feel safe. A safety plan in response to threat of suicide or self-harm may be done in the crisis and followed up when the situation is calmer.

A safety plan:

Triggers - What makes you feel scared or angry and is there a particular time or place that makes this worse?

Early warning signs - What are the clues or signals that you may be beginning to have less control over your feelings and actions?

Strategies - What works for you to help you feel calm and to manage or reduce feeling under stress?

Achieving stability is another aspect of achieving safety. It involves the provision of predictability and security and thinking about the needs of traumatised young people in relation to their secure base and safe haven (see Chapter 5). It helps us to plan for the young people’s needs for safe and healthy exploration as well as for comfort and nurturing. If they do not have a home to call their own and people they know care about them, other strategies around safety will be ineffective.

Telling their story to give it meaning and other reparative work

Not every young person will be ready and able to talk about the past, especially a past filled with traumatic memories. However, times of transition such as leaving care may create opportunities as well as increased threat that generate new thoughts and feelings for the young person about what has happened to them and why.

Helping them put these experiences and associated feelings into words is an important strategy but we must tread carefully. Sometimes retelling the story can mean reliving it. Some of these conversations might occur in the car, over the kitchen table or in the midst of a crisis. Other conversations occur in more detail if the young person has the opportunity to use therapy. The goal of such therapy is to help integrate their experiences so they make sense and are no longer intruding on their present situation, such as through nightmares, re-enactments, flashbacks or outbursts of behaviour. It also means integrating the good with the bad. In other words, hopefully their entire story is not about trauma. Being a witness as they tell their story can help them see their positive experiences as well as making sense of the negative.

It is also important when talking about their experiences to understand the beliefs and cultural practices associated with what they can say and to whom. This not only helps the information to be more accurate but also provides an increased sense of safety that they are not being asked inappropriate questions (Nader, 1997).

Coade, Downey and McLung (2008) make a few suggestions of how to help Aboriginal young people tell their story of the past.

- Create opportunities to talk about loss and grief experiences, such as being removed from their family or community or the losses associated with leaving care.
- Help them put their thoughts and feelings into words.
- Use more than words, such as through art therapy and music, so it makes sense to them.
- Understand other trauma that may have happened with their family and community.
- Recognise community and cultural trauma and its impact.
- Find others in their social networks they can trust to hear and witness their story.
- Realise they can talk about their story without shame.

Another important element in telling their story, especially from a community and cultural perspective, is to acknowledge and pay respect to the warriors and heroes in their community both in the present and past. This may challenge the sense of victimhood and provides a more balanced and accurate picture of history and today. It also helps them to honour their own journey of recovery and survival.

In addition to, or sometimes instead of, making sense of their trauma there are other reparative experiences that can be very relevant for young people with a history of trauma and yet easily overlooked. Healing the harm to the young person's developmental pathways will rarely be about words. As mentioned in Chapter 4, the brain changes in a use-dependent way. If we want a young person to make up for missed developmental opportunities, become more physically self-regulated or be able to process incoming sensory information in a more synchronised way we need to provide opportunities for sufficient repetition to activate those parts of the brain affected so that they can change.

Strategies mentioned in the previous section to help the young person be calm included OT activities, yoga, music and movement, progressive muscle relaxation and deep breathing exercises. These strategies, along with other somatosensory activities, are also effective if used in a patterned repetitive way to help repair and heal some of the developmental harms that may have occurred. The approaches will be more effective if based on an assessment so they are tailored to the individual young person's developmental needs and personal interests. For example, Jedda might benefit from some somatosensory activities, such as massage, swimming, yoga or animal assisted therapy. These activities if of sufficient pattern and repetition may help the lower parts of the brain to become more regulated so she could later be able to regulate the higher parts of the brain (Perry & Dobson, 2012).

Reconnections

Relationships are the key to recovery and healing. Trauma theorists, such as Judith Herman (1997) and Bruce Perry (2005), note that recovery from trauma can only occur within the context of relationships, not in isolation. Recovery from trauma requires a 'therapeutic web' of people surrounding the young person to provide nurturing experiences (Perry, 2005). In other words, care is not enough and therapy is not enough - on their own - to redress early in life, relentless relational trauma and deprivation.

Connection or reconnection to the land can be a powerful source of healing for Aboriginal people. If they were already connected to their Aboriginal identity and community, this may have been helpful in providing them with a sense of safety at an earlier stage of recovery. For those who were not previously connected to culture, there may be an opportunity to explore the possibilities of returning to country as part of the reconnection phase.

Perry (2005) emphasises that the way to redress deprivation and chronic trauma for young people is through repetitive, persistent, nurturing experiences, mediated through relationships. We need to create many predictable repetitive opportunities for the young people to experience the opposite of their traumatic experiences and for their brain to change with these new experiences. Perry notes that weekly therapy will not be enough for this type of change and it needs to engage those involved in the young person's day-to-day life.

"Effective therapeutic and enrichment interventions must recruit other adults in a child's life – caregivers, teachers, parents – to be involved in learning and delivering elements of these interventions, in addition to the specific therapy hours dedicated to them during the week." (Perry, 2006, p. 38)

The concept of rupture and repair is also helpful in developing and sustaining healing relationships with young people (Siegel, 2012). Ruptures inevitably occur in relationships and it is the process of repair that offers opportunities for learning, healing and recovery. The young person's behaviour leading to the rupture is not excused, minimised or dismissed; however, a clear message is conveyed that it is the behaviour and not the young person that is not okay. The key aim is to convey acceptance of the young person as a person and demonstrate that whilst relationships have their 'ups and downs' they can be worked through and sometimes, strengthened in the face of difficulty. It may also be the worker's behaviour that has led to the rupture and when this occurs we can model the repair process.

To cope with relationships we need to be able to think about what other people might be thinking. We 'read' people - their faces and gestures - and we make quick, often accurate, assumptions about what they might be thinking. We do this all the time, checking out our assumptions with questions, looks and gestures. It is a large part of our communication with others. If young people have not been able to learn this ability which begins through positive attachment relationships then they are more likely to misread others and make false assumptions about their intentions. In these situations, the young people may need us to help translate what others are really saying in words and actions. We also need to not assume they understand what we mean and so should provide opportunities to check this out. We may provide a way for them to practise this ability with us before applying this learning to other relationships including family members, peers, partners, housemates and employers.

The opportunities for healing that Aboriginal young people have through culture and community are real and powerful and should be actively acknowledged. Culture is healing, growing up is healing.

"Culture plays a key role in how individuals cope with potentially traumatizing experiences by providing the context in which social support and other positive and uplifting events can be experienced. The interactions between an individual and his or her environment/community play a significant role in determining whether the person is able to cope with the potentially traumatizing experiences that set the stage for the development of PTSD." (deVries, 1996, p. 400)

How to support an Aboriginal young person through cultural reconnection depends on a number of things.

- How connected have they been to their cultural identity and their community?
- What positive and negative images do they have of being Aboriginal and what if any current influences are reinforcing these images?
- Do they feel shame or pride in being Aboriginal?
- Do they think something is missing in their understanding of who they are and where they belong?
- Are they interested, wary or both of exploring their identity and connection further?
- What do they think may happen if they find out more about who they are?
- Are they ready for big or little steps to know more?
- Who do they have in their family or broader community that has information about their identity and connections?

- If they are not ready now, where can they go later if they want to find out more, such as Link-Up Victoria?

Figure 11 and 11a represent the different types of traumas and the role of connections to protect and heal Aboriginal young people. The slides represent the way an attachment network and a connection can build resiliency and heal from the impacts of trauma. They highlight how having no connection to culture and no attachment network can result in nothing being there to buffer the child or young person from trauma. Therefore working in a planned and considered way to build opportunities that focus on building the attachment network and connection to culture can form a buffer for the child and build resiliency to trauma.

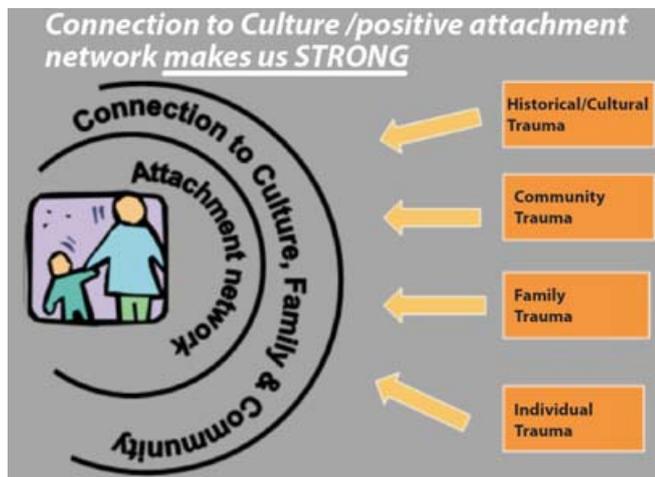
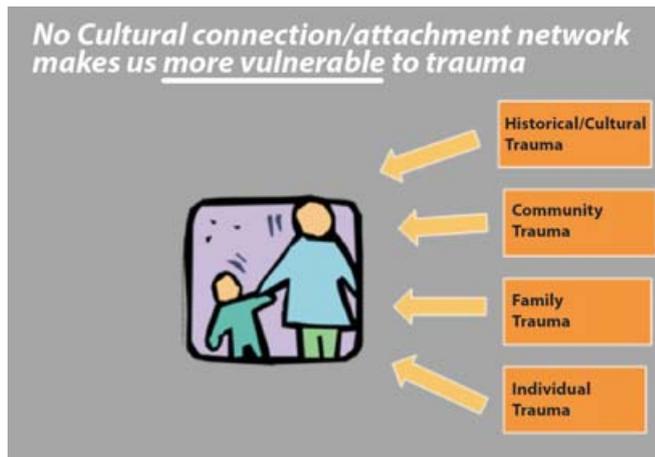


Figure 11 & 11a. Coade & McLung (2008) demonstrate the cultural buffer of culture, family and community

At times young people may present as not wanting to acknowledge their Aboriginal background. This could be for many reasons that need to be understood over time and not rushed. We know, however, that connection to culture can be a positive factor in how individuals cope with and process trauma.

Where a young person is disconnected from culture and community:

- Support the young person to come to their culture in their time
- Let them know you can help them find the information they might need when they are ready
- Consult with Aboriginal Community Controlled Organisations
- Let them know you can support them or find others who can so they can meet Elders and learn about Aboriginal history.

If a young person is disconnected from their past placement and the associated relationships, they may need an opportunity to reconnect. If they left the placement either prematurely or in a planned way, there may be an appropriate time or place to do an 'exit interview' about what important messages they would like to tell others about their experience. Who conducts this interview would vary, but a manager attached to the out-of-home care organisation may be an appropriate person to do this interview, especially if they are already known to the young person.

Activities: Thinking about Nama and Jedda

- Consider the concept of the arousal continuum, hypervigilance and dissociation. How might these concepts apply to Nama and Jedda in terms of what is known about their behaviour and relationships?
- Look at the hierarchical model of the human brain (Figure 6). Think about Nama and Jedda's experiences at each of the critical stages of brain development (Figure 11) and consider the traumatic experiences (including experiences of neglect) that may have impacted their development and experiences in different domains such as:
 - Affect regulation
 - Capacity to problem solve and plan
 - Family and peer relationships
 - Behaviours
- How should we provide Jedda and Nama with safety, the opportunity to make sense of their story and reconnections with others?
- How can we support the provision of the "repetitive, persistent, nurturing experiences, mediated through relationships" identified as essential for Nama and Jedda's healing and recovery
- What are some strategies to increase their cultural connection?

Other Trauma and Attachment-informed Strategies and Tools

Playfulness, Loving, Acceptance, Curiosity, Empathy (PLACE) approach

The PLACE approach is outlined below and provides a useful way of being with and developing relationships with young people (Hughes, 2009).

PLACE (Daniel Hughes, 2009)

Playfulness:

- Life is often too serious for young people in care, anything we can do to brighten up their life can be helpful.
- A light-hearted, relaxed and playful attitude can help the young person to experience people as non-threatening and even fun.
- Playfulness makes it harder for young people to avoid and disengage.
- It can interrupt their sadness and heaviness.
- There is a time and place for playfulness.

Loving:

- Underlying attitude of parent or carer is unconditional love and wanting the best for the young person.
- Love is conveyed in non-verbal ways via facial expression, gaze, body language, touch and a desire for closeness.
- Love is communicated verbally in voice tone and intonation and words are used to express love and affection.
- Who is in this young person's life who loves them and who they can love?

Acceptance:

- It is essentially about being 'non-judgmental' This means accepting the young person as a worthwhile human being.
- Accepts the feelings behind behavioural choices – not necessarily accepting that they are good choices!
- Acceptance shows understanding rather than condoning the behaviour.
- The use of acceptance often brings less defensiveness or opposition and shame.

Curiosity:

- Wondering with the young person about the meaning behind the behaviour and why they do the things they do.
- Curiosity sometimes means making best guesses about what is going on. The young person and teacher figuring things out together.
- Curiosity helps the young person feel heard and understood.
- Being curious can help the young person teach us

Empathy:

- *Feeling 'with'* another person, feeling compassion for their struggles or suffering.
- Acceptance is showed through empathy.
- Empathy eventually helps the young person to acknowledge deeper feelings of fear, sadness, hurt, anger, without fearing judgement.
- Statements such as "I'm so sorry that happened" or "that must have been really hard" show empathy.

Emotional First Aid Tool (PAIN relief)

An emotional first aid tool that may be helpful in preparing a young person in dealing with changes through the leaving care transition is known as PAIN relief (Dwyer, Frederico, Jackson & McKenzie, 2010). It is an emotional first aid tool that helps to support a young person through a potentially difficult time. PAIN is an acronym for:

P = Predict and Prepare

Talking with the young person to predict what may happen over the next few days, weeks or months. Following this discussion, the young person can be assisted to better prepare for these changes.

A = Acknowledge in words

An important step in coping with change is being able to put our feelings into words. This is something that happens for young children when they fall over and a responsive attuned caregiver notices and responds to them by talking about what happened. "Oh you fell over, you're crying because you've hurt yourself, let me help you." For young people who did not have this attuned caregiver response earlier in life, it is even more important to find age appropriate ways of helping them to speak the words to express how they are feeling. "I wonder how you're feeling?" "Often young people leaving care for the last time feel sad or scared. "It's okay to be nervous." "Almost everyone finds moving house stressful."

I = Inform

Providing the young person with the information they need to understand what is happening is a necessary step. Although the information should not be overwhelming it is respectful to the young person to give them what they need to make sense of their experience and to help with the preparation of what is to come.

N = Notice and Nurture

Paying attention to the young person and what they are going through is part of attunement. When young people are described as attention seeking it usually means they need us to pay attention. Giving them this attention and caring about what they are feeling is pivotal to helping them deal with the stress associated with change.

PAIN relief is a strategy that is not only a useful tool for workers, but one we can teach young people to help them respond to future challenges.

Mental Health First Aid

Mental Health First Aid is a standardised form of emotional first aid that is designed to support someone experiencing a mental health crisis or the onset of mental health problems. Mental Health First Aid is commonly used with older adolescents and young adults. All those working with young people with mental health problems can be trained in this approach and it does not require prior mental health training (Jorm, Kitchener, Kanowski & Kelly, 2007).

Reflection tool on historical and current factors that influence the young person's leaving care experience

This is a tool developed as part of this project to help workers reflect and clarify their thinking about particular young people who are leaving care. It brings together some concepts outlined in this framework regarding attachment, trauma, culture and context along with thinking about the type of leaving care arrangements. It is influenced by Perry's (2006) Neurosequential Model of Therapeutics. It includes questions regarding what strategies could be used

to strengthen the positive protective factors for the young person and to mitigate or reduce the negative risk factors. The more ticks in the Yes column is likely to predict that the young person will have a smoother transition through leaving care. No being selected in the *Historical* sections indicates

potential risk factors to consider in terms of the young person's vulnerability. *No* being selected in the *Current* sections indicates areas we can proactively work to redress. *Don't Know* being selected indicates where we need more information.

Reflection tool on historical and current factors that influence the young person's leaving care experience					
	Which factors are relevant for this young person?	Yes	No	Don't know	What can we do to strengthen positive factors or reduce risk factors?
	Developmental factors				
Historical	Healthy biological/ physiological development				
	Healthy psychological development				
	• Emotional				
	• Cognitive				
	• Behavioural				
	Healthy relational development; e.g. early attachments				
Healthy spiritual and moral development					
Positive cultural identity					
	External factors				
Historical	Minimal exposure to adverse events or trauma				
	Consistent contact with important relationships throughout their life				
	Consistent placements				
	Consistent schooling				
	Good access to social supports				
	Strong cultural supports				
	Functioning				
Current	Healthy biological/ physiological regulation				
	Healthy psychological functioning				
	• Emotional				
	• Cognitive				
	• Behavioural				
	Healthy current relationships				
	Healthy spiritual and moral functioning				
Positive cultural identity					
	External factors				
Current	Not currently exposed to trauma				
	Consistent contact with important relationships				
	Stable accommodation				
	Stable school or work				
	Good access to social supports				
	Strong cultural supports				
	Is there a clear plan to support transition?				
	Experience of leaving care	Smooth transition	Volatile transition		
	Predicted (if not yet left care)				
	Actual (if already left care)				

Chapter 9:

Leadership Roles and Challenges

All areas of human service delivery need structures, supports and systems in order to provide an effective service and to enable the safety and wellbeing of the workforce. Leaving care is no different. There are a number of challenges and demands on the leadership responsible for leaving care.

The Task for Leadership

There are a number of elements of leaving care that require specific approaches to leadership.

Working with young people who are about to or who have left care commonly involves working with those who have experienced substantial trauma. The young people may therefore present with traumatised behaviours which can impact on staff, such as through vicarious trauma, compassion fatigue, and direct assaults and threats to staff. It can also influence a crisis focus which can impede planning and proactive styles of work.

The leadership response to any workforce dealing with traumatised populations needs to be trauma-informed not trauma-organised (Bloom, 2006). This involves a number of principles including ensuring safety; opportunities for debriefing and emotional first aid for staff after difficult situations; proactive planning regarding young people with difficult or at-risk behaviours; training on how to understand and respond to traumatised behaviours; and recognising our own reactions under stress, both individually and as a group.

In accordance with attachment theory, we all need confidence in our leadership and organisation to feel supported and comforted when dealing with distress (i.e. a safe haven) and to provide security and safety when trying new ideas (i.e. a secure base). Sometimes this area of work can feel risky and it is crucial that the organisation holds these risks not the individual workers. Open communication, supervision, team meetings and reflective opportunities are all an essential part of leadership in this context.

Leaving care workers are often in fairly isolated positions where there may be only one or two with this role in an organisation. They are less likely to be a part of a team with those in similar roles and their supervisors are more likely to have generic roles. The challenge for leadership is how to provide the leaving care workforce with peer support and sense of working in an area that has a body of knowledge and a collective voice for advocacy. The alternative is that workers could feel isolated or helpless.

Leaving care workers need to understand the system the young people are transitioning from and into. They will benefit from their leadership providing them with appropriate information and access to networks with other professionals.

Leadership and Working with Aboriginal Young people and Communities

As described in more detail in the Building Respectful Partnerships (VACCA, 2010), cultural competence in both staff and organisations requires strong leadership.

From an organisational perspective, Building Respectful Partnerships provides the following suggestions:

- Ensure the values, vision and strategic direction of the organisation demonstrate a commitment to cultural competence approaches for Aboriginal people and their community.
- The organisation has activities which reflect this commitment, from the board level through to the staff. These activities could include: involving local Aboriginal Community Controlled Organisations in the development of the organisation's strategic plan; written policies and procedures that reflect an understanding of cultural safety and cultural respect; and exploring the organisation's history in relation to past policies leading to Stolen Generations.
- The organisation has arrangements in place to assess and review the level of cultural competence at an organisational and staff level.
- The organisation meets its governance and legislative responsibilities as well as government standards in relation to Aboriginal young people and their families.
- From a staff and management perspective, the Building Respectful Partnerships has a number of other suggestions including the following:
- Clear expectations of staff, such as those written in a code of conduct
- Supervision and cultural advice
- Training and professional development, such as in relation to cultural knowledge and understanding.

Specifically in working with Aboriginal young people who are leaving care, the importance of access to and support of cultural consultants cannot be underestimated. In each area of focus, whether it is out-of-home care, leaving care, mental health, general health, education, employment and housing, there are specific Aboriginal services that can provide assistance. It is important to recognise that many of these services are not funded to provide consultation to mainstream services and so developing mutually beneficial partnerships may be a helpful starting point.



Chapter 10:

Conclusion

'The 'almost adults' seem to be forgotten.' (Aboriginal worker)

'You can turn things around – it is never too late. Sometimes a 16-year-old will give up but they need hope to go on.' (Aboriginal worker)

'When the young people are culturally connected they have more confidence in themselves, they learn to believe in themselves.' (Aboriginal worker) (Bamblett, et al., 2012, pp. 53 & 55)

The title, *Making Tracks* evokes a number of images pertinent to this resource and framework. Aboriginal young people are...

- Making tracks - Leaving out-of-home care in a new direction and to a new life, building on and in some situations recovering from what has gone before.
- Making tracks - Leaving their mark in that they have had an impact on their own life, on other lives and by contributing to their communities.
- Making tracks - Leaving a trail so that others can follow in their footsteps.

This trauma and attachment informed framework for Aboriginal young people leaving care presents ideas about the potential difficulties facing them as they leave care and transition from care to adulthood and interdependent living. The case studies of Nama and Jedda illustrate the impact of trauma and disrupted attachment and provide insight into the impact of intergenerational and community trauma. These case studies also illustrate the resilient spirit of young people and the opportunities and potential for harnessing the healing power of culture to facilitate connection. This allows for the building and nurturing of relationships to support their growth and development as they move towards interdependent living.

We have briefly reviewed the historical and current situation of Aboriginal people and discussed this in the context of leaving care. The importance of culturally competent practice is emphasised. Perspectives on child development, trauma and attachment and ecological theory are presented and specifically applied to practice with Aboriginal young people leaving care. This enables us to understand the meaning behind behaviour and respond in a way that facilitates the safety and security necessary to recover from traumatic experiences. Recovery involving safety, making meanings of their past and other forms of healing and reconnections with others including culture facilitates capacity to envisage a hopeful future.

From an organisational perspective, strong leadership is required to support those working with Aboriginal young people leaving care. The resource identifies some of the leadership tasks and provides information in relation to theory, information and resources that can support the development and maintenance of a healthy organisational culture.

Importantly, the resource is not intended to be a stand-alone document. It is envisaged that the case study material and suggested activities provide a platform for discussion, reflection and further practice development. A training package based on the key framework principles has also been developed. This resource also contains links to useful websites and other resources to facilitate access to further information. The accompanying guide highlights key messages for practice particularly in relation to the application of LAC (Jackson, et al., 2013). This resource did not aim to focus on program development or suggested models of service delivery; however, the *'Just beginnings: The report of Berry Street's leaving care scoping projec'* (Whyte, 2011) discusses some recommended areas for program development.

In life we leave a print of our own experience on others and on our communities through the choices we make. Imprints on the relationships we form affect both the way we behave toward ourselves and others. Our lives do not just exist in the present. They are indelibly marked behind us as our story; and exist beyond, tangible in our vision as we look ahead through dreams and hopes. Young people leaving care need our support to embrace the past, present and future. Aboriginal young people leaving care need all of this. Moreover they need all of this within the context of connection to community, identity and belonging.

"Promise me you'll never forget me because if I thought you would, I'd never leave." - A.A. Milne



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Appendix 1:

Other Resources

Specific leaving care resources

Resources and links for care and transition planning for young people leaving care.

Victorian resources and tools for young people leaving care

CREATE Foundation website resources - <http://www.create.org.au/>

Create Your Future - <http://www.createyourfuture.org.au/>

What's the plan? - <http://www.createyourfuture.org.au/leaving-care/whatsyour-plan/what-is-whats-the-plan/>

Things that matter to young people leaving care- <http://www.dhs.vic.gov.au/forindividuals/children,-families-and-youngpeople/care-leavers/young-care-leavers>.

Services for young people transitioning from care up to 21 years of age

Leaving Care Help Line (phone 1300 532846) managed by Frontyard, Melbourne City Mission. Provides contact for young people to their nearest post-care support program or assists with immediate issues including crisis accommodation.

Post-Care Support Information and Referral Services - available in each DHS region <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/leaving-care>

Leaving Care Mentoring Programs - referrals via case managers or post-care support services. Aim to provide young people transitioning to independence with the opportunities to interact with adults in community settings and to promote personal relationships that mitigate against social isolation by the friendship continuing after the young person has left care - www.dhs.vic.gov.au/leavingcare

Young People Leaving Care Housing and Support Initiative: This DHS initiative provides support for young people leaving care, and some access to accommodation. The target group is young people on Custody or Guardianship orders in out-of-home care who are at risk of homelessness at cessation of their orders. This includes an Indigenous specific response in three DHS regions.

Access to education

Springboard: Intensive education and employment support for young people leaving care Available in all Department of Human Services regions for young people 16 - 21 years of age who are currently in residential care, or were at time of leaving care. Springboard provides intensive one-on-one support to young people who are disengaged from education, training or employment - <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/springboardintensive-education-and-employment>

Zero Student Tuition Fees - A Department of Education and Early Childhood Development (DEECD) initiative which will provide free tuition for accredited training courses from Certificate 1 to Diploma level for young Victorians who are currently, or were at time of leaving care, subject to custody or guardianship orders, and between 16 and 22 years of age.

Young people will need to meet the Victorian Training Guarantee eligibility criteria in addition to current or previous custody or guardianship orders. Non tuition fees that are charged by training providers will still need to be paid - see financial assistance section below. www.dhs.vic.gov.au/leavingcare

NOTE - This Zero Tuition Fee initiative commences from 1 January 2013.

Financial assistance

Child Protection Client Expenses while the young person aged 16-18 years is on a custody or guardianship order, regardless of where they are living, Child Protection Client Expenses will cover basic requirements for example adequate clothing, footwear, toiletries or dental treatment. This can be accessed via child protection case managers.

Leaving Care Transition Brokerage - while on custody or guardianship orders, from 16 years of age young people are eligible for brokerage funding that may purchase services or materials that would benefit their individual personal or vocational development, for example education resources, life-skills education, recreation and hobbies (creating community connections). This can be accessed via Department of Human Services regions' Placement Co-ordination Units.

Post-Care Brokerage Post Care Brokerage may be used for any purpose that will assist the young person to achieve and/or maintain their independence. Brokerage may contribute to accommodation costs, health and dental care that cannot be covered by Medicare, education, training and employment (for non ex-residential care young adults), access to health and community services, life-skills education and connections to community - <http://www.dhs.vic.gov.au/about-the-department/documents-andresources/reports-publications/leavingcare-guidelines-for-brokerage-funds-july-2010>.

Springboard Brokerage - Brokerage funding is managed by the Springboard service provider to enable flexible, creative responses to meet young people's individual education, training or employment support needs and to overcome barriers to their participation (ensuring this does not duplicate existing brokerage and funding sources) - <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/springboard-intensive-education-and-employment>.

Berry Street

Switch On: Do it FOR YOUrself is a set of resources to support young people transitioning to independent living. It can be used by both young people and those in a support role. It includes helpful tips, ideas and guides. It was developed with young people and staff from the out-of-home care system. These resources can be purchased via the following link: <http://www.berrystreet.org.au/BuyOurResources>

'Just Beginnings'- The report of Berry Street's Leaving Care Project. The project worked to draw upon the experience of young people leaving care. It includes a review of the literature and service models coming to recommendations for shaping future approaches to leaving care. This report can be accessed via the following link: <http://www.childhoodinstitute.org.au/Reports>

This is a Berry Street parenting program for young mothers and fathers that provides informative learning experiences. It was developed for practitioners working with young people,

including but not only those leaving care. First Steps is based on a model with facilitators playing a vital role in effectively engaging participants via experienced-based learning in an interactive, fun and non-judgemental environment.

National resources for young people leaving care

Transition to Independence Allowance (TILA) - Commonwealth-funded grant of \$1,500 available to all young people aged between 15 and 25 years who are preparing to, or have exited, care not more than 24 months previously. TILA can only be accessed once as a lump sum and it is recommended that workers assist young people leaving care to access TILA as soon as is possible post-care. Access to TILA is not a prerequisite in accessing Victoria's Leaving Care brokerage for eligible young people (refer financial assistance section above) <http://www.tila.org.au/>

CREATE Foundation-- Create Your Future scheme-- awards grants of \$300 to \$3,000 to successful applicants by club CREATE members aged 15 to 25 years with a statutory experience. Categories are: accommodation/living, education/training, driving lessons subsidy, health and wellbeing, laptops for education/training, travel/conferences, other (items such as clothing, uniforms for employment, computer equipment/software) - <http://www.create.org.au/>.

Other publications and professional development resources available

Office of the Child Safety Commissioner

Three key publications support schools staff and school communities to understand the needs of children who have experienced trauma:

- Calmer Classrooms
- From Isolation to Connection
- Caring Classrooms

Freely available copies of all these can be ordered online and are available for download.

http://www.kids.vic.gov.au/publications/orgs_resources.htm

ChildTrauma Academy

The ChildTrauma Academy is a not-for-profit organisation based in Houston, Texas, focussing on research, training and treatment in the area of childhood trauma. The Senior Fellow of the Academy is Dr Bruce D. Perry, who is an internationally recognised teacher, clinician and researcher in children's mental health and the neurosciences. The following link takes you to a range of articles on trauma:

<http://www.childtrauma.org/index.php/articles>

This link takes you to an on-line learning module on childhood trauma:

http://www.childtraumaacademy.com/surviving_childhood/index.html

Dr Perry and a colleague, Maia Salavitz, have written a book (The Boy Who Was Raised as a Dog) based on Dr Perry's therapeutic work with extremely traumatised children, making links between traditional therapeutic approaches and knowledge about child brain development and how it can be impacted by traumatic experiences.

Scholastic.com website – Teaching Resources.

This website has a section with range of articles for teachers/schools, developed by Dr Bruce Perry.

<http://teacher.scholastic.com/professional/bruceperry/index.htm>

Victorian Department of Human Services – every child every chance website

This website contains a range of publications developed to support child protection, family services and out-of-home care providers in their work with vulnerable children and families. This link below takes you to the Child Development and Trauma Guide, which looks at different ages of children, the norms for development and then the indicators that trauma may have impacted on development. The guide also provides some simple suggestions for parents and carers in how to respond to the child in a developmentally- and trauma-informed manner. This document can be downloaded.

http://www.cyf.vic.gov.au/__data/assets/pdf_file/0009/479745/child-development-and-trauma-guide-2010.pdf

There are a number of specialist practice resources developed for child protection and community service organisations. These include topics on adolescents with sexually abusive behaviours, cumulative harm and one specific to adolescents and their families which can be downloaded through the following:

http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/589714/adolescents-their-families-specialist-practice-resource-2012.pdf

Links to related policies from this website are listed in Appendix 2.

Resources specific to Aboriginal Children, Young People and Families

This link below takes you to the website for the Victorian Aboriginal Child Care Agency (VACCA), the state's largest Aboriginal Controlled Organisation. This website contains links to publications available to order online, one of which is "Working With Aboriginal Children and Families: A Guide for Child Protection and Family Welfare Workers."

www.VACCA.org

VACCA also runs the Link-Up Victoria service to assist Aboriginal people over the age of 18 years to trace and be reunited with their families.

www.linkupvictoria.org

Another useful resource in understanding Aboriginal children, families and community is the Secretariat of National Aboriginal and Torres Strait Islander Child Care (SNAICC), a federally funded organisation. They have released a document, "Working and Walking Together (2010)", which gives valuable information and guidance to support people's understanding of the cultural context of Aboriginal people. This document can be downloaded, or ordered online.

http://srs.snaicc.asn.au/_uploads/nwslt/00418.pdf

Understanding Attachment Needs in the Education System

This link takes you to a UK document aimed at helping education professionals understand the needs and behaviours of children in the out-of-home care system.

http://www.ncb.org.uk/ncercc/ncercc%20practice%20documents/ncercc_understandingwhy_nov06.pdf

Sanctuary Model

This is an approach that supports and guides organisations who work with traumatised populations including young people in out-of-home care.

http://sanctuaryweb.com/PDFs_new/Bloom%20Sanctuary%20in%20the%20Classroom.pdf

My Big Brain Book

This is an excellent book, written by a Melbourne author and psychiatric nurse Bryan Jeffrey. It is written for children and young people, to help them understand how brains work, and what happens to their brain and body when under stress.

http://moat.com.au/My_Big_Brain_Book_files/MBBB%20Watermarked.pdf

Yarning up on Trauma

Coade, S., Downey, L. & McLung, L. (2008). Yarning up on Trauma: Healing ourselves, Healing our Children and Families, Healing our Communities. Take Two Berry Street, Melbourne. In addition to this book, the Take Two Aboriginal team provides training in relation to this topic.

Developmental assets for young people:

<http://www.search-institute.org/system/files/40Assets.pdf>

Building developmental assets for a young person:

- 1) Support – e.g. young person receives support from non-parent adults.
- 2) Empowerment – e.g. young people have useful roles in the community.
- 3) Boundaries and expectations – e.g. parents, carers, teachers and employers encourage young person to do well.
- 4) Constructive use of time – e.g. young person spends time each week in lessons or practice in music, theatre or other arts or sports.
- 5) Commitment to learning – e.g. young person is actively engaged in learning.
- 6) Positive values – e.g. young person takes personal responsibility.
- 7) Social competencies – e.g. young person seeks to resolve conflict non-violently.
- 8) Positive identity – e.g. young person has internal locus of control; i.e. feels he or she has control over “things that happen to me.”



Appendix 2:

Policy Context

The current Leaving Care strategy in Victoria aims to prepare young people with practical, financial, social and other skills to maximise their participation and wellbeing in society when they leave care.

In response to growing acknowledgement of the high risks pertaining to young people in care and the ongoing and too common transitions into homelessness at the point of leaving care, the past decade has seen considerable policy and service developments to address this.

National policies

Nationally the development of a national framework, 'Protecting Children is Everyone's business: National Framework for protecting Australia's children 2009-2020', includes a focus on young people leaving care. It signifies a shift away from the idea of protecting children to a more holistic community approach to improving child health, safety and wellbeing. This framework specifically states implementation of a "no exits into homelessness" policy and outlines support via community service organisations (FaHCSIA, 2009).

http://www.fahcsia.gov.au/sa/families/pubs/framework_protecting_children/Pages/default.aspx

The National out-of-home care standards is one of 12 priority projects and form a part of the National Framework for Protecting Australia's Children 2009-2020. Both Government and non-government organisations have developed the standards.

http://www.fahcsia.gov.au/sa/families/pubs/nat_std_4_outofhomecare/Pages/default.aspx

The implementation group formed in response to the national framework released a priority paper 'Transitioning from out of home care to independence' (Department of FaHCSIA and NFIWG, 2010). This paper outlines the priorities relating to leaving care nationally, based on a review of the Australian and international literature and an extensive cost analysis. This document outlines key actions for state and territory governments.

<http://www.fahcsia.gov.au/ourresponsibilities/families-and-children/publicationsarticles/transitioning-to-independence-from-out-of-home-care-discussion-paper>

This paper has then been followed by two further resources that provide more detail regarding the process of supporting the transition from out-of-home care (Department of FaHCSIA and NFIWG, 2011) and a description of good practice examples of the practice model in action (Department of FaHCSIA and NFIWG, 2012).

<http://www.fahcsia.gov.au/ourresponsibilities/families-and-children/publicationsarticles/transitioning-from-out-of-home-care-to-independence-a-nationally-consistent-approach-to-planning-2011>

<http://www.fahcsia.gov.au/ourresponsibilities/families-and-children/publicationsarticles/supporting-young-people-transitioning-from-out-of-home-care-to-independence-in-australia-good-practice-in-2011/12-2012>

Closing the Gap is a commitment by all Australian governments to improve the lives of Indigenous Australians,

with a focus on better lives for Aboriginal and Torres Strait Islander children and young people.

<http://www.fahcsia.gov.au/sa/indigenous/progserv/ctg/Pages/default.aspx>

Victorian policies and protocols

Department of Human Services' policy and practice advice

Victorian Government initiatives to assist young people leaving care

The following is a brief summary of Victorian Government funded initiatives for young people leaving care. Further information about these programs can be found at www.dhs.vic.gov.au/leavingcare.

Every year approximately 400 Victorian young people between 16 and 18 years of age have their Custody or Guardianship orders expire for the final time.

The Victorian Government provides a range of post-care support, available to young people who have been on a Custody or Guardianship order and in out-of-home care, including kinship care, up to 21 years of age.

Since September 2008, recurrent State Government funding has provided information and referral services, state wide mentoring, post care support and brokerage funds for young people both in out-of-home care and those who have left (up to 21 years of age).

Support for young people who have left care was extended in 2010 when a centralised Leaving Care Helpline (1300 532 846), managed by Melbourne City Mission's Front Yard Youth Support Service, was established. The helpline operates seven days a week for young people who need to connect with their nearest post-care support service provider.

In 2012, additional resources were targeted towards provision of Leaving Care Support services for Aboriginal young people. This funding has been allocated to specific Aboriginal Community Controlled Organisations (ACCOs) in each region. The service varies from region to region, depending on local needs.

Springboard, which commenced in April 2012, provides intensive education and employment support for young people leaving care who are disengaged from education, training or employment.

Other initiatives include:

- Cross government partnership to provide free tuition in training places. This is a Department of Education and Early Childhood Development initiative and will commence in January 2013.
- Expansion of 'lead tenant' programs in all DHS regions for young people 16 years and older to support them in gaining personal skills in their transition from residential care.
- Building two clusters of units in Barwon South West and Southern DHS regions, which have on-site lead tenants, intensive support workers and education and employment workers. A third is under development in the North and West Metropolitan region.
- Direct access for young people leaving care at each of the Foyer models in Warrnambool and Ballarat that provide self-contained accommodation, with on-site

support and access to education, vocational training and/or employment support.

- The Young People Leaving Care Housing and Support Initiative works with young people in out-of-home care identified as at risk of homelessness at the cessation of their Custody or Guardianship order. This program provides up to two years transitional support with a dedicated worker and transitional housing accommodation or assistance in finding alternative housing. This includes an Indigenous specific response in three DHS regions.
- The Children, Youth and Families – Disability Services Operating Framework recognises that children with a disability who are placed in out-of-home care are particularly vulnerable and describes new processes to be put in place to ensure integrated and seamless service responses. The framework describes the requirements around collaborative planning for young people with a disability living in out-of-home care who are transitioning to adulthood.
- (http://www.dhs.vic.gov.au/__data/assets/pdf_file/0004/717097/Disability-and-CP-Operating-Framework-April-2012.pdf)

Other relevant practice advice or guidelines with links include:

Planning for leaving care, Child Protection practice advice no. 1418--<http://www.dhs.vic.gov.au/cpmanual/out-of-homecare/care-and-placement-planning/1418-planning-for-leaving-care>.

Best interests case practice advice, Child Protection practice advice no. 1481--http://www.dhs.vic.gov.au/__data/assets/pdf_file/0019/640306/best-interests-casepractice-summary-guide.pdf

High-risk adolescents: practice requirements, Child Protection practice advice no. 1014- <http://www.dhs.vic.gov.au/cpmanual/practice-context/childrenin-specific-circumstances/1014-high-riskadolescents-hra-practice-requirements>

Supporting a child who must change placements, Child Protection practice advice no. 1457- <http://www.dhs.vic.gov.au/cpmanual/out-of-home-care/plannedplacement-change/1457-supporting-achild-who-must-change-placements>

Individual education plans, Child Protection practice advice no. 1419 - <http://www.dhs.vic.gov.au/cpmanual/out-of-homecare/care-and-placement-planning/1419-individual-education-plans>

Transitioning from out-of-home care: support for Aboriginal young people – guidance for regions, Department of Human Services, February 2012 - http://www.dhs.vic.gov.au/__data/assets/word_doc/0007/725578/Aboriginal-leaving-caremodel-2012.doc

Looking After Children Framework

The day-to-day care of children and young people in out-of-home care in Victoria is based on the Looking After Children (LAC) framework. LAC is an outcomes-focused approach for collaboratively providing good care to children and young people placed in out-of-home care. Guide to developing care and transition planning- incorporating developmental stages in the seven LAC domains.

A web page on the Victorian Government's website has been created primarily to provide a resource for those people who are implementing LAC in Victorian out-of-home care services: (<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/looking-after-children-in-victoria-lac>).

Some further information for service providers regarding LAC may be found :-: <http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-and-youth-placement-and-support/lac-in-practice>

Two particular publications drawn on in this and the accompanying guide are:

Department of Human Services (2012a). Care and transition planning for leaving care in Victoria: A framework and guide, Melbourne: Department of Human Services.

Department of Human Services (2012b). Transitioning from out-of-home care: Support for Aboriginal young people. Retrieved from <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/youth-specific/transitioning-from-out-of-home-care-support-for-aboriginal-young-people>

Protocols

Out-of-home care education commitment - a partnering agreement between the Department of Human Services, Department of Education and Early Childhood Development, Catholic Education Commission of Victoria and Independent Schools Victoria- http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A4_partnering.pdf

Protocol between Child Protection and Juvenile Justice -http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/526912/protocol_cp_jj_oct2005.pdf

Protocol between Child Protection and the Victorian Aboriginal Child Care Agency (VACCA) 2002-- Aboriginal Child Specialist Access Support Service (ACSASS) must have input throughout planning <http://www.dhs.vic.gov.au/cpmanual/practice-context/aboriginal-and-torresstrait-islander-children-and-families/1059-responding-to-aboriginal-children/3>



Charter of rights

A charter of rights specifically prepared for children in out-of-home care are available via the Department of Human Services.

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/charter-for-children-in-out-of-home-care>

Aboriginal and Torres Strait Islander Cultural Support Plan Guide

The ATSI Cultural Support Plan Guide provides suggestions and ideas to help workers in the child protection and care system provide culturally informed and respectful practice for Aboriginal children, young people and families.

www.dhs.vic.gov.au/_data/assets/pdf_file/0008/580814/cultural-support-plan-guide-2005

Outcomes Star

At the time of writing this resource, DHS was in the process of piloting an approach to improve the system's capacity to undertake client-directed planning, through the use of a tool called the Outcomes Star. This is an outcomes measurement tool that enables workers to identify outcomes, measure progress in relation to those outcomes and drive towards positive change. Although the Outcomes Star has different domains to the LAC framework there is an overlap and it is highly likely this will be used with the leaving care population given the multiple DHS services that this population could use, such as child protection, housing, and disability services.



