

Submission to the Royal Commission into Child Protection Systems

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Relationships Australia South Australia



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The experience of out of home care has enduring and significant impacts upon adult life. Whether children spend a short or long period of time in out of home care the experience is generally traumatic because of the loss, interruption or absence of secure caregiver relationships. Regardless of the quality of care provided in out of home care, the circumstances leading to placement within the child protection system, such as a parent's mental illness or substance abuse, violent family relationships, poverty, child neglect, and child abuse, all leave their mark upon the individuals concerned.

The demographic profile of Elm Place clients reflects the long term impact of being in out of home care. Post Care clients using Elm Place are considerably higher on Kessler 10 Psychological Distress Scale (K10) scores, compared to the general population, at presentation to the service:

- nearly two thirds (63%) meet criterion for 'psychologically distressed'
- almost four in ten (39%) are 'very high' on K10, the category typically taken to indicate 'very likely to need referral to mental health services'
- clients over the age of 25 are considerably more distressed than younger clients, nearly two thirds (66%) meet the criterion for 'psychologically distressed' and almost half (45%) are in the highest level of psychological distress

This intensive level of distress highlights the negative impact that long-term care can have. Out of home care at best provides experiences of protection and nurturing that support children overcome the traumas that precipitated placement in child protection. And at worst, out of home care amplifies and continues children's experiences of trauma, when there are continual shifts in placements, schools and social workers, insufficient training or support to caregivers and at the extreme further experiences of abuse.

Once children in out of home care reach 18 years of age, the transition *out* of the child protection system can often be yet another experience of loss and abandonment. There is increasing evidence that young people leaving care are at higher risk of social exclusion, poverty, poor physical and mental health and generally poorer outcomes in life compared to the population who have not been in the care system (Stein and Munro, 2008). These findings are corroborated by multiple reports that focus on the South Australian care system (Layton 2003, Mulligan 2008). The consistent themes about young people leaving the care system that emerge from this research can be summarised as:

- The enduring legacy of childhood trauma
- Lack of support systems for adult care-leavers

- The compounding impact of poorer educational outcomes, including risks of substance abuse, over representation in the justice system, and homelessness
- The significant economic and social impact that results

The *Royal Commission's Inquiry into the Child Protection Systems in South Australia* offers an important opportunity to bolster the resolve of the SA government and community to design, implement and monitor systems that protect and nurture children in out of home care. The emerging research and feedback from adult carers highlights that supportive transition *out* of the formal care system which nurtures independence needs to be regarded as a central component of a quality child protection system. Successful independence for post care-leavers must also be underpinned by ongoing access to post care services that provide support when the lack of available family of origin support structures intensify usual life transitions, such as becoming a parent and crisis situations such as relationship breakdown and financial difficulties. Consequently, the nature of effective post care services is worthy of the commission's careful consideration.

Current services

The past decade has seen a doubling of the children placed into the child protection system in South Australia (Office of the Guardian for Children and Young People 2015). While this may reflect a more intensive focus on responding to children at risk of harm in South Australia, it raises concerns about the legacy of out of home care upon the individuals involved and their need for post care services.

Relationships Australia South Australia has been providing Post Care Services funded by the Minister for Education and Child Development through Families SA since July 2012 and is the only service of its kind funded by the SA Government. Post Care Services are part of Elm Place (a name chosen by consumers) which also provides Find and Connect and Royal Commission into Institutional Responses to Child Sexual Abuse both of which are funded by the Federal Government and have overlap with the State funded Post Care Service.

Post Care is funded to provide "service assistance and support to care-leavers under the following categories:

1. Social work support to access to Government and community services and support systems to meet the needs of the individual including referrals for financial assistance
2. Referring and funding counselling for adults who experienced out-of-home care, particularly those sexually abused in out-of-home care."

In addition, Post Care currently provides “training to organisations providing responses to adults sexually abused as children, particularly those sexually abused in out-of-home care”

The Target group for Post Care services are adults aged 18 years and older, who as children experienced one or more of a combination of following for more than 6 months:

- Foster Care;
- State institutional care;
- Church based institutional care;
- Government approved, funded and or licensed institutional care;
- Alternative care and were under a care and protection order or secure custody order;

There is overlap between the Post Care Service and the federal Find and Connect program. Find and Connect provides services to assist adults who have been Former Child Migrants and those in out-of-home care before 1989. This group is sometimes referred to as ‘Forgotten Australians’ and there is no minimum length of time in care required to be eligible for the service. Find and Connect also started service provision on 1 July 2012 and there was collaboration between the State and Federal Governments to ensure these services were co-located.

In 2014/5 Post Care Services was funded \$307,552 and employs 2.3 FTE. As of 20 May 2015 the service has seen 171 registered clients this financial year. Since 2012 the main service provided by Post Care Services is individual support/problem solving (64% of session time). The service is accessed by more females than males (65% to 35%) with the highest percentage being 20 to 24 years (28%) followed by 25 to 29 (16.8%) and 30 to 39 years (14.4%).

Importantly given that an estimated 100 young people leave care each year, since 2012 only 9% of clients have been under the age of 20 years. In 2012/3 there were no clients in this age group and in 2013/4 there were 8 clients. Post Care Service staff developed an initiative in 2014/5 to increase the focus on this age group and it has increased to 36 clients to 20 May 2015, making young people 21% of current clients accessing the service. This increase is due to a proactive and collaborative approach by Post Care staff. However, this is a 12 month project which has only been made possible by using unspent funds from the previous financial year which will need to cease in the future.

Since July 2012 we have seen a total of 487 registered clients in the Post Care Service and 333 clients in Find and Connect. In addition we have responded to a substantial number of people who have service requests that do not result in formal registration as a client. Our post care services formally collaborate with consumers and community stakeholders via our Elm Place

Consumer Reference Group. This forum provides important review of our services and contributes suggestions for service improvement. We draw on this experience in making this submission.

The enduring legacy of childhood trauma

Consideration of post care support needs must take into account the intensity of issues confronted by adult care-leavers, including the impact of childhood trauma. There is now an abundance of evidence that the quality of attachment between child and caregiver has life-long implications upon brain development and functional capacity (O'Connor et.al. 2003, Schore 2005, Schore 2010, Tronick & Beeghly 2011, Martinez-Torteya et.al. 2014).

Current research emphasises the importance of 'good enough' parenting in which secure attachment bonds between caregivers and children are developed. Secure attachment is built from the exchanges between caregiver and infant where the caregiver is attentive to the infant's changing physical needs and emotional states. An attuned caregiver attends to the internal states of arousal and distress as well as providing reliable physical care and affection, through which safety and security for the child is created. Experiences of caregiver warmth and reliable support provide the foundation for the child's ability to regulate her or his own emotional arousal and distress (Schore 2010, Tronick & Beeghly 2011, Martinez-Torteya et.al. 2014). These experiences ultimately shape the child's understanding of intimacy.

Human regulatory capacities encompass the complex interplay of emotional, physiological, and behavioural responses. Successful regulation following inevitable and necessary exposure to stress and environmental challenges involve the ability to modify the intensity and duration of arousal and affective states to avoid excessive stimulation or disorganization, modulate affective expressions, and organize behaviour (Martinez-Torteya et.al. 2014). Human development is defined by this increasing capacity to soothe arousal and manage behavioural responses. This is achieved initially by the caregiver *for* the infant and young child. From this secure base develops a relationship of *co-regulation* where the child is able to calm her or his feelings and behaviour with assistance from the caregiver. These childhood experiences of *co-regulation* become the platform for independence and intimate relationships with others, in which the capacity to self-soothe extends to the capacity to offer comfort to others. These developmental achievements become the cornerstone for healthy and respectful relationships.

There is increasing evidence that infant and childhood experiences of disrupted and disorganised caregiver attachments produce trauma that harm emotional regulatory functions (Schore 2001; Schore 2002, Schore 2005, Hughes 2006, Tronick & Beeghly 2011, Martinez-Torteya et.al.

2014). Harm done to these regulatory functions interferes with the capacity to build trust and feel empathy for others, often resulting in chaotic or destructive interpersonal relationships (Hughes 2006, Schore 2010, Siegel 2010, Tronick & Beeghly 2011, Martinez-Torteya et.al. 2014).

The *CREATE Foundation's 2009 Report Card* (McDowall 2009), highlights the extent to which young people leaving care experience mental health problems, substance abuse, have their own children placed into care, and lack quality social support and intimate relationships. These outcomes are all consistent with the legacy of trauma arising from disrupted and disorganised attachment during infancy and childhood described by multiple research studies.

The Alliance for Forgotten Australians (Harrison 2011) highlights that for some adult care-leavers the neglect and abuse was so profound that it destroys their ability to parent. These individuals do not feel equipped to be good parents often resulting in another generation of children being placed into out of home care, amplifying the loss and abandonment across generations. Joanna Penglase (2005) concurs that 'intergenerational neglect' continues because these experiences do not produce many positive examples of parenting. It is apparent that an unstable out of home care experience, coupled with a traumatic 'home' experience significantly compromises parenting capacity.

The *CREATE Foundation* commented in a Commonwealth of Australia Senate Inquiry into Protecting Vulnerable Children (2005):

It is a bit of a gut feeling: there is not a whole lot of research...one-third of the young mums being tracked [by Create] has had their children go into the care system in the five years since they left care. Obviously there are some strong correlations there....there are some services in Western Sydney that say that they are seeing their third generation of people who have been in care. I think there is a link there...

These suggestions are confirmed by our own survey of Elm Place post care service users about their parenting concerns. Nearly half the sample of 40 parents reported that they were facing significant impairments in their parenting capacity on at least one DOORS 'Parenting Stress' scale:

- 46.7% of Post Care clients with children say they are 'sometimes or often harsher to their child/ren than they wanted or meant to be', indicating intervention may be needed to prevent any escalation to physical child abuse

- half (50.0%) of these parents also said they 'have seen their child/ren's other parent behaving *very angry/irritated* in the past 6 months', with 38.5% expressing 'major concerns about how the other parent has been coping/behaving'

These grim findings underscore the importance of an effective child protection system that is able to nurture children who have experienced trauma. And the extent of the impact of childhood trauma suggests that services beyond the age of 18 are needed by adult care-leavers because the legacy of out of home care transcends exit from the system.

Specifically, childhood trauma impacts intimate relationships and parenting capacity and means that adult care-leavers tend to need services which help to support, build and sustain social networks and intimate relationships. These tasks are complicated for any young adult but are especially complex when the experiences of childhood have ruptured the individual's capacity to calm one-self and to trust and empathise with others.

Just as there is ample evidence that harm is done to the regulatory capacities of individuals who are not afforded 'good enough' parenting during childhood, there is ample evidence that it is possible to develop these necessary regulatory capacities during adulthood (Hughes 2006, Siegel 2010, Ogden & Fisher 2015). The emerging evidence about neuroplasticity confirms that it is possible, with effort, to develop new neural pathways that facilitate regulation of the affect arousal states installed by trauma. Such research offers hope and optimism to what can otherwise seem like a deterministic and negative outlook. However the basis for such healing relies on the establishment of practical, social and therapeutic responses that are able to provide timely and sensitive support.

The association between out of home care and childhood trauma with its enduring impact means post care support services are needed to enable adult care-leavers build the necessary social support systems that underpin health and wellbeing. Failure to provide such support tends to result in the escalation of childhood experiences of loss and abandonment; continuing the harm in the adult lives of care-leavers and even extends into the lives of their children who are at risk of being placed into the child protection system.

Building support systems for adult care-leavers

Most people are able to grow up gradually, with ongoing family support. Developing the relevant life-skills which support independence emerge through the experiences of achievement and failure. This transition when assisted by practical support, affirmations and guidance provided by caring adults is intense but usually positive. By contrast, those who have grown up in the care system must become legally independent at the age of 18. Regardless of the young care-leavers level of preparedness he or she is often without any form of safety net that can soften their inevitable falls and guide them through the challenges independence presents. In this context, the young adult care-leaver is also denied the recognition and comfort of affirmations for their achievements and strengths.

It is important to note that it is now well recognised that the human brain does not complete development involving the regulatory capacities of the frontal cortex, until well into the mid-twenties (Siegel 2010). This would suggest that young people who are exiting from the care system, like other teenagers, have not yet reached emotional or social maturity when they are required to be formally independent. The expectation that care-leavers are ready for the responsibilities of independence, even without taking into consideration the impact of childhood trauma, represents another form a hardship that young adults from out of home care must confront.

Greater recognition is required about the vulnerability faced by young people when they are transitioning *out* of the care system toward independence. When the exit is abrupt it becomes another experience of abandonment. Even if the quality of care has not always been of a high standard, the contrast between *in* the care system and *out* of the care system is significant for the individuals involved. A smooth and respectful transition out of formal care consequently needs to be viewed as an important function of the child protection system.

There is significant evidence that suggests successful independence is achieved by care-leavers when they are provided with support during this transition phase (Stein & Munroe 2008, McDowell 2009, FAHCSIA 2010, Johnson et.al. 2010, Mendes 2011, Segal et.al. 2013). While there is a policy framework in place in South Australian to offer this support, many people do not access the care and support that they require. This is further exacerbated in our South Australian service system by a lack of systematic referral pathways between Families SA services for under 18 year olds and the Post Care Service.

A 2009 snapshot survey of 471 young people aged between the ages of 15-25 concluded that 64% did not have an exit care strategy (FACHSIA 2009). Notably, many young people who are

in the process of transitioning from care are only offered support when or if they fall into crisis (Mendes 2011). Consultation about the support required by individual care-leavers is very uneven. While some are included in the process others are not, and some are only very superficially consulted. Some research shows that as many as 77% of young people are identified as having a 'volatile pathway from care' (FAHCSIA 2010). Furthermore many of these young people lack trust in the system consequently feeling disconnected from society and becoming even more isolated (FAHCSIA 2010).

Leaving care is an especially complex and vulnerable time because the exit from the care system at the age of 18 is too often reminiscent of the multiple experiences of abandonment at a time when the individual is not ready. There are however, many other sensitive times for care-leavers such as becoming a new parent, relationship breakdown and other relationship conflicts, accessing their care file, being hospitalised or diagnosed with an illness, dealing with the death of a friend or family member. These situations are complex for everyone but easily become triggers for intense feelings of loss for people who have experienced childhood trauma.

Consequently, it is important to conceptualise post care services as a service that is available over the long term. While post care service strategies need to support development of the relevant life-skills and encourage practical responses that build functional independence, it must be recognised that the legacy of out of home care stretches deep into adult lives. Services available to offer support and perhaps guidance when an adult care-leaver is experiencing a life crisis, is a much needed component of a humane care system. The consequences of not making such support available are significant and costly for the individuals involved including their children, but also for the broader community.

Disclosure and help-seeking

Research conducted by the University of NSW (Breckenridge, Cunningham & Jennings 2008) on behalf of RASA's then Respond SA program, highlighted the difficulties adult survivors had disclosing childhood sexual abuse and accessing relevant assistance and support.

Identifying the appropriate time to disclose experiences of childhood abuse to intimate partners, friends and ultimately children, is not simple. Research participants indicated that they either 'over disclosed' or 'remained silent' about the abuse they experienced. It is clear that both of these responses can further burden the trust and intimacy that many survivors struggle to develop in adulthood.

Similar to childhood sexual abuse, disclosure about 'growing up in care' and the associated reasons for care entry, is often complex and stigmatised. Many of our older clients seek help to

let their now adult children know about their childhood. Therefore, support for adult care-leavers to inform family and friends about their childhood experiences pre- and during out of home care, and childhood abuse if relevant, is an important form of support.

Disclosures by care-leavers to friends and family often mark a desire to integrate and heal from these childhood experiences, and to stand up to feelings of shame. Unfortunately our research revealed that too often the survivor is required to look after the people to whom they have disclosed or the disclosure is too difficult for their friends to deal with, resulting in rejection, and tragically reinforcing further shame for the care-leaver.

Assistance for care-leavers to share their childhood experiences and access the necessary counselling and support to process the reactions they receive, is an important service component of post care services.

Records and searching for history

Sadly, for many adult care-leavers developing an understanding of their childhood relies on access to the formal records about them held within the child protection system. Unfortunately access to these records often produces as much distress as it provides support or clarity.

Integrating the experiences of out of home care often starts with developing an accurate understanding of the situations that precipitated placement in care, identification of other siblings or family members involved, and a chronological picture of the different placements that occurred, if relevant.

Accurate records of childhood placements including birth certificates are also a general requirement for being a legal adult. This legal paperwork and childhood history is usually taken for granted by young adults who did not grow in child protection. By contrast, adult care-leavers are often faced with searching for this information. The formal records also play an important role in legal processes when care-leavers attempt to get justice for childhood abuse. For Aboriginal care-leavers formal records are often the only way they can affirm their cultural identity.

An important component of the post care service is therefore to assist care-leavers to access their records and child protection files. For many individuals this simply means providing assistance collate their records and letting these individuals know that they can receive counselling should the records present them with something unexpected or if the records trigger feelings of loss and grief. For some individuals reading their records becomes another experience of trauma when they discover their records have been destroyed, or information about their

family or their own behaviour is revealed that they believe to be inaccurate, or too commonly the way they were written about causes hurt and self-doubt.

Post care services for Aboriginal and Torres Strait Islander individuals

Aboriginal and Torres Strait Islander (ATSI) individuals and communities have been over represented in out of home care systems since colonisation. The intergenerational impact of forced removal of children from kinship and family care arrangements continues to impact the health and wellbeing of many Aboriginal families today. As reported within the *Bringing Them Home Report* (1997):

... [T]he actions of the past resonate in the present and will continue to do so in the future. The laws, policies and practices which separated Indigenous children from their families have contributed directly to the alienation of Indigenous societies today.

For individuals, their removal as children and the abuse they experienced at the hands of the authorities or their delegates have permanently scarred their lives. The harm continues in later generations, affecting their children and grandchildren (p4).

ATSI adult care-leavers, like other care-leavers continue to need support once they are independent when different situations evoke childhood trauma or they need guidance to solve practical problems. Added to this ATSI care-leavers often need help building links with relevant cultural traditions and support to explore their cultural identity. An individual's motivation to build these links can occur at any stage throughout life and may involve multiple episodes of focused exploration. The emotional effort involved in this searching combined with the difficulties of finding the appropriate community member(s) with whom relationships of trust, cultural learning, and belonging can be developed, is extremely complex.

The extent, to which Aboriginal communities have been impacted by family separation and childhood abuse, means that post care services need strong partnership with Aboriginal services such as Link up and other stolen generation groups. However, for some individual's cultural identity maybe an ongoing source of difficulty and it maybe complex and inappropriate for such individuals to access Aboriginal specific services and groups. Consequently, general post care services need to be able to support and respond to the cultural issues that pertain to adult care-leavers who have been separated from their cultural identity.

Young people facing complex disadvantages

The *National Strategy for Young Australians* (2010) identifies areas in which young people need support and affirms that community engagement provides a positive strategy for overcoming disadvantage. Overall, there is evidence that the young people who have a constellation of difficulties including poor out of home care experiences, a lack of support during the transition out of care, limited ongoing professional support, and do not feel safe, are more likely to develop substance abuse or mental health issues (FAHCSIA 2010, Cashmore & Paxman 1996).

An indicator of the constellation of difficulties is the extent to which out of home care young people become involved with the juvenile justice system and ultimately the adult prison system. In 2009, a survey found that 46% of males who had been in the out of home care system had been involved with the juvenile justice system (FAHCSIA 2010). The Wood Report (2008) also reported that in New South Wales, 28% of males and 39% of females in juvenile detention between 2003 and 2006 had been in out of home care at some stage of their life. This finding was supported by the Noetic Report (2010). Moreover, McFarlane's (2010) examination of the New South Wales Children's Court criminal court files found that 34% of young people appearing before the court were, or had been, in out-of-home care. In addition, McFarlane identified that children in out of home care were 68 times more likely to appear before the Children's Court than children not in the out of home care system.

The 2010 *Pathways to Out of Home Care* report cites national and international research, which all show that safe and secure housing is essential to transitioning into the community. In some instances, young people are placed into housing that is not suitable for their circumstance, including boarding houses and homeless shelters (Johnson et.al. 2010). The problems with accessing suitable housing are many, including affordability, location, and the condition of the accommodation. It is recorded that 64% of Victorian care-leavers become homeless with 2 years of leaving care (Meade & Mendes 2014). Furthermore, the *Create Report Card 2009* claimed that 35% nationally were homeless within one year of leaving care (McDowall 2009).

Multiple research studies show that young people in care are less likely to have completed Year 12 and overall have poor education outcomes (Cashmore & Paxman 1996, McDowall 2008, FAHCSIA 2010). The *Transitioning from out of home care to independence* 2009 survey of 471 young people aged 15-25, concluded that only 35% of young people in the out of home care system had completed Year 12 and 53% had an educational attainment level of Year 10 and below and 29% were unemployed (FAHCSIA 2010). Education and ultimately employment are important ingredients of successful independence. Poor educational outcomes and the

associated lack of employment opportunities for care-leavers are consequently significant disadvantages. Various initiatives to support care-leavers obtain formal qualifications and identify relevant career paths are important avenues for care-leavers because employment develops practical economic and social platforms upon which wellbeing can be established.

These multiple forms of disadvantage demonstrate the extent of difficulty for adult care-leavers and it also highlights the importance of establishing sustainable support systems that offer the potential to interrupt these patterns of disadvantage, including intergenerational child protection.

Economic and social impact of poor transitions from the care system

Economic forecasts undertaken by Morgan Disney and Associates on behalf of the Community, and Disability Services Ministers' Conference in 2006, determined that 45% of all young people who have a smooth transition from out of home care, cost the government about the same as an individual who had not been in to out of home care (FAHCSIA 2010).

By contrast, young people who exit from care with poor social, psychological and economic foundations result in costly outcomes. According Morgan Disney and Associates (2006) 55% of all people who leave the care system fall into the 'higher cost usage' (this includes welfare payments, treatment for poor physical or mental health and justice system expenditure). This equates to approximately \$2.2 million per person from the age of 16-60 (FAHCSIA 2010). It was estimated in 2007 that the total cost of child abuse and neglect was over A\$10 billion (Segal et al, 2013). In Victoria, the average additional lifetime cost for an individual whom had experienced a poor outcome from the out of home care system, was approximately an extra \$740,000, compared to non-care (Johnson et.al. 2010).

Strengths and limitations in the current post care service system

Given the issues outlined above it is crucial that South Australia has a strong and effective support system for adults who have been in care. This system must prepare young people to transition to independence, provide intensive support to people in the early years to interrupt the trajectory evidenced by various research studies and finally provide ongoing lifelong support at crucial points for those who have been most affected by their in-care and pre-care experiences.

Strengths

As we consider this in relation to the current South Australian system, there are several strengths in the current service system which we suggest need to be continued into the future.

- The existence of a specialist post care service that is able to tailor support for adult care-leavers
- The view by Families SA that the organisation providing the post care service must be separate from the care system i.e. that the service is not provided by either Families SA or an organisation which provided current or past care services. This has also been emphasised by consumers as important to them.
- That there is an integrated approach between the current South Australian and federally funded services.
- For the Post Care Service to have a collaborative approach which involves consumers via a Consumer Reference Group as well as consultative forums as required.
- For a wide range of services to be available from the Post Care Services.
- The existence of brokerage funds that is able to assist people access other relevant or intensive services as require.
- Tailored post care services provide reliable and timely support and assistance for those that require it, which enable practical problem solving and guidance during times of life crisis.
- The service is not restricted to a limited number of contact sessions.
- Our Post Care clients indicate:

Elm Place is a new service within Relationships Australia South Australia. Nonetheless our annual client feedback affirms that post care clients view the services favourably. As indicated in the table below 88% of the clients were satisfied with the service they received and 90% indicated they had improved knowledge and skills. .

Post Care Client Evaluation: Did we make an immediate difference?

Performance Indicator	
% clients with improved knowledge and skills	90%
% clients with improved family, community and economic engagement	88%
% clients with improved access/engagement with services	88%
% clients satisfied with the service they received	88%

Limitations

There are however some significant limitations in the current service system.

- The current Post Care Service is inadequately funded with only 2 FTE workers to provide client services for all care-leavers in South Australia. This situation will be compounded as higher numbers of care-leavers become adults and require services into the future. It should also be noted that in the event that the Find and Connect funding by the Federal Government cease this will mean that there is an even greater demand on the current Post Care Service which will be unable to be met by current resources.
- As a result of limited funding, priority is given to the clients seeking services, which does not enable proactive outreach by the service into populations who are not accessing the service.
- The Post Care Service requires funding to employ specific workers to provide proactive intensive support to young people 18 to 25 years (new care-leavers) as an early intervention initiative. This should include a proactive approach to housing, life skills development, assistance with education and employment, and support to develop social supports.
- A more integrated approach to preparation for independence through to leaving care and post care should be implemented. This should include the development of referral pathways between Families SA and Post Care Services.
- The current service agreement is focused on activities and outputs and we suggest should include a focus on the outcomes being achieved for clients and whether this makes a difference to their lives. Other funding providers such as Department of Communities and Social Inclusion and the Department of Social Services have adopted systems such as Results Based Accountability for their service agreements and also allow costs relating to service evaluation to be part of the annual budget. RASA is committed to assessing whether we are making a difference to the lives of the people we are here to serve and as a result conducts an annual survey to determine if people are better off as a result of using our services, however a greater focus on this area is required if the impact of out-of-home care and the services required to support adults is to be fully effective.
- There is a lack of research into the cyclical nature of intergenerational out-of-home care and the consequent policy and service requirements are therefore not informed by evidence.

An example of intensive care-leaver support

The *Stand by Me* program offered in Victoria provides evidence of good outcomes for young people transitioning out of care into successful independence. For these individuals, meaningful family contact has not been possible and the lack of secure attachments means that they have difficulty in maintaining relationships (Johnson et.al. 2010). According to the program many of the young people have little support and once released from care, go 'home' only to be further 'let down'. *Stand by Me*, does not attempt to take the place of familial relationships, but rather strives to at least offer continuity of care with case workers who provide long standing connections, and a safety net during crisis. In recognising that young people (primarily, but not exclusively, in residential care) aged 16 years and over are at higher risk of homelessness, the early intervention program offers continued support through transition and beyond by building on-going practical relationships including helping young people find safe accommodation and develop life-skills. A long transition toward independence, which begins long before the child is 18, is required. The slow transition provides young care-leavers with the necessary support for complex decision making about housing, finances, careers, and social relationships (Meade & Mendes 2014).

It is important that young care-leavers have an influence upon their exit from care, including negotiated transition processes and maintenance of relationships with caregivers if available. The *Stand by Me* program illustrates that reliable, and consistent contact combined with practical support helps young people to stay engaged with positive life choices. The prevailing message of the program is that the young care-leavers do not have to be independent and isolated. Instead, with assistance from effective post care services, young adult care-leavers have access to support and guidance during the vulnerable and complex phase of becoming independent.

Ideally for many young adult care-leavers effective post care support during the transition will contribute to positive employment, intimate relationship and social networks that minimise the need for ongoing or intensive use of post care services. In these positive circumstances, opportunity to consult post care services for guidance about post care specific issues such as, when to tell a new partner about growing up in out of home care, or how to respond to siblings who lived in different care arrangements during childhood and feel like strangers, may be the reason to make contact. For others, ongoing support including practical assistance with health or accommodation problems, parenting and general life skills, and social networks may be necessary. Ongoing support for those individuals for whom childhood trauma and abuse continues to interrupt daily life and social relationships, may be necessary. Care-leavers in this

situation may be accessing mental health services but still require practical support services which provide structured activities and social contact.

Conclusion

It is extremely unfair to expect young care-leavers, who have experienced significant disruption and trauma to be discharged from a system and then expected to attain independence instantly and alone. While government policy states that exit from care should be supported, according to a 2009 survey of 471 young people aged 15-25 years, 64% did not have an exit from care strategy.

- There should be a national framework which would prevent people who move from one jurisdiction to another 'falling through the cracks'
- The Government(s) must follow through on their responsibility as 'parent' and provide transition support until care-leavers are 25 years of age, based on recent neurological studies about brain maturity.
- There must be an investment in effective post care services that provide ongoing relationships, community participation, housing, and health, options for education, employment, & income; as well as practical skills for independent living.

The model offered by *Stand by Me* is client-focused and strengths-based. Since the program commences long before out of home care ends, it enables the young person to have ownership of the transition and can offer support and practical measures to help address the complex issues which many of the young people face, including mental health issues, substance abuse and ongoing trauma.

Relationship-focused programs are essential for post care services because adult care-leavers need support to navigate the maintenance of relationships with foster and biological family members as well as build positive chosen family relationships. And as previously mentioned negotiating normal life stressors such as accommodation, financial, career and health difficulties become situations that often trigger childhood loss and abandonment and even trauma.

'Every childhood lasts a lifetime' (Owen 1996). Consequently, services that enable adult care-leavers to reflect, understand and integrate their experiences of out of home care must be available. Such services offer care-leavers the support necessary to interrupt the potential or actual intergenerational impact of childhood trauma.

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