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Being a/part

State of the Family report

October 2014

Being a/part is Anglicare Australia’s 14th *State of the Family* report, first published October 2014. It is based on and incorporates the key findings of our national research project on young people in transition.

This and previous reports are available on the Anglicare Australia website www.anglicare.asn.au

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ISSN 1832-5564 (Print)
ISSN 1822-931X (Online)

Anglicare Australia is a national network of locally grown, governed and managed, faith-based social service agencies. We are in it for the long term: committed to advocacy based on experience and to working in partnership with local communities and individuals, parishes and other agencies.

The 40 Anglicare Australia member agencies have a combined annual expenditure of over a billion dollars. They provide assistance to families, young people, the aged, the unemployed, and to vulnerable and homeless Australians and work with Indigenous Australians to overcome disadvantage.

Anglicare Australia: local presence; national togetherness

Preferred citation:
Anglicare Australia. 2014. *State of the Family report 2014: Being a/part*.
Anglicare Australia: Canberra.

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Front Cover photo: Cover art collage includes work from James Davey, Bec Hynek, JK Photography, Helen Poynter and Junior Bale, and young people from CASPA

Foreword

Before you read further, pause and think about all the various groups to which you belong.

When I read the first draft of, the lead essay in *Being a/part* I stopped and wrote down a list of the groups I am part of including family, friends, church, community, work and so on. I was surprised by how long the list was and how important it is to me to participate in these groups. This sense of belonging through participation is important for each of us.

Through the survey results we hear of the challenges young people face as they transition into adulthood and the support that comes from being connected to others.

A clear message from this collection of essays is that young people value being a part of the community. May we do all we can to include them.

The essays in *Being a/part* also make it clear that the transition journey young people move through when leaving care is unique. While it has been possible to identify some common themes, we are told how important it is to listen to the experiences of the individual. They have wisdom to share and not just with us as service providers but with government and indeed the whole community.



Across Australia members of the Anglicare family provide a range of support services to young people in transition. These essays arise from this work. I trust that what you read here will inform your practice and inspire your advocacy.

Dr Chris Jones
Chairperson
Anglicare Australia Council



Contents

Foreword	iii
Introduction	2
Being a/part I: a study into young people’s experiences of belonging	5
Being a/part II: young people and their sense of support	13
Reflections on the transition to independence	29
What would it take?	
Planning to leave care	39
Being a/part III: young people and their sense of belonging	49
Like attracts like	59
Aboriginal partnerships in Out of Home Care: lessons for a reconciliation journey	69
Being a/part IV: reflections	89
Afterword	97
About	99

Introduction

There isn't a lot going well for young people trapped on the margins of our largely comfortable and happy society. A ream of analysis and opinion predicts poor health, employment, education and other life outcomes because of their circumstances. And this year's political climate—which is suggesting that the social safety net should be available only to those who behave as directed and successfully negotiate the tasks they are set—implies that they get what they deserve.

Our view across the Anglicare network is a fundamentally different one, reflecting the Anglican heart of our services. It is that everybody has value, can be an active part of society and needs the opportunity to realise their potential. And this especially applies to young people who lack the family support most of us can take for granted.

This year we conducted a national survey of young people using Anglicare services —*Being a/part*. It explored how appropriate support and a sense of belonging can make a difference for the young people we work with in foster care and Out of Home Care, in homelessness and youth support services right across Australia.

Love and care are the basics that help people into a positive path. It's no help to generalise overmuch, but if as a child you haven't had much of either, or if it's come in a cloud of other less healthy experiences and emotions, then accepting support or feeling that you belong (after never really belonging) can be extremely difficult.

In this fourteenth *State of the Family* report Michelle Waterford discusses the key findings of the *Being a/part* survey. They concern the deep importance of the support non-family members such as Anglicare workers can provide, the significance of a place where young people can feel welcome, and how resolutely we all look to be connected to friends, family and community.

Sewn in between this discussion of survey findings are a set of short essays. A group of young people in Bendigo, the Youth Movement Initiative, succinctly identify the raft of barriers they and others face on leaving care, and tell us what would be the most helpful to them. Essays from three other Anglicare agencies explore the challenge of providing effective support: why it's so often hard to put plans in place for young people leaving care; how difficult life experiences link people together for better or worse; and the complications that come with taking reconciliation seriously in Out of Home Care. The survey and the essays are not just more stories about young people doing it tough. They tell how young people understand what we can or should be doing.

The Australian refrain of ‘a fair go for all’ is measured by the fair go available for the least empowered members of our society, such as the young people in this report. It is pretty clear that we do not provide a fair go for all. But *Being a/part* gives us those young people’s perspective on what a fair go might mean to them, and how we can make those opportunities real.

Roland Manderson
Deputy Director
Anglicare Australia

Love and care are the basics
for a positive path. If, as a child,
you haven’t had much of either,
accepting support or feeling that you
belong can be extremely difficult.

Artwork: Helen Poynter and Junior Bale,
Anglicare NSW South, West & ACT





Being a/part I: a study into young people's experiences of belonging

In this first instalment of her four-part essay, MICHELLE WATERFORD begins to examine findings from Being a/part, Anglicare's national survey of young people in its services.

Being a/part: Being a part of and apart from is the strength and the struggle of the young person's experience.

Belonging is ... when you get a feeling in your chest of happiness.

—participant in the *Being a/part* study, 18 years

Sometimes all we need in life is for someone to just listen to us.

—*Being a/part* participant

The transition from childhood to adulthood is a challenging one for most young people. For those who have grown up entangled in the social service system—through foster care, Out of Home Care placement, mental health care, financial assistance or juvenile justice, to name just a few—the transition is even more fraught.

At the same time, Anglicare staff, with long experience working with this group, knows that many young people demonstrate the capacity and resilience to cope with these adversities and make a successful transition to adulthood. It is these aspects, the ones that make a difference to young people, that Anglicare wanted to investigate.

Research tells us that **social support** is one of the most important factors influencing adolescents’ ways of coping with daily hassles and major life events (Frey & Rothlisberger, 1996) and that a sense of **belonging** can provide a protective function for young people (Wallace, Ye & Chhuon, 2012). The research also shows that the main providers of social support to young people are their parents, relatives, other adults, peers and siblings (Gordon, 2011).

What is the impact, then, on young people when their familial relationships are seriously disrupted? Do young people find other avenues of social support and places to belong that help them to successfully navigate the challenges of adolescence? And are there ways that service providers and government policy makers can help them on this journey?



These questions are at the core of *Being a/part: a study into young people’s experiences of belonging*.

On a limb, Bec Hynek, Urban Arts Base

Anglicare agencies across Australia asked their young clients to tell us about their experiences of support and belonging. Almost 300 young people responded by completing online or paper-based surveys through which they’ve shared poignant stories drawn from their life histories. Their words are included in this essay just as the young people themselves expressed them, along with their age where it is known. In particular, the *Being a/part* research project has focused on the ways in which belonging and social support might be able to ameliorate the impacts of childhood adversity and contribute to positive outcomes in adulthood.

At the start of this essay we deliberately used the word ‘entangled’ to describe young people’s experience of the social service system. It is a web that can both support and entrap. It can provide critical support when needed, but it can also wrap tightly and make escape to a life of independence and self-reliance a long and arduous task if the *right* supports are not in place.

We know that young people in the social service system are particularly vulnerable to negative life outcomes, such as homelessness, underemployment and mental disorder (Osgood, Foster & Courtney, 2010; Berzin, 2009), and that they are more likely to have pre-existing risk factors related to poverty, race, family background, education, physical and mental health issues, and access to resources (Berzin, 2009), leaving them at the margins of our society.

Anglicare has a long history of seeking client input to help shape services that truly address need and provide genuine positive outcomes for those we serve. This research continues in that tradition. It provides a channel for young people to have a direct voice in the development of policy and practice recommendations that will affect them and their peers.

This is not a small group. In 2011–12 for instance, more than 9,000 children were discharged from Out of Home Care (Australian Institute of Health and Welfare—AIHW, 2013) in Australia and embarked on a new stage of their life journey independent of state care and their carers. Many thousands of others have, currently or in the past, engaged with the social service system. Young people make up a substantial portion of the people that Anglicare services work with each year. Very few of the programs throughout the Anglicare network would not include young people and around 5 per cent are directed at young people specifically. Yet despite this sizeable contingent of young service users, the advocacy efforts of Anglicare Australia have not explicitly catered to their needs. Young people have tangentially been included in those efforts through using employment services, needing to access affordable housing and being consumers of other service supports such as mental health and the disability sector. Yet they have voices that deserve to be heard. Improving the way we interact with and support young people is important, not just for the Anglicare network, but for all levels of government and the other service providers who also work with disadvantaged young people.

For our young people, how we interact with them might just mean the difference between the joys of being a part and the loneliness of being apart.

The research project: *Being a/part*

Being a/part was the result of collaboration within the Anglicare Australia Research Network, following on from the successful reception of Anglicare’s first national empirical research collaboration in 2012—*When there’s not enough to eat*. The current study investigated young people’s sense of belonging and connection with their world and to what extent the negative outcomes expected from adverse experiences in childhood might be mediated.

The *Being a/part* survey was administered through an online survey tool and was constructed to measure the relationship between the five interacting elements: perceived social support, sense of belonging, childhood adversity, outcomes in young adulthood and demographic characteristics.



Twenty Anglicare organisations participated in the national project and, over four weeks in May 2014, staff from various survey sites across the country invited clients to participate in the survey. All participants were Anglicare service users aged between 17 and 21, who were considered by support workers to be resilient individuals who would be capable of handling questions of a more confronting nature.

Brotherhood of St Laurence Community
Victorian Certificate of Applied Learning
(VCAL) students

Before giving consent to take part in the confidential survey, prospective participants received an information sheet (accompanied by a briefing of sorts, detailing what the information sheet meant).

Measures were also taken to minimise the chance of young people feeling distressed as a result of participation in the survey, for example, there were rest points within the survey reminding participants of the supports available to them as well as mechanisms built in to the recruitment and follow-up processes that allowed support workers to informally ‘check in’ with participants upon completion of the survey. At most survey sites, participants were offered a \$10 gift card to thank them for their participation.

About the participants

This essay draws on preliminary findings from a sample of 254 surveys which provided enough data to run a number of analyses. Not all of the attempted surveys provided sufficient information to be included. Table 1 below (from Corrales et al., 2014) shows a breakdown of the study participants.

Adolescent home life: The participants were between the ages of 17 and 21 and all had experienced a high degree of disruption in their lives, with just over one-quarter having lived in more than ten placements by age 17. These are not necessarily Out of Home Care placements, though many of them would be.

Living arrangements: Just over a third of participants were living with a parent or relative, while another 21.3 per cent were living independently. Importantly, close to 13 per cent reported living in another type of arrangement, and qualitative responses indicate that the majority of these individuals were in fact homeless (i.e. couch surfing, staying with friends, living on the street).

Education: Eighty-five per cent of participants had completed some of their secondary education, with the highest proportion having completed only to Year 10 or equivalent. Close to half of the respondents reported not currently being engaged with any type of learning institution.

Table 1. Demographic profile of young people in the study

Demographic characteristic	%
Cultural identity (n=254)	
Aboriginal/Torres Strait Islander descent	
Aboriginal	11.4%
Aboriginal and Torres Strait Islander	0.8%
Placement stability and living arrangements	
Placement/living stability up to age 17 (n=247)	
Lived in 1 to 2 places	22.0%
Lived in 3 to 5 places	28.9%
Lived in 6 to 10 places	23.3%
Lived in more than 10 places	25.9%
Current living arrangements (n=254)	
Living with parent(s)	26.8%
Living with other person with parental responsibility	1.6%
Living with another relative	8.7%
Living in supported accommodation	14.6%
Living in share accommodation	14.6%
Living alone/independently	21.3%
'Other' living arrangements	12.6%
Education and employment	
Highest level of completed education (n=252)	
Primary school	0.4%
Some secondary schooling—Year 9 or below	14.2%
Year 10	26.8%
Year 11	22.4%
Year 12	21.7%
TAFE	11.0%
Undergraduate degree	1.6%
Current engagement with education (n=250)	
Not attending any learning institution	47.6%
Attending high school	14.6%
Completing an apprenticeship or traineeship	3.5%
Attending a private college or institution	9.1%
Attending university	9.8%
Employment status (n=120)	
Working (part-time)	12.5%
Studying (full-time)	58.3%

Demographic characteristic	%
Employment status (n=120) cont.	
Working and studying	25.8%
Not working or studying	3.3%
Relationships and parenting (n=251)	
Living with a partner	21.3%
Had, or expecting, a child	22.0%
Psychological wellbeing	
Generalised psychological distress	
Low	29.9%
High	70.1%
Service access and support (n=197)	
Homeless services and crisis accommodation	39.6%
Out of Home Care (placement)	5.6%
Post-care support/transition program	4.6%
Pregnancy/early parenting program	3.0%
Mental health services	8.6%
Emergency Relief	1.0%
Schooling/education support	7.1%
Employment services/programs	13.2%
General youth services/drop-in centres	17.3%

Employment: For those who provided information about their current employment status (n=120), close to half were neither employed nor undertaking some form of study.

Support sought: Of those who provided information on the type of service they were accessing at the time of data collection, close to 40 per cent were seeking support through homelessness services and crisis accommodation.

The profile of young people participating in the *Being a/part* survey largely reflects the characteristics of young people who have experienced adversity and disadvantage throughout childhood and adolescence (Appleyard et al., 2005, cited in Corrales, 2014; Davidson, Daveney & Spratt, 2010, cited in Corrales, 2014). These young people had experienced significant instability during childhood and adolescence and were disengaged from education and employment. A very high proportion had clinically significant levels of psychological distress as measured by specific items within the survey tool (Kessler et al., 2002). There was also a high level of homelessness among this sample, which is again consistent with the instability and lack of support experienced by many young people with histories of adversity and disadvantage (AIHW, 2013; Ferguson, 2008).



Being a/part II: young people and their sense of support

Imagine a child, alone in the schoolyard, shunned for the differences created by the adversities they face—adversities that are unimaginable to their peers. With this image in mind, we thought about how to identify what makes young people feel connected, like they belong and a part of something beyond themselves. Having already had some of the worst experiences in childhood, it is unfair that these young people should go on to have some of the worst outcomes as adults. Belonging and social supports are two protective factors that might promote positive life outcomes: components of a broader context for young people that could potentially negate some of the ill effects that flow from childhood adversity into young adulthood. Belonging will be discussed in a later section, while this section will discuss what the *Being a/part* study discovered about perceived social supports from three main sources: family, friends and significant others.

A number of terms are used in this essay to describe the variables in the study—for instance, ‘belonging’ or ‘psychological distress’—and their relationship to each other. An **outcome** refers to the end point of the relationship between variables. A **predictor** describes where one variable influences another. A **mediator** indicates a variable that changes the relationship between other variables. Each of the different variables has been used in each of these different ways. Doing so helps us to have a greater understanding of the variable itself and how it interacts with others. In some circumstances, looking at the variable in a number of ways helps us to understand the *directionality* of the relationship it has with others—in other words, is the effect one way, or does it occur in a number of ways?

What is perceived social support?

The literature distinguishes between the type of support that is received and the type of support that is *perceived* (Haber et al., 2007). Evidence supports the notion that the presence of perceived social support—the focus of the *Being a/part* study—has a greater link to health and wellbeing than received support. Received social support

refers to the specific supportive acts and behaviours that are provided to a person. These are directly observable and measurable. Perceived social supports, on the other hand, comprise a more global (all-encompassing) component whereby the young person, given their context, memories and experiences, makes an intrinsic assessment of the general availability of support and their satisfaction with it.

For those who enjoy the details, the survey measured social supports using the Multidimensional Scale of Perceived Social Support, a 12-item instrument with a Likert scale ranging from strongly agree to strongly disagree (Zimet et al., 1998). For the rest of us, what that means is that participants were asked to rate the adequacy of potential future support from three key groups—family, friends and significant others—for example, ‘I have someone to share my joys and sorrows with’, etc. Young people participating in the study had very clear understandings of support and how it factored into their lives.



Significant other

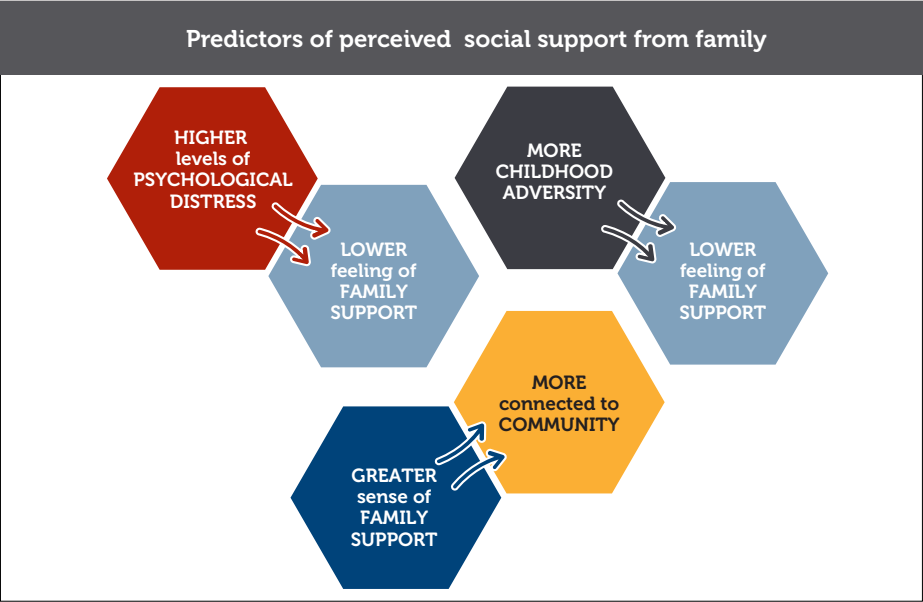
While it is not entirely clear what participants understood a significant other to be, for the purposes of this research and subsequently, this essay, it should be understood that significant others are important people in the young person’s life, who are distinctly separate from friends and family. From the comments in the survey it is clear that significant others can often be support workers, teachers and other adults with whom young people feel a connection.

Artwork: Brotherhood of St Laurence
Community VCAL student

Family

Being a/part found that for predicting higher or lower levels of perceived family support:

- Young people with **higher** current levels of generalised psychological distress feel they have **less** support from their families.
- As childhood adversities **increase**, there is a corresponding **decrease** in perceived family support.
- Young people who feel they are **highly** supported by their family feel **more** connected to their communities.



Interestingly, parents and siblings were only sometimes referred to as a source of support in the open responses from participants. Support was more generally garnered from other sources, but there were of course some occasions where family was cited as a source of support.

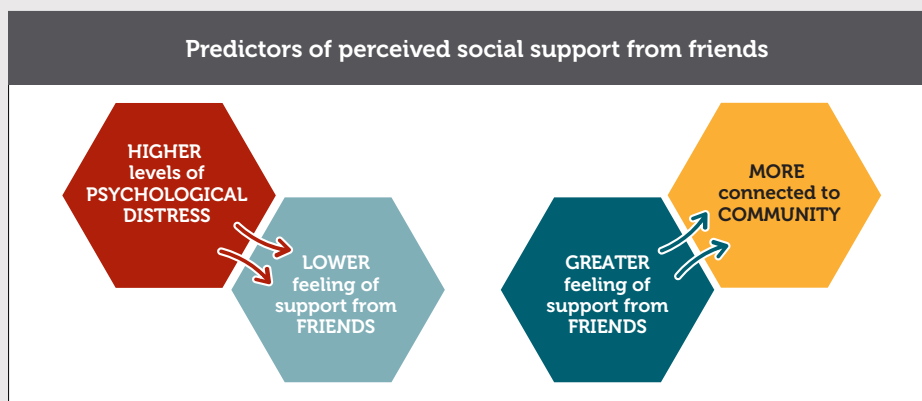
I either turn to my girlfriend or go to my mother for support. They are the two people who I can talk to and know that no matter what I will always have their full love, care and support. Other than that, I find comfort in being around my younger siblings (three brothers and two sisters)

—Being a/part participant, 20 years

Friends

Being a/part showed that for predicting higher or lower levels of perceived support from friends:

- Young people with **higher** current levels of generalised psychological distress feel they have **less** support from their friends.
- Young people who feel they are **more** supported by their friends have a **greater** sense of connection to their community.



Friends were most commonly cited in the open comments as a source of support and comfort, but this form of support was not identified as having a strong relationship, either as predictor or mediator, of other variables. That is, having an expectation of support from friends did not subsequently decrease the level of psychological distress or improve a sense of belonging. The lack of quantitative evidence from this study is interesting given the qualitative finding about friends' support and comfort. It suggests that, although participants felt that support from friends was important, it was not necessarily predicted by factors that were considered in this study—in particular, a sense of belonging. Importantly, it seems that a sense of belonging, at least as measured in, and as the focus of, this study, does not influence the quality of support a young person perceives they receive from friends.

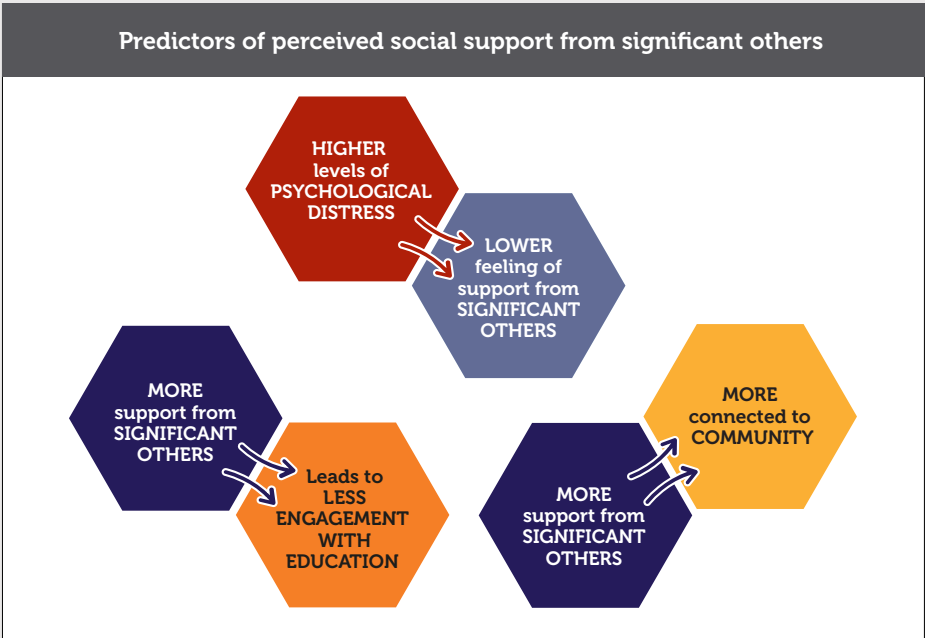
I have two major supports, my friend who teaches me how to skateboard, he's been a true friend since the day we met and my boyfriend, I think we need each other because we are so alike. He needs me for support just as much as I need him.

—Being a/part participant, 18 years

Significant others

Being a/part showed that for predicting higher or lower levels of perceived support from significant others:

- Young people with **high** levels of psychological distress reported **lower** levels of support from significant others.
- As the level of perceived social support from significant others **increased**, the likelihood of the young person being engaged with education decreased.
- Young people with a **greater** sense of support from significant others had a **greater** sense of connection to their community.



After friends, young people said that their most common source of support was from a person within an educational institution or care organisation. This is particularly noteworthy, and will be returned to later in the discussion, as there is a clear indication that the support provided by these ‘others’ is emotional support, rather than the more expected practical support (Hill, 2014).

[the support worker] *listened, gave me a feed, lets me come back to talk whenever I want.*

—Being a/part participant, 20 years

Support in practice

Coming out of these findings are a number of lessons and implications for practice. Notably, factors or variables that were either common across sources of support, or were unique to particular circumstances, deserve further attention. They centre on aspects of psychological distress and childhood adversity and how these interact with perceived social support. The role of the ‘significant other’ could also be further explored and teased out.

Psychological distress

Psychological distress was found to be a detracting factor for perceived social support from all sources and, given that heightened distress frames a person’s perceptions of being supported, this may greatly impact on the expectation of care from others. The risk is that, due to a lower expectation of care being received, help-seeking behaviour may subsequently be influenced, that is, help may not be sought. Young people experiencing mental health concerns are a particularly vulnerable group. Insights into how young people perceive themselves and their interconnectedness are inherently valuable to providing future support for this group.

The *Being a/part* study found that the relationship between psychological distress and perceived social support from significant others was *mutually predictive* and therefore had a *multidirectional relationship*. What this means is that when either variable (‘distress’ or ‘significant other support’) was tested as an outcome, the other was shown to have predictive value, that is, it led to an increase or decrease. High levels of distress, for instance, lead to lower perceptions of available support. The reverse is also true: lower perceptions of support lead to higher psychological distress. That is what is meant by mutually predictive—one predicts the other and vice versa—and multidirectional—that the relationship goes both ways. This points to the special role that significant others play in the lives of young people. While the survey tool did not clarify what participants understood a significant other to be, evidence from the qualitative data suggests that this category particularly includes social service support workers.

They [the support services] offer a great amount of support for young people such as myself, they have a welcoming environment and the staff are loyal and easy to speak with.

—Being a/part participant

The case management and support work carried out by social services within the Anglicare network is underpinned by the therapeutic relationship which itself is predicated on notions of trust and engagement. Participant engagement in the process or relationship is one of the greatest predictors of successful outcomes (Karver et al., 2006). Other studies also point to the seemingly ordinary interactions, conversations and shared activities that have a bearing on outcomes (Lakey & Orehek, 2011). Whatever the context, the connection between the person and the support worker is integral. However, if, as the *Being a/part* findings show, the young person is less likely to engage due to lower perceptions of support, then there is potential for that young person to go on feeling isolated and facing challenges on their own.

It is interesting to note the use of the word ‘loyal’ in the quote listed previously in relation to support workers as significant others. It again raises issues of trust and betrayal, and the precariousness and importance of the position of ‘significant other’ given the experiences and expectations of the young person. Trust is a major component of help-seeking behaviour and can often mean the difference between seeking help or not (Gulliver, Griffiths & Christensen, 2010).

hard to trust people too many judgements

—Being a/part participant, 19 years

When asked about their opportunities to disclose their childhood experiences, a distinct group emerged among the participants. This was characterised by a sense of ‘locked-in’ non-disclosure brought about by an inherent distrust of external relationships, whereby people prefer instead to rely on internal systems and self-sufficiency (Hill, 2014; Gulliver, Griffiths & Christensen, 2010).

Lived in my own world a lot Yes [have had opportunities to talk] but sometimes have not taken them—awkward/embarrassment/trust issues etc

—Being a/part participant, 18 years

Just bottle it up no one needs 2 hear a sob story

—Being a/part participant, 21 years

We should remember that perceptions of social support are often reflections of self-evaluations that are linked to the person’s sense of their own self-worth and interconnectedness (Blain, Thompson & Whiffen, 1993, cited in Corrales, 2014).

These, in turn, are affected by an individual’s state of psychological distress, increases in which are likely to bring about a corresponding decrease in positive self-appraisals and therefore lower expectations of being cared for or loved (Brown, 2014). However, even though they may not have the expectation of support, these young people have clearly demonstrated that, like everyone else, they desire it.

What we didn’t find but thought we would: friends, family and distress

Perceptions of support from friends and family, or the lack thereof, were not found to have any predictive value for a young person’s current levels of psychological distress. This is distinct from the effects of distress on perceptions of support. It was expected that a perceived *absence* of these supports would lead to an *increase* in psychological distress.

Instead, perceptions of social support from significant others were more predictive of an individual’s level of psychological distress, indicating perhaps that the absence of perceived supports from families and friends has been normalised through the experience of disrupted relationships through childhood. Alternatively, again as a result of the disrupted relationships experienced in earlier years, those relationships may simply not be viewed as relevant. This potential theory reinforces the argument for the primacy of the role of significant others (Corrales, 2014).



Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014

In view of these findings, the importance of mental health services and other support services which promote the physical, emotional and mental wellbeing of young people through the care and support of others cannot be overstated.

im not supported by my family and wish I had someone who would make me the most important thing in their life

—Being a/part participant, 21 years

It is so vital to get support otherwise the feeling of [being] lost is overwhelming

—Being a/part participant, 19 years

I want to be loved

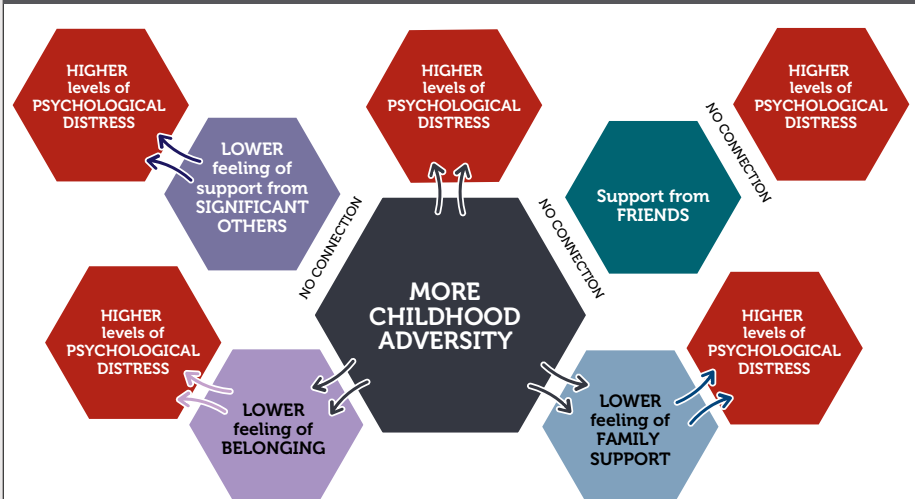
—Being a/part participant, 17 years

Childhood adversity

Childhood adversities can have lasting impacts into adulthood and influence how young adults perceive their place and value in the world. Adversities in this study ranged from coming from a large family or wearing dirty clothes through to maltreatment—both experienced and observed—such as violence and sexual abuse. Childhood trauma is, of itself, a complex issue. Taken together with other factors, its complexity only increases. The *Being a/part* study shows, as would be expected, a clear relationship between childhood adversity and psychological distress. Similarly, it shows a clear and expected relationship between childhood trauma and decreased perceptions of family support. However, there are dynamic relationships with other factors which impact life outcomes. The illustration on the next page shows how the impact of childhood adversity on psychological distress is mediated or influenced by some of those other factors.

While a direct relationship exists between adversity and distress, the relationship is also influenced by belonging—which will be discussed later in this essay—and support from family. The impact of support from significant others is an interesting finding and will be discussed in turn below.

Mediating role of 'belonging', 'perceived social support' (family, friends, significant others) on childhood adversity and psychological distress



The pathways highlighted above show adversity leading to lower levels of perceived support from family which leads to higher levels of distress. (It is worth noting that while 'family support' did not appear to have a linear relationship with the young person's distress, it can be part of a constellation of factors associated with higher levels of distress.) Participants who had indicated that they had experienced childhood adversity were categorised into three different groups. This was to determine whether perceptions of support were influenced by the number of adverse events. These categorisations are in no way a reflection of the individual experience, but do go some way to understanding the impact of trauma in childhood on later adulthood. It was found that the level of adversity experienced had a significant impact on perceptions of family support, in that young people who had experienced very high levels of adversity reported much lower levels of family support than young people who reported fewer experiences of childhood adversity. This may, in some measure, be explained by feelings of betrayal and 'being let down' by those who were to care for them.

The illustration shows a clear relationship between perceived social support from significant others and psychological distress: lower perceptions of support from significant others leads to an increase in distress. However, there is no observable effect between childhood adversity and perceived support from significant others. This indicates that lower levels of perceived support from significant others independently heighten psychological distress irrespective of the adversities experienced in childhood. Again, this may be somewhat explained by the level of disruption of relationships in younger years and the perceptions that current

significant others are separate from that experience. Young people may hold the view that significant others might provide an avenue or opportunity to create positive outcomes for themselves in the future (Corrales, 2014).

me and my siblings were beaten severarly and the people whos job it was to do something, sat back and let it happen.

—Being a/part participant, 18 years

The findings listed and discussed above impact on the work that organisations, such as Anglicare network members, undertake. They help us to understand some of the disengagement that young people might display when it comes to a working relationship. The outcomes for young people highlight the importance of preventing these adversities and protecting young people against the lasting impacts of trauma. Child-inclusive practices such as those found in the Families and Communities Program (formerly Family Support Program) are central to that process, as they aim to address family functioning with the best interests of the children or young people as the guiding principle. Resolving issues of disconnection in families earlier to prevent higher levels of mental ill health in young adulthood must be a priority.

The role of the ‘other’

When it came to who in the young person’s lives they felt they might receive support from, significant others came up as an important source. A sense of caring, or lack thereof, from those others had a bearing on the experiences of current psychological distress, educational engagement and community connectedness for the participants of the *Being a/part* study.

Perhaps counterintuitively, a greater sense of social support from significant others was related to a lower attachment to education or training. That is, the more the young person felt that they could rely on significant others for support, the less likely they were to be at school or in training. The reverse— that young people would feel more encouraged to ‘risk’ an institutional setting, such as an educational one, when their value was acknowledged by people whom they themselves thought to be important—was more expected. However, this finding draws links back to the complex nature of childhood adversity, as noted above. It could indicate a transitional period whereby the young person draws heavily on these noted supports to address other challenges arising from their experiences. We anticipate that these significant others would support educational engagement, or even educational aspiration, where the young person may not have a current goal but is likely to form one in the future (Corrales, 2014). Of course, some participants were well on the way on this journey.

I've surrounded myself with positive people and my course is going well and my life feels like it's back on track

—Being a/part participant, 19 years

Indeed, great emphasis was placed on those who had ‘been there’ for the young person. Themes arising from the study participants indicate a weight being lifted or shared. These reflect the concepts within the literature around perceived social support, in that the young people have assessed that the support is available should it be required and are satisfied with its quality.



Photo: David Marks

To know that when/if ever rock bottom looks like it is right in front of me; knowing that I always have at least one person I can rely on. It also means that I know I have comfort within someone even when I don't have comfort left within myself

—Being a/part participant, 20 years

It's like a weight is being lifted off my shoulders

—Being a/part participant, 18 years

The role of significant others for young people who've experienced trauma in their lives has important implications for service delivery. The power ascribed to those roles by the young person makes both parties particularly vulnerable to falling short. On the one hand, if the young person feels that the support received does not measure up to their expectation of it, they may feel betrayed, further reinforcing their own feelings of low self-worth and distrust of external relationships. On the other hand, the actions of the worker take on increased significance and the risk of misstep on the part of the support worker is heightened, increasing the likelihood of disappointment. In view of that, the relationship between young person and support worker, genuine and caring though it must be, must also be managed very carefully. However, the reverse can also be true; the intensity of the relationship, and the emphasis on the role of the significant other, may perhaps make it the ideal vehicle through which the young person might address present challenges.

[W]hat works best for me when being supported is when someone listens to me, is consistent, write out a plan with me, reflective listening and supports me to make the best decisions for me. Remembering my name would be good too, because I'm not a barcode or a case file number I'm a human that an individual with a voice

—Being a/part participant, 18 years

The finest line

Each young person we come into contact with will be a product of their experiences, and those experiences continue to colour their world view. Ultimately, what this study has taught us about young people’s perception of feeling supported is that the connections they make with others, be they family, friends or significant others in their lives, all have some impact on how they experience the world and their place in it.

In practical terms for support services, the lessons could not be more clear: prevention is the key to minimising childhood adversity and its impact on how young adults connect to their worlds. However, in the case that trauma is not prevented, child-inclusive practices to address family functioning at the time of the trauma are important, as residual issues will fragment young people from their families. Recognising that families are not always the answer, mental health support services are vital for young people, helping to promote a positive self-view as well as addressing residual issues from past adversities.

For support workers—and, for that matter, policy makers and the general public—the findings may not be new or surprising, but might trigger a rethink of the importance of their role. Too often, adults underestimate their individual influence or don’t see

that young people listen to, and are shaped by, them. Adults who young people deem to be of significance in their lives need to be aware of their role and position of influence. It suggests, too, that current calls in some quarters for young people to look to family before calling on government or society for help are perhaps misguided.



Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014

The significant other exists outside the family, and it might be exactly that separation that allows them to have the level of influence that they do. The focus perhaps should be on identifying a range of potential significant others and determining how they might be encouraged to step forward and embrace their responsibility—and a responsibility it is, for these individuals tread perhaps the finest line between being a powerful source of support and further reinforcing a negative world view for the young person.



Report	I	II	III	IV
Essays	1	2	3	4

Reflections on the transition to independence

A clear-eyed essay on Out of Home Care and leaving it, by people who know. KATE FINN, INDIE SPICER, DWAYNE WELSH, SARAH ISIP and DYLAN BENNET from the Youth Movement Initiative (YMI) at St Luke’s sat down to write about what they have learned and what others could learn from their experiences. Often moving, sometimes confronting, their voices bring a sharp insider perspective to the business of becoming adult.

Who are we?

We are a group of young people who were in care. We understand the issues that young people face while in care and when leaving care. We also understand the issues faced by young people in transitioning to independence. The reason we understand is that we have lived these issues in our day-to-day lives and we know the struggles and challenges of trying to establish yourself in the adult world.

What activities have we been involved in?

Our activities in the YMI include training and advice to Out of Home workers and

carers and peer-support activities for young people in care. We’re involved in the production of a newsletter for young people in St Luke’s’ care and leaving care service.

Another area of activity is advocacy on issues that concern young people in care and leaving care and which impact negatively on their lives. We recently completed a report on child protection case planning in Victoria and have presented it to the Principal Commissioner for Children and Young People in Victoria, requesting a review of case-planning processes.

We are also involved in ‘The Future’ project, which aims to get young peoples’ views about how they see the

future. The project is being undertaken with educational coaches from St Luke’s leaving care service.

What are young people in care up against?

Like other young people who have been in care, we faced many issues and challenges while we were in care. These issues impacted on our transition from care and continue to affect us as we try to establish our lives as independent young adults.

In coming into care you are faced with the reality of being disconnected from family. You feel the grief of not having a caring and supportive family, and many

young people also have to live with the impact of being abused and/or neglected within their family life.

In care, you know you are different. You feel the stigma of being in care that lives with you while you are in care and after leaving care. People have a certain view of young people in care or who have been in care. For example, one of our YMI group members was working at a well-known fast-food restaurant and the manager became aware that they were in care.

Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014



Suddenly, their number of shifts was cut dramatically and the manager was known to have said to a fellow worker that young people in care could not be trusted. Another member changed schools while in care and on the first day at the new school was presented with a behaviour contract. Clearly the school had a view about young people in care and their behaviour. When you're in care you feel judged by others including peers and teachers. You sense that people don't trust you and that they are wary of you no matter how good your behaviour is or has been.

In care, you experience a lack of expectation.

The community, and even workers and teachers, have low expectations. As a group of care leavers we have all experienced this lack of expectation. We were not expected to complete secondary school or go to university. Some of us have even experienced being put into vocational courses rather than being encouraged to complete Year 12—despite the fact that our grades showed we were very capable of completing Year 12. When you do achieve things in care, people can be very patronising. Comments about your success have a tone of, 'You have done well for a young person who has been in care'.

The stigma of being in care combined with this lack of expectations for young people in care lowers your sense of self-worth and eats away at your self-confidence. You start to think there is some truth in what people say and think.

In care, you can't just be normal. Often things are done for you and you don't experience or have the opportunity to learn day-to-day living skills. The system also doesn't allow young people in care to just be young people. It is also focused on protecting itself. For example, if we wanted to stay over at a friend's place there had to be a police check on everyone who lived at the house. In the end, you just didn't bother asking to stay at a friend's place. It was too embarrassing asking a friend and their parents to have a police check. In effect you just couldn't do normal things. You were not allowed to make mistakes or do normal risk-taking things that young people do. And by not making mistakes you don't learn.

In care, it is difficult to realise your passions and interests. Interests and hobbies give you something to enjoy and help you relax. They are an important means through which you can learn social skills and build friendships. But getting money from the system for a hobby or interest was easier said than done. Sadly, it was even difficult to get money for basic things like schoolbooks and clothing. Again, you just gave up pursuing an interest or hobby.

In care, it is difficult to complete your education. To achieve educationally requires a stable living situation and schooling. Many of us experienced multiple placements and changes in schools. These changes

created stress and uncertainty. In difficult circumstances like these, you can have a hard time focusing on school.

In care, you learn not to get your hopes up. Too many disappointments lead to depression. You are careful about trusting people as many adults in your life have let you down. This affects your relationships with workers, teachers and other adults. You worry about being hurt so you don't want to get close to people. It can be too much of a risk.

What happens when leaving care?

The experience of being in care stays with you and you constantly have to deal with your experiences of care as you try and establish yourself in an adult world. You are uncertain of the future. You question your prospects and wonder if there is a future. You feel a sense of abandonment.

For a care leaver, building a future is challenging. You feel you are fighting against your own background. And that background includes your experience of care, the stigma of being in care and the lack of resources as a result of coming from a low socioeconomic environment.

As you leave care you feel, and are, on your own. You have to fend for yourself, and for many young people they don't have family to rely on. At 17 or 18 years of age it is expected that you have all the living skills and financial means to live independently. This is unrealistic!

The issues care leavers face include difficulties getting stable accommodation, not having the day-to-day living skills to manage independently, lacking access to transport, trying to get work and/ or complete your education, and not having enough money for everyday survival. It is extremely difficult when you have limited resources and don't have a family to rely on.

Many care leavers feel in a bind. As one of our members put it:

In order to have money you need to have a good job. To have a good job you need to have an education. In order to have education you need to have stable accommodation and to have stable accommodation you need money.

This bind means many care leavers lack hope. As you address one issue in your life, or you feel that you are getting ahead in one area, something else happens in another area of your life that means you are starting again. This constant shifting in life's fortunes results once again in having low expectations and low hope for what the future could hold.

What we and many care leavers do have is resilience in the face of the issues and challenges we have experienced. This resilience comes from having to survive in care and after care. You learn to fight for what you have and believe in. You learn the need to shake things off when things get tough and you strive to move on. And, most importantly, you try not to give up.

Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014



What would improve the transition between care and independence?

The experiences young people have in care have an impact on what happens after care and their transition to independence. If your experiences in care are negative and it has been a struggle, then it is likely you will have difficulties after care.

Teachers, support workers and child protection workers need to look at their beliefs and attitudes around young people in care. Teachers and workers need to ask themselves the question: do our attitudes and beliefs about young people in care hold them back?

Young people leave care too early. Young people in care need greater help to complete their education, and programs to develop living skills. Currently young people leave care at 17 or 18 years of age, and at this age are expected to manage on their own. There are leaving care services but they are not well funded and these supports can be short term. In Victoria the legal age for leaving care is 18 years. After that point the government is not obliged to provide care for young people except make available some support services. So young people can find themselves abruptly on their own and feeling not cared for. We believe that the legal age of leaving care should be extended to the age of 21 years with the leaving care phase extended to 25 years particularly

in matters of accommodation and crisis support. This approach would be in keeping with what the general population of young people experiences with the support they receive from their families.

Young people in care need living skills training units.

For us as young people who have been in care, an area we continue to struggle with is our living skills. There are so many skills that you need to develop to become successfully independent.

These include managing your money, dealing with phone contracts and credit, budgeting, cooking, cleaning, maintaining a house, dealing with health issues and applying for jobs and training. There are also other really important living skills like learning how to present yourself in an adult world, building your social skills and communicating with others. To help young people, we would like to see the development of living skills training centres that focus on building these skills. These centres could also be a resource for young people transitioning to independence.

Young people in care require better resourcing of carers and leaving care services.

We have all experienced times in care when there was not the money to provide

Photo: JK Photography 2014



for our basic needs. Carers were not reimbursed adequately for their out-of-pocket expenses and it was difficult to get funding from Child Protection for educational expenses, hobbies and interests, or reasonable clothing, let alone a holiday or school excursion. Leaving care funding is limited for support around accommodation, getting your driver’s licence and educational expenses. Carers need to have a higher level of payment that encourages their role as carers, and leaving care programs need to be better resourced and funded to provide support for young people up to 25 years.

Young people who have been in care need more accommodation options.

Access to accommodation continues to remain one of the biggest issues care leavers face. Many young people leaving care face the prospect of homelessness and/or experience homelessness after they leave care. They are competing with other young people in trying to access housing through the limited housing available in leaving care services and the homelessness system. There needs to be a guarantee of housing after care, not just referrals and applications to housing services. If the legal age of leaving care was raised to 21, then the government would be obligated to guarantee housing. In addition, there needs to be a greater variety of accommodation options available for young people leaving care. Not all young people leaving care want to go into independent housing. There needs to be semi-independent accommodation options available—such as lead tenant

models with trained lead tenants—ongoing support from agencies, and other shared accommodation options. There should also be adequate funding for situations where the young person is able to stay with their carer. In these situations carers are not reimbursed or funded to continue to look after young people post care.

Where do we need to go from here?

In reflecting on our experiences of care, we see there are some really important issues to address. If these issues aren’t addressed, how can young people in care make a successful transition to independence? How do you change the attitudes towards young people who are in care and the stigma they feel? How do you change the lack of expectation of young people in care? How do you better support young people to connect with their passions and interests? How do you support young people to have hope for the future? How do you support young people to trust the adults in their lives?

We would like to see a process where teachers, support workers and child protection workers discuss these questions. Where they would examine their beliefs and attitudes towards young people in care.

Young people who have been in care need to be listened to; we have considerable skills and experience to offer. We understand the issues faced by young people in care and what needs to change in the way care is provided. While at times we may be consulted

through surveys and questionnaires, we are not involved in helping design services for young people in care and post care nor are we encouraged to give back through providing support to other young people in care and transitioning from care.

Our involvement in the YMI highlights what young people can do when encouraged to advocate for and advise on how the system can better support young people.

All agencies delivering services for young people in care and leaving care need to look at how they involve young people in designing and making changes to services and how they can support other young people. This involvement needs to be a real partnership with young people not just tokenistic consultation.

About the authors



Kate Finn, Indie Spicer, Dwayne Welsh, Sarah Isip and Dylan Bennet are part of a group of young people who were in care. They understand what young people face entering and leaving care and in transitioning to independence because they have lived the issues in their day-to-day lives.

St Luke’s supported the authors to form a youth advisors and advocacy group, the Youth Movement Initiative (YMI), to help improve the lives of young people in care and leaving care. Some of their activities include training and advice to Out of Home workers and carers, peer support and activities for young people in care, and advocacy and communication. In ‘The Future’ project, along with St Luke’s educational coaches, they are seeking views from other young people about how they see the future.

Kate, Indie, Dwayne, Sarah and Dylan, together with other members of the YMI, recently completed a report on child protection case planning in Victoria, which was presented to the Principal Commissioner for Children and Young People in Victoria.

This essay was written with support from John Bonnice (Director, Strategy and Innovation, St Luke’s).



What would it take? Planning to leave care

Through its Moving On: After Care Support and Brokerage program, Anglicare NT has engaged young people and the Northern Territory Department of Children and Families in planning for smoother transition from under-age care to adult independence. In this essay MICHELLE PARKER explores the dilemmas and offers suggestions for shaping the future of young people leaving the Out of Home Care system.

Imagine two young people, Billy and John, (not their real names) both about to turn 18. Billy has family support he can draw on for help with driving lessons, assistance in moving interstate to university and payment for flights back home to attend a funeral. John has fragmented relationships with various workers and carers through the foster care system, which will end when he turns 18. He has very few options for financial and emotional support if he needs any help or advice. Billy can talk to his family and friends about his plans for the future, and reshape them as he changes his mind and tests the waters of independence, knowing that, for the most part, his family will be supportive for many years to come. John

doesn't have that luxury and needs to think about what will happen when he turns 18. Where is he going to go? With whom will he live? From where will he get his money? As a young person in the care of the Chief Executive Officer, John needs the help of the Department of Children and Families in the Northern Territory to do this planning with him, so that he can transition to adulthood knowing that there are options for support if he needs it. He needs the department to provide commitments to support his aspirations, as his family is unable to do so. All of this can happen through a well-developed Leaving Care Plan with significant input from John and solid links to external agencies and support people in his extended family

network. It doesn't all need to be doom and gloom for John—he may not even want to access support, as we know he can manage on his own. But what if something happens with which he needs a little bit of extra help? Knowing that there are options is sometimes enough to keep someone on track to achieving their goals.

Billy and John are just two people, but in 2011–12 around 3,000 young people aged 15 to 17 years left formalised Out of Home Care in Australia (AIHW, 2012). In the Northern Territory, there were 134 young people of this age in the Out of Home Care system at 1 July 2013. Of these, approximately 80 per cent were either Aboriginal or Torres Strait Islander or both.

What would it take to improve the number of Leaving Care Plans being developed with young people aged between 15 and 17 years in the Northern Territory?

Through the *Moving On* program, Anglicare NT has tried to answer this question. *Moving On* aims to engage young people to transition from care by linking them to services and support networks that will help them to grow and become fully integrated within their community. *Moving On* is trying to increase the number of young people who make this transition with a completed Leaving Care Plan. Currently too many young people simply 'age out' of the Northern Territory care system once they turn 18. This is an abrupt end to their formal Out of Home Care. The idea is that independence begins at that age. But 'ageing out' without a solid Care Plan places them at risk of

homelessness and of entering the justice system. It also poses greater health risks than for young people with a supported plan. This sudden ending of support is in contrast to many other young Australians who receive ongoing help from family and guardians. About one-third of Australian young people live at home well into their twenties; their transition to independent living can take up to 15 years. For young people leaving the Northern Territory Out of Home Care system, the picture can be very different. *Moving On* can support young people up to 25 years of age with limited case management and brokerage support once they have left the CEO's care.

Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014



The Office of the Northern Territory Children’s Commissioner reviewed Leaving Care Plan arrangements during 2012–13. Its annual report (2013) shows that 30 files relating to young people aged 15 to 17 were analysed. Of the sample, only 17 per cent had a Leaving Care Plan or any evidence to suggest that a plan had been considered. In these cases, the Leaving Care Plan had only been considered when the young person was 17 years of age, which is late to either implement it or fully consider what help is required to support the transition process. This review, led by the Children’s Commissioner, Howard Bath, found that planning for leaving care should commence when young people turn 15. This is confirmed in the *National Standards for out-of-home care Care* (see FaHCSIA, 2011). The National Standards were created in recognition of the fact that a nationally consistent and improved approach was required to support young people in the Out of Home Care system, including those exiting the system. Standard 13 specifically relates to transition-from-care planning. In the annual report the Children’s Commissioner wrote (2013, p. 78):

It is critical that this transition starts at this age [15] as challenges such as transition into employment and suitable accommodation can require advanced planning.

In Anglicare NT’s experience, the earlier we can involve a young person in developing their Leaving Care Plan, the more confident they are to access support when and if they need to. Carly

(not her real name), a young person who had engaged in the process, was able to identify ways in which she might need assistance beyond the age of 18 and link with a program that could help her to access that support. This meant she could access the program for support not covered in her Leaving Care Plan. When Carly did access *Moving On* for help with bond payment she was assisted quickly, allowing her to continue her journey to adulthood.

Moving On has had significant involvement in supporting the development of Leaving Care Plans within the Northern Territory Department of Children and Families. When the program began in 2011, no Leaving Care Plans were received through referrals from the department. However, with support and advocacy, the most recent reporting period showed that 26 per cent of young people engaged in *Moving On* had Leaving Care Plans, and another 26 per cent had Leaving Care Plans in development.

What we have tried

Anglicare NT commenced the program by developing and building on relationships with young people; the CREATE Foundation, a national organisation that works with young people in care; and departmental case managers, team leaders and the policy unit with the aim of promoting the service and getting input into how it would be delivered.

Anglicare NT values young people as participants in planning for their future, whether that is through casework goals, as participants in youth reference

groups or through developing their Leaving Care Plan. To engage young people, Anglicare NT provides a safe, welcoming space, staff experienced in trauma-informed practice, and opportunities to meet where the young person is most comfortable, whether that be a cafe, McDonalds, the beach, or their own home. Kellett (2011) highlights the importance of redressing the power imbalance that exists between adults and young people when working with clients, to ensure that we can develop a listening culture that enables children and young people to be heard and understood. Where clients experience a listening culture, they are more likely to engage with the service and with plans for their future. The relationships many young people have with the department are fraught with trauma and involve ever-changing case managers. Having a program available to bridge this relationship between the department and young people is vital to engaging them in the Leaving Care process.

Moving On plays a supportive role and provides brokerage assistance for young people once they have left the care of the CEO. Initially, departmental case managers were hoping that *Moving On* would create Leaving Care Plans for young people still in care. Yet they soon understood that the program’s purpose was to support them to create the plans and to advocate for young people to be involved in the process.

Moving On continues to strengthen and build relationships with the department by providing information to departmental case managers; contributing to case meetings and

shared training; and participating in consultations, research and collaborative forums. As there is significant staff turnover within the department, Anglicare NT recognises the importance of meeting new case managers regularly and supporting the development of processes that increase the number of Leaving Care Plans in development.

Artwork: Aydan Lesina 2014



Moving On has worked with the CREATE Foundation NT and the department to develop training tools. Originally the Australian Association of Young People in Care (AAYPC), CREATE emerged nearly 20 years ago out of the need to empower young people in Out of Home Care to have a voice in decisions affecting their lives. Delivered across the Northern Territory, the ‘Supporting Young People Leaving Care’ training provides:

- departmental staff with clear information, processes and principles to resource and guide the development and thinking through of Leaving Care Plans using national guidelines available through CREATE
- clarity on how young people obtain and access a Leaving Care Plan, even after orders are discharged—that is, where they have already left care
- clarity on the role and capacity of *Moving On* and CREATE. In particular, the training explains that, although developing Leaving Care Plans and preparing young people to leave care remains a departmental responsibility, *Moving On* can, and does, actively contribute to the Leaving Care Plan development process and case managers may use national guides available through CREATE.

Moving On: learnings so far

When commencing a new program, we often have an idea of how it will look. But the evolution of the program ultimately depends on the needs and aspirations of the client group and local stakeholders. The following section traces our journey and the development of our current practice.

At times, in the best interests of the child, *Moving On* has connected with a young person who was still in care but had disengaged from the department. Young people who are disengaged from their departmental caseworker may come into contact with *Moving On* through their carers, other Anglicare NT programs or other services in the Northern Territory, such as CREATE NT. This provides a bridge for young people to access support. Through this ‘best interests of the child’ approach, relationships with departmental staff have improved enough for young people to participate in planning for leaving care. This improved relationship is useful for accessing future support and building trust in the service system.

Although there is significant turnover within the department, there are also many longer-term employees who are familiar with clients of the department, local service providers and local families in the Northern Territory. Jane and Bronwyn are two such case managers who have been proactive in developing Leaving Care Plans. They have a solid understanding of the process and the importance of getting it right prior

to young people leaving care. Jane has personal experience of leaving care, which has brought a depth of understanding to the process that is often missed by busy case managers. One of the offices has identified Jane as the 'champion' of the leaving care process; this means that anyone needing to develop Leaving Care Plans within that office can consult Jane, as she is comfortable and confident about what should be included. This local area

strategy has made the task of getting the message out about Leaving Care Plan development to other departmental case managers much easier. Jane's participation has brought about a greater level of commitment, participation and output from this particular office as more case managers become confident about the requirements of developing Leaving Care Plans in line with departmental policies and the National Standards.

Sandy and Jill are Case Support Workers, who have offered further stability for *Moving On* clients. The role of a Case Support Worker is to carry out the functions of a case plan once developed, while a case manager develops, oversees and reviews the plan.

The Case Support Workers have a distinct role in the development of Leaving Care Plans as they have stronger relationships with young people in care. This targeted approach is a welcome addition to the leaving care process. Strong links have been developed with Sandy and Jill, enabling *Moving On* to be invited to Leaving Care Plan development meetings even when departmental case managers have changed.

Where to from here: suggestions for the future of Leaving Care Plans

Leaving Care Plans will always be needed while there are young people in state- and territory-based care. With the significant improvements achieved in the number of Leaving Care Plans

Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014



being developed, it would be ideal if the following could be implemented:

- the roles of leaving care ‘champions’ and the Case Support Workers to be formalised within the department
- as a broader systems response, an identified number of traineeships with the department to be offered to young people leaving care. This employment pathway would enhance the leaving care process. This would build the capacity of the department to prepare and complete Leaving Care Plans, with Anglicare NT’s support to engage with young people.

It makes good moral and financial sense to support young people as they transition to independence. If we invest in young people as they are leaving care, and do this well, it may reduce the financial resources required later in life, particularly in areas such as health, mental health, housing and legal support. The Australian Housing and Urban Research Institute (AHURI) suggests that the cost of failing to help these young people leaving care is significant: over a lifetime it is estimated at around \$738,000 per person—around \$12,000 per year if they reach the average Australian life expectancy—as they have poorer physical health and report higher rates of substance abuse when compared to their peers (Johnson et al., 2010, p. 2).

The costs to young people are their over-representation in health, legal, justice and mental health systems. This is not what any parent would want for their children.

At the recent Leaving Care forum convened by Anglicare NT, CREATE and the Office of the Children’s Commissioner, young people engaged with CREATE gave a powerful presentation on their hope for the future of young people leaving care. Their vision is that today’s ten-year-old in care will have a Leaving Care Plan and be participating in a transition process from the time they are 15. The forum adopted this as its vision. At the forum, a sense that significant progress can be made within the next five years was palpable. There is so much to be built on: not least the strong trust and engagement with young people and the commitment of passionate individuals within the department and Anglicare NT.

Taking up the young people’s call, CREATE’s contribution was to strengthen Standard 13 by developing a nationally consistent leaving care resource, the *Go Your Own Way Info Kit*, available for download at www.create.org.au/go-your-own-way.

Find out more about the national approach to transition from care planning at www.dss.gov.au/sites/default/files/documents/out_of_home_care_rpt.pdf.

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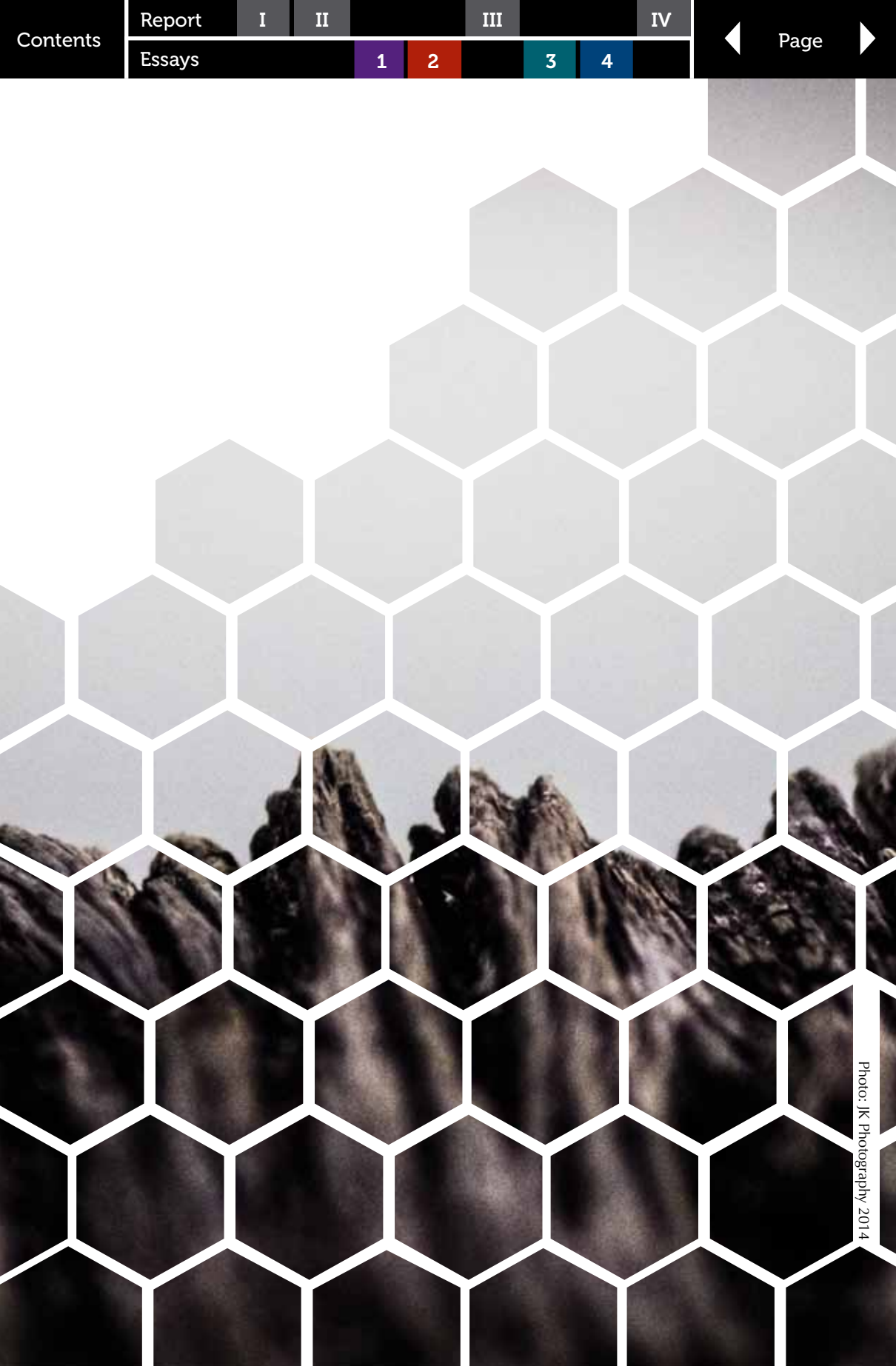
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About the author



Michelle Parker has worked at Anglicare NT for over ten years across the fields of youth homelessness, family support and suicide intervention. A social worker by trade, Michelle has had experience in inner-city Sydney, remote NT and urban Darwin, as a caseworker, counsellor, trainer and manager. Michelle is currently the Operations Manager of Youth Support & Development at Anglicare NT, a division that oversees Youth Health, Alternative Care, Youth Accommodation, Youth Homelessness Early Intervention and Youth Diversion.



Being a/part III: young people and their sense of belonging

This section will look at what the *Being a/part* study found about the role a sense of belonging plays in ameliorating some of the impacts of adverse experiences in childhood. As with perceived social supports, a sense of belonging was expected to have value in protecting young people as they transition into young adulthood and face the challenges that come with such a major change.

A sense of belonging

Belonging represents the interconnectedness of an individual with others and the environment. It also includes assessments of the ‘self’ in relation to those factors (Bosmans, Braet & Van Vlierberghe, 2010, cited in Corrales, 2014). A sense of belonging, then, can frame how a person accounts for their role in particular contexts, either in a physical or relational setting.

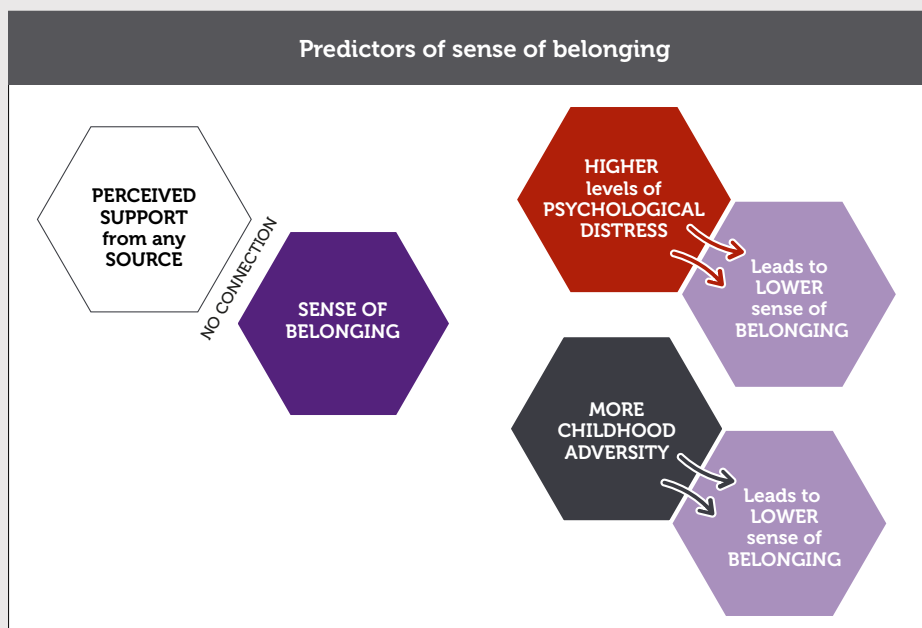
Again, for the detail-oriented: to measure young people’s sense of belonging we used the Sense of Belonging Index—Psychological (Hagerty & Patusky, 1995, cited in Corrales, 2014). It is an 18-item instrument that also utilises a Likert scale of ‘strongly agree’ through to ‘strongly disagree’. The statements used in the tool were all worded in the negative, which caused some concern given the experience of participants; however, upon implementation this was not raised as a point of issue for participants.

[F]eeling of worthiness, people paying an interest in me, and people actually wanting to include me in outings and activities

—*Being a/part* participant, 17 years

Being a/part found that for predicting higher or lower levels of a sense of belonging:

- There is **no connection** between perceived social support from any source or a sense of belonging.
- Young people with **high** levels of psychological distress have a **lower** sense of belonging.
- As instances of childhood adversity **increase** sense of belonging **decreases**.



Quantitatively, a sense of belonging was found to have no connection with perceptions of social support from any source. This is to say that feelings of belonging do not enhance perceptions of available support, nor do perceptions of support, whether perceived to be present or absent, enhance or detract from an individual's feeling of connectedness. However, there is evidence from the *Being a/part* study that, although the concepts are not necessarily predictive, they are inextricably linked.

Belonging in practice

As with perceived social supports, there are a number of things we can learn from the *Being a/part* study in relation to a sense of belonging. Predominantly these centre on the intricacies of belonging and the components that contribute to it.



Brotherhood of St Laurence Community
VCAL students

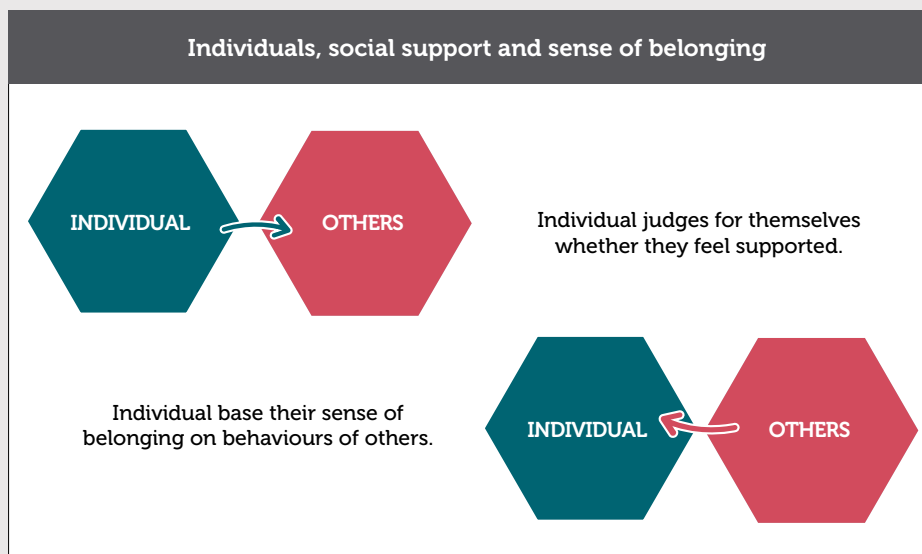
Belonging and support

Given the effect of psychological distress and childhood adversity on perceptions of social support, it is not surprising to see that these factors have a similar impact on an individual’s sense of belonging. What is extremely surprising is that perceived social support has no effect on young people’s sense of belonging, or vice versa.

Both a sense of belonging and perceptions of social support are filtered through conceptualisations of the ‘self’ in relation to other constructs—the environment, friends, family, school, and so on. The similarities between belonging and perceptions of social support led us to expect that there would be a link between them. Moreover, we expected that a sense of belonging and perceptions of support would be mutually reinforcing and both predictive of more positive life outcomes. We thought that if a young person felt both connected to the people or places that surrounded them *and* felt that the people around them would care for and nurture them, then, overall, the adversities experienced in childhood would have a lesser impact on them in later life. While a sense of belonging was found to have mediating effects on the experiences of psychological distress, as were perceptions of social support from others (particularly significant others), these operate in isolation and do not have a greater combined overall effect.

Despite the lack of evidence to support a link between the concepts of belonging and perceived social support, the findings show that belonging is an emotionally felt construct influenced by the ‘space’ in which a young person finds acceptance (Hill, 2014). What this means is that a young person determines their sense of belonging not by anything they themselves do, but by the meaning they attribute to the behaviour of others towards them. Essentially, a sense of belonging comes from expressions of acceptance/acknowledgment/inclusion/comfort/connection from those around them.

When people make me a part of things
—Being a/part participant, 20 years



[W]hen I feel like im appreciated or people go out of their way to talk or be around me

—Being a/part participant, 20 years

From the findings above, it seems that there is a qualitative difference between the concept of belonging and perceptions of support, and in how these interact to bring about changes in a young person's circumstances. Whereas one has an external focus—belonging seems to be indicated by how others view the individual—the other has an internal focus—perceptions of support seem to be influenced by how the individual views others. Yet both are relational, relying on the outcomes of successful interaction between the individual and others.

For services working with young people, cultivating a sense of belonging poses challenges that are not necessarily present when it comes to cultivating positive perceptions of social support. Taking a simplistic view for the purposes of discussion, professional social support roles are decidedly clear cut as the roles of the players are clearly delineated. The young person takes an active role in making a decision about the availability and quality of supports. The support worker can demonstrate the reliability and quality of care through genuine and consistent engagement in the working relationship. Through the interaction of these roles, if they are played successfully, perceptions of social support would be expected to increase and subsequently affect other outcomes positively, for example decreasing psychological distress.

A sense of belonging is much less tangible, and therefore more difficult to cultivate. Some participants even had difficulty describing what it is to belong. One young person went so far as to describe what it isn't:

*It's a tough one to answer,
I guess for me it's not feeling
that I don't belong.*

—Being a/part participant, 18 years



**What we didn't
expect to find: belonging
and connection to the
community**

There is an interesting mix of findings that bears further exploration. While there does not yet seem to be an empirical link between perceptions of social support and a sense of belonging, there is a strong link between community connectedness and perceptions of social support. Higher levels of perceived social support from all sources were related to greater feelings of connection to community. This was a welcome but unanticipated finding. We still think that a sense of belonging and perceptions of social support are linked. While it is not yet clear how, this finding about a strong correlation

between community connectedness and perceptions of social support might provide some answers.

'Community' is conceptualised in a number of ways: geography, population, interests, for example. It could be the interpretation of community, combined with an individual's diffuse connection to it—not just via an individual relationship with one person, but through a generalised relationship with many—that may help us to understand the link between perceptions of support and a sense of belonging.

Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014

The difficulty in describing what cultivates belonging signals the complex interaction underlying it. The young person acts as decision maker in the determination of social supports, whereas, where belonging is concerned, the decision-making role is taken out of the young person’s hands and placed into those of the people around them. The outcome of that decision is then communicated back to the individual through their behaviour, which is in turn translated by the individual. The role of the individual in regard to belonging is not that of decision maker but, rather, interpreter. The individual interprets the actions of those others through the lens of their own self-perceptions and previous experiences.

These findings imply a broader and more cultural approach to working with young people in order to promote a sense of belonging, particularly within the support service context. The way a young person is welcomed into a service, their ability to move around in the space, and the reactions they receive from other staff as well as other service users will all influence how the individual interprets their position within the space and whether or not that young person will develop a positive sense of belonging as a result.

acceptance and ease of where you are and the people you are with

—Being a/part participant, 19 years

Brotherhood of St Laurence Community VCAL students



when you feel comfortable and included in a place or situation

—Being a/part participant, 17 years

The shared experience

Findings from the *Being a/part* study also point to the importance of shared experience or the recognition of the familiar in others (Corrales, 2014; Hill, 2014). Identifying their own attributes in other people serves as a guidepost when the young person is interpreting the behaviour of others in certain situations.

Similarities in personality, getting along, similarities in likes and dislikes, learning new things from them and be encouraged to be a better person by hanging out with or knowing them

—Being a/part participant, 17 years

When we have things in common e.g. being a mother; a young mother. When they have been in a similar situation to myself

—Being a/part participant, 19 years

For service delivery, both positive and negative outcomes could arise from interpreting these findings too strictly. A positive outcome might be the mutual support that arises between service users as they each work with the agency to address their particular challenges. This camaraderie can help ease feelings of isolation and build bonds between young people, in turn increasing their social capital and connectedness. However, one negative outcome is the potential for the bond to become sometimes so strong that it leads to the creation of proxy therapeutic relationships. This is where the young people become the main supports for each other, to the exclusion of the support agency. While, for the most part, this may not necessarily be a concern, it can, at times, impede or derail the progress being made between the young person and support worker. And it can lead to poorer outcomes for the individual. It almost goes without saying that this may not be the view held by the young person. They may be prepared to trade positive outcomes later for positive relationships in the present. However, socially normative

outcomes—education, employment, adequate housing, abstaining from drug use, and so on—can be jeopardised by exclusively peer-to-peer relationships.

The role of belonging

The evidence from the *Being a/part* study shows that a sense of belonging has an impact on and is impacted by psychological distress. It has also shown that the more adverse experiences a young person had in childhood, the lesser a sense of belonging they will have. These findings are not wholly unexpected. We did not expect, however, that there would be no connection between a sense of belonging and perceived social supports, especially given the similarity or overlapping nature of the two constructs.

It is perhaps more difficult to directly facilitate the development of a sense of belonging within a young person. Rather, a healthy sense of belonging is more likely to be the outcome of the broader context in which the young person finds themselves. As shown above, a sense of belonging is a relational and emotive construct brought about by the interpretation of the behaviour of others. Where services might impact on this interpretation is through the development of programs where the young person interacts in a socio-spatial context. Factors which might indirectly influence a young person's sense of belonging include the physical space the agency occupies and the way in which the young person is able to move in

Photo by young person, CASPA



it; the people within the space (including both staff and other service users) and how they interact with the young person; the expectation of behaviour while in the service and whether or not there is a culture of acceptance and welcoming; and the nature of the supports being delivered, that is, whether it is generalist or highly specialised (which will have implications for whether or not the young person can identify with other service users).



Like attracts like

In this essay TODD YOURELL, JUDI ALLEN and JUNE WILKE explore what happens when the building blocks of childhood are disrupted. Even when young people have not fully developed the core strengths that set the foundation for their later wellbeing, the team at the Child & Adolescent Specialist Programs & Accommodation (CASPA) found these young people are still able to form long-lasting friendships and the skills necessary for transition to independence.

Similar people tend to be drawn to one another: *Like attracts like, so it seemed inevitable that they would become friends.* This Proverb was first recorded in English c. 1375, but with the implication that it was already in general use. The sentiment it expresses is of ancient origin, and is found in Homer’s *Odyssey* (c. eighth century BC): *The god will always bring like to like.* (Manser, 2007)

In July 2013, a staff member was contacted by Stacey (not her real name). Stacey wanted to organise a reunion for young adults that she had known while in Out of Home Care at Child & Adolescent Specialist Programs & Accommodation (CASPA) in the 1990s. Of course we agreed to assist Stacey in facilitating the reunion. We were expecting to put some money towards

the function, help find a suitable venue and spend time finding people.

It eventuated that CASPA had to do very little to help this reunion happen. The reason was that Stacey was still very much in contact with many of the people that she knew from that time. She still knew where they were and how to get in touch with them, and knew of others that are still in regular contact. The networks developed by young adults who had left care strongly contributed to their feelings of being a part of and belonging in society. These young people had formed a network of friends who had found each other and made efforts, conscious or otherwise, to remain in contact with each other due to their similarities.

Children enter state child protection systems due to a number of reasons including physical, emotional and/or sexual abuse, neglect, drug and/

or alcohol use, depression or family breakdown. These children have experienced the difficult loss and often painful separation from their birth family. Because of trauma, or neglect, or both, the young people usually have poorly developed skills in the areas of attachment, self-regulation, affiliation, awareness, tolerance and respect. These skills represent the core strengths that necessitate the building blocks of a child’s development and together they provide a strong foundation for his or her future health, happiness and productivity into adulthood.

CASPA provides residential care for children and young people who cannot live at their family home for their own safety, welfare and wellbeing, and have been subject to court orders placing

them in the care of the minister. As a result of their circumstances, children and young people in residential care have higher and more complex needs than the average child.

Even though some of these young people may not have fully developed the six core strengths they are still able to form long-lasting friendships and develop skills needed to make the transition into independence.

‘How many times have carers marvelled at their foster child’s uncanny experience of being drawn to other children in the “care system”?’ (Wescott & Whitwell, 2003). Anecdotally, we began seeing this

Photo: JK Photography 2014



over and over. What was causing this? Why did these bonds continue to exist for many years? Was it a mechanism for people in, or emerging from, the care system to have their own social network so that they felt a part of a society?

Wanting to be like others

It is becoming increasingly clear that experiences in childhood have relatively more impact on the developing child than experiences later in life. This is due to neurodevelopmental processes. While the functional capabilities of the mature brain develop throughout life, the vast majority of critical structural and functional organisation takes place in childhood (Perry, 2000). If the orderly sequence of brain development is disrupted in early childhood, arousal levels, sleep and appetite can be affected. Sometimes more significant problems can result, including behavioural issues, motor deficiencies and intellectual disabilities. The young people referred to in this essay are those that have been severely impacted by trauma in their developing, early childhood years and this has manifested itself in socially unpalatable behaviours.

Research has shown that many young people in Out of Home Care want their lives to be as normal as possible or to feel normal (Anglin, 2002; Gilligan, 2001; Martin & Jackson, 2002). At the same time, many young people in residential care have very special and individualised needs which have to be attended to in order for them to attain normal relationships and work skills

which will give them opportunities in life (Bath, 2003; Ward, 2004).

Functioning peers: difficulties in measuring up

Many children and young people who come into residential care express their emotions and feelings through difficult or challenging behaviours such as tantrums, withdrawal, aggression, clinginess, rejection or overcompliance. The children suffer from impulsive behavior, which becomes more apparent when they are teenagers. Often they have developed brains that focus on survival at the expense of more advanced thinking (Chamberlain, 2009). An underdeveloped brain cortex can lead to increased impulsive behavior, as well as difficulties with tasks requiring higher-order thinking and feeling. These young people show delays in social skills and in schooling (Chamberlain, 2009).

Often children and young people who have not been able to establish a functioning self are deeply threatened when confronted by functioning others. They defend themselves against the pain of seeing functioning in others by behaving disruptively. They tend to be excluded by ‘normalised’ children. A basic incompatibility can develop, which presents challenges in any form of ‘group living’. As social beings, we have to live in groups, and we need a group to belong to. These children are more likely to seek out other marginalised children and affiliate with them.

Schooling: not necessarily any different

The story of Sam (not her real name) shows how young people in care can find themselves caught in this cycle. Sam is a young girl who has been attending a local secondary school since March this year. At first, in the group she was friends with at the school she was among girls who had good school attendance, worked well in class and had sound academic records. This did not last very long and Sam drifted into another social group of girls, some also new to the school, and with backgrounds similar to hers. This group of girls is seen as a disruptive influence in the school. As Sam has few self-regulation skills, she has been suspended four times for absconding and participating in the group’s violent behaviour. Sam wants to attend school to socialise with her friends there. This is much more important to her than achieving academically. When she cannot attend school she becomes sad and depressed.

The accumulation of these experiences can mean that young people grow to see themselves as unworthy of love and as incompetent in school. Loss of self-esteem and lack of motivation to succeed can flow. In education settings they may be perceived as troublemakers and are the group mostly likely to be subject to behavioural consequences leading to multiple suspensions or expulsions. In many cases these young people do not want to be at school because they are behind academically.

Being suspended takes away much of the anxiety of being there.

Family and friends: finding a good fit

Jack (not his real name) was very young when his mother died. He has a mild intellectual disability and a history of trauma/abuse/neglect. He was a client at CASPA during the time he was 13–18 years of age. Jack was a gentle, generous, friendly, young person; however, personal presentation and hygiene were not high priorities. He was impulsive, and expressed profound resentment towards his father over his mother’s death.

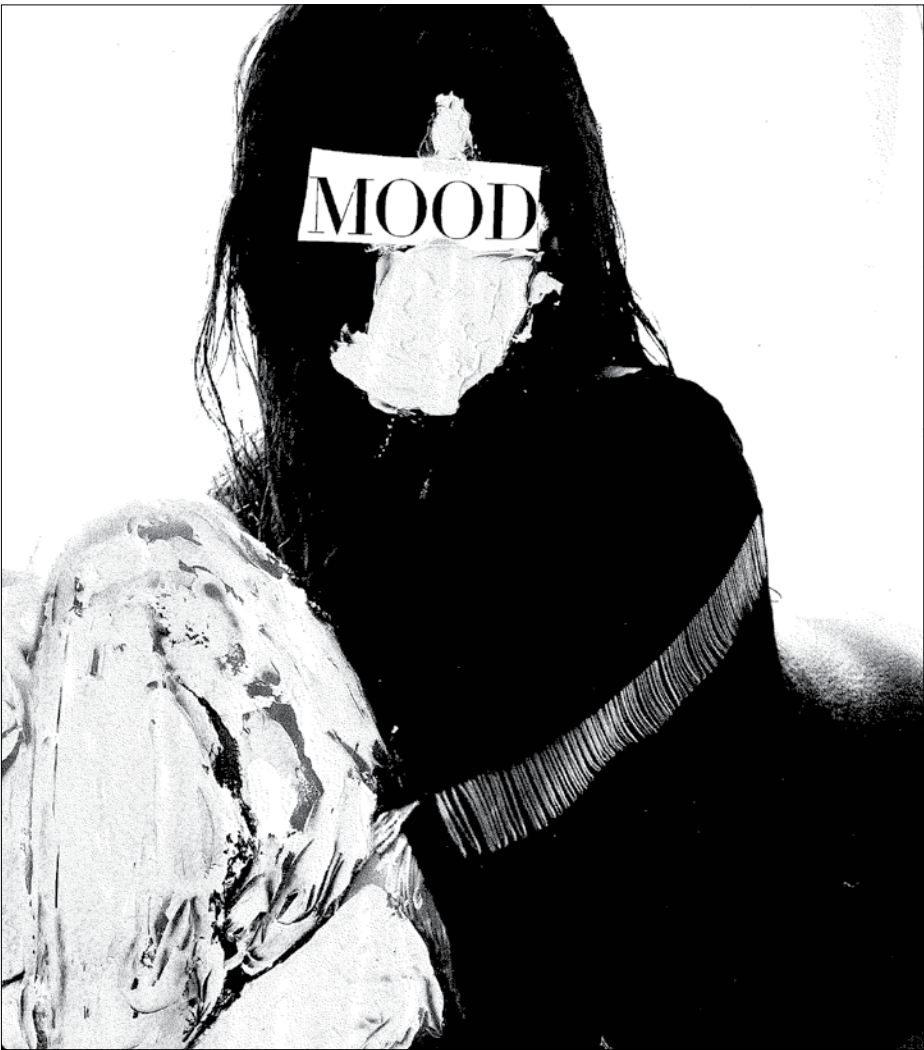
Fearful of many things—the dark, strangers, the unpredictable—Jack was especially fearful of developing close relationships, which manifested in acute anxiety. He struggled to fit in with same-age peers and gravitated towards younger children and due to this he was ostracised. Also impeding Jack’s progress was the fact that his father was very negative towards CASPA, having been a client of Out of Home Care himself when young.

Jack’s only relationship of trust was with his maternal grandmother, and he felt a closeness to his mother through her. He moved out of the local ‘support’ area to live with and look after his grandmother and wanted to stay with her for the long term. Unfortunately, his grandmother passed away within months, which left Jack to fend for himself, and by this time all his previous supports were lost. Now, Jack lives in Melbourne with extended family. He lives there as he

can engage at his own comfort level, that is, engage in as little or as much as he chooses. Jack appears to have a pattern of only residing with extended family groups and finds comfort in retreating and spending time by himself. He finds no need to be connected with any community service agencies as he has the perception that he will be told to engage with other groups of people and in activities, which he doesn't want

to do. He appears happy within himself and seems to find safety within his known, extended family group rather than in the broader community.

Artwork: Aydan Lesina 2014



While considerable attention is given to contact with family, the role played by friends must not be overlooked. They can be more important than parents in providing social support. The importance of the peer group in adolescent life is well recognised (Fergusson, Lynsky & Harwood, 1996; Quigley, 2004). Young people in residential care place great importance on their co-residents and the group. The group plays a role in maintaining safety, and providing support and information.

Communications: how young people stay in touch with each other

The current cohort of children and young people in CASPA's care often knew others in our care before being in the same service. They have all 'friended' each other on social media sites and they communicate with each other, often knowing what is happening before we do. Further, they are in contact, mostly through social media, with other young people who had previously been at CASPA, and some of these are seen as mentors of sorts.

Mobile phones are used extensively by young people in our care to socialise with their peers and friends. They can spend hours on the phone each day and can be obsessive about their phones.

It is clear that each generation has its own way of connecting, and its own technology. Sometimes these are not so visible to the adults around them, or the adults don't recognise the connecting because they focus on the technology.

Transitioning to adulthood: a place to be yourself

Young people transitioning from the child protection system into adulthood often have a number of disadvantages and individualised challenges. They can feel that they have been let down by the people who they know were supposed to be looking after them, their parents. Being a young person with impaired brain development, a lack of ability



Photo: James Davey, youth homelessness research project, Anglicare Tasmania 2014

for healthy attachment, low levels of education in comparison to their peers, multiple levels of trauma and, often, labels that are hard to drop, they don't 'fit in' with many peers. Yet, as with all people, they must have a social group in which to fit.

Establishing their social group may include reconnecting with family, finding common ground with the people they interact with daily, or reaching out to someone who's been there before them.

Knowing there are people out there who 'get' you, and connecting with them, can lead to lifelong, positive relationships.

Being part of a group where you can be comfortable being yourself often involves finding and staying connected with others that have had experiences similar to some of your own. 'Like Attracts Like.'

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About the authors



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Todd is a council member of Anglicare Australia and serves on a number of other committees and boards around the North Coast of New South Wales.



Judi Allen is the Manager—Service Quality for CASPA. Judi has 14 years’ experience working at CASPA, and has worked for a number of years as a youth worker in a statutory residential care environment and as a caseworker. Judi has a near peerless understanding of residential care and has seen firsthand how young people affected by trauma and neglect relate to each other and form bonds which endure well past their time in care.

June Wilke is employed as the Education Coordinator for CASPA. Her role is to work with the New South Wales Department of Education and Communities, particularly TAFE and schools, and the children and young people in care to ensure that they are receiving education or vocational training. A success of having June in this position is that every child or young person in CASPA’s care is involved in education. June is a qualified and experienced teacher with over 35 years teaching, curriculum and educational planning experience.



Aboriginal partnerships in Out of Home Care: lessons for a reconciliation journey

Interagency collaborations between rural Aboriginal communities and large ‘mainstream’ agencies to provide care of vulnerable Aboriginal children are inevitably complex. When such collaborations experience difficulty or become unstuck it is the children and families that suffer most. One Anglicare agency has experienced the highs and lows of such partnerships. Some relationships failed, others are growing in strength. This mixed experience of partnership leads JEREMY HALCROW to call for a new and different approach. This essay attempts to understand what worked, what was lacking, what was learned and what still needs to be done when Indigenous and non-Indigenous organisations partner to provide services. Non-Indigenous guilt for past wrongs, and intergenerational trauma amongst Aboriginal workers and families both play their part. Not facing this unacknowledged pain from the outset exacerbated the inevitable challenges that arose when delivering foster care services in a partnership model. Nonetheless, improved outcomes for Aboriginal young people through these partnerships is a realistic outcome. And so there remains hope for change.

'FACS never really have time to sit and chat with you as Anglicare do. Not sure if they really know the Aboriginal community [and] how we fit in ... I would love to know more about my family and where they came from'

—young person

'FACS [The New South Wales Department of Family and Community Services] never took time out to see how we are. I know that I can now call anytime and talk with the case manager if need to. I also know that I can ask about the community and be told what I need to know. We all should know where our family comes from, so we know who we are'

—young person

'It is easier to have an Aboriginal caseworker who knows the community and can find out information, knowing who they are and where [the child's] family is from'

—carer

'I would rather work with Anglicare as they take their time to help you, and spend more time with the children. They can help better, knowing who the people are within the local Aboriginal community'

—carer

***I will never forget
the day my kids went.
But when welfare took
them I was so ashamed
and so depressed—I
missed them just
so much—I couldn't
almost get out of bed
for months, let alone
do the things they
wanted me to do to get
them back.***

—'Melissa', 32 years

This complex place full of pain and heartbreak shapes the work of care and protection services within each state and territory. No one wants to continue painful and damaging practices or behaviours. Governments, departments and ministers, as well as community groups and support agencies such as Anglicare NSW South, West & ACT, are at pains to 'get it right'. The aim of all their efforts is to identify and build on strengths already within Aboriginal communities to ensure vulnerable Aboriginal children do not suffer neglect, abuse and disadvantage and build the resilience they need to grow into a thriving adulthood. Yet sometimes this very urgency to get it right, to fix and avoid mistakes, creates pressures, expectations and unreasonable demands on all involved. The odds are stacked against success.

Out of Home Care services across Australia include foster care, kinship care and, for a smaller proportion of young people, Family Group Home Care and residential care.

The New South Wales Government's laudable aim is to build the capacity of Aboriginal communities to provide and manage the care of their own children when they have been identified as at risk of significant harm and abuse. Large mainstream providers such as Anglicare are asked to mentor Aboriginal organisations, to employ Aboriginal caseworkers, and provide Out of Home Care in their own right. It may sound simple. But the reality of providing geographically dispersed services in sometimes small rural centres is, at the best of times, far from straightforward.

Anglicare NSW South, West & ACT has experienced four such partnerships with Aboriginal community groups and agencies in three different regions in country New South Wales. Some of these failed; all have experienced some challenges. As we reflect on the causes of the failed partnerships, we can only speak for our own agency, take responsibility for our own actions, and seek to improve. This essay is part of the attempt to do that.

All quotes cited in this essay are from a series of extended interviews with Aboriginal workers, families and children involved in the partnerships. The interviews helped inform the conclusions we have reached. Full transcripts were collated by Women's Health Goulburn North East (2013).

Taking time to learn: an Aboriginal insider’s perspective

Much of the groundwork for the initial partnerships was undertaken by Archdeacon Karen Kime, a Birriipa woman, and Anglicare’s General Manager for Indigenous Services. As an Aboriginal leader herself, Karen believes that a key difficulty confronting the partnerships is that the Out of Home Care system operates out of a Western individualistic paradigm.

‘When we work with Aboriginal families, we need to use strengths-based approaches that contribute to the capacity of not just the individual young people we work with, but the communities we work within,’ she says.

‘Kinship structures are critical for the wellbeing of Aboriginal young people. The norm is a high mobility of children between uncles, aunts and cousins within many extended families.’

‘It is difficult for mainstream providers to think outside Western frameworks of the nuclear family. However, the many stresses and strains on extended families are contributing to the growth in Out of Home Care placements for Aboriginal young people.’

For Karen, community capacity building must become ‘integral to the way’ agencies like Anglicare operate, even if this requirement sits outside government funding contracts.

Another of the issues identified by Karen Kime has been the difficulty that Anglicare has had developing a

sustainable career progression into management for Aboriginal staff. Earlier this year Karen moved into a role as a consultant with Anglicare, overseeing implementation of its Reconciliation Action Plan to free up time to pursue doctoral research with Charles Sturt University into this issue.

‘When working in Aboriginal communities, Anglicare needs to implement “wise practice” as opposed to the very Western concept of “best practice”. The former acknowledges that Aboriginal communities already have the wisdom and the answers to many of the issues that they face. In concrete terms this means that our services in Aboriginal communities will prioritise the local context and local culture, with strong community input into the decision-making process, and the recruitment of Aboriginal people into management positions,’ Karen says.

Two other organisational speed humps must also be acknowledged at the outset.

First, while the legal partnership documents do clearly articulate the partners’ responsibilities at a high level, this does not mean that Anglicare staff has always absorbed the complexities of what is involved. With hindsight it is clear that Anglicare did not initially understand in enough depth what was required to mentor a much smaller, close-knit Aboriginal community group to grow the capacity to deliver a service—a service that for reasons of history would touch on deep sensitivities. This was a far cry from merely sharing clinical knowledge and reporting systems. Sometimes Anglicare

was, in effect, trying to help create the entity to partner with. Our larger agency, with its complex governance structure, with board and executive largely situated in Canberra and not the rural towns where services were to be pulled together, operates at a scale removed from the one-to-one, daily governance support that such a partnership needs and which some of our Aboriginal partners expected.

Second, it is difficult for a power imbalance not to arise between a large and small agency. When it does, it can undermine mutuality and the true meaning of partnership. Anglicare’s executive management had been hopeful that the mentoring within the partnership would be a two-way process. Karen Kime saw the partnerships as a means to build the cultural competency and expertise of Anglicare’s regional staff and so enhance the agencies’ overall capacity to deliver Indigenous services.

However, the fundamental context for these partnerships is fraught. Due to the nature of reporting regimes in Out of Home Care, the non-Indigenous agency needs to assume a position of supervision over the new Aboriginal agency. This potentially replicates the previous power imbalance between white and Aboriginal communities that resulted in the past forced removal of Aboriginal children.

Thus, without intentional knowledge-sharing structures put in place from the beginning, in practice the mentoring ends up directed only one way: from the large, well-resourced agency to the small—in other words, the focus is

entirely on resourcing the Aboriginal organisation with the ultimate aim that they will become Out of Home Care providers in their own right. Karen Kime observes that in those partnerships that failed, there was ‘little involvement of the Aboriginal community in the development of the services’.

‘I always urged managers to “get to know” the people ... They don’t know enough about the local issues—the culture and the communities they are working within,’ she said.

This must go beyond a one-size-fits-all cultural competency training program. Anglicare has put in place a comprehensive cultural competency training schedule for all staff. Due to the scheduling of training within the organisation, it can take some time before non-Indigenous supervisors complete the cultural competency program. This can be harmful to Aboriginal staff working in their communities. The solution is to ensure Anglicare’s non-Indigenous managers, who have direct oversight of the Aboriginal partnership, receive ongoing mentoring from their Aboriginal partners in understanding the local cultural context.

‘Cultural competency training provides staff with the basic tools to begin, however the knowledge development required to manage an Aboriginal service needs to happen over a long time, through building trusting relationships and strong networks with the particular community,’ Karen says.

Reconciliation is a journey that individuals must undertake. Within any

organisation or community, individuals stand at different points and move at different paces. As an organisation, this made our embrace of reconciliation, and our capacity to understand and respond as needed, uneven, at best.

The essential solution to all these problems is the same. Not enough time was taken to know each other and understand. We should have taken the time and steps to clarify what each party could bring to, or expect from, collaborating to deliver a service.

The anguished words of Melissa (not her real name) in the quote at the start of this essay expose the individual pain at the heart of institutional decisions and relationships.

Artwork: Brotherhood of St Laurence Community VCAL student



Melissa also reminds us that the experience of children being removed is not a new one for Aboriginal families, children and communities. We did not do enough at the outset to understand these intertwined histories. It had implications for Anglicare as an agency, as well as for the Aboriginal communities we were partnering with.

Understanding intergenerational trauma

I still felt the negative stigma when removing children despite being from the same background but ultimately I had to just keep thinking it's not about you, it's about the care and protection of vulnerable children.

—Aboriginal Out of Home Care partnership worker

These powerful yet distressing words from one of our Aboriginal Out of Home Care partnership workers capture the essence of the difficulties inherent in Anglicare's partnership with an Indigenous organisation to deliver Out of Home Care services. The partnership was built on the foundations of a profound and pervasive history of trauma related to the previous forced removal of many Aboriginal children

(in this essay, the term ‘children’ covers babies through to young people up to 18 years) from their families and country. Anglicare also came to this partnership as an agency of the Anglican Church, which has its own history of complicit involvement in the removal and placement of Aboriginal children away from their families and country—the very actions which continue to have a profound impact on our Aboriginal partners and their communities in the present day.

Prior to the 1970s in New South Wales, it was largely benevolent societies and church charities, rather than the state, that cared for impoverished and neglected children. The idea of protecting all children from harm and abuse, and the state’s right to intervene into the most intimate domain of family lives, and remove their children, has evolved significantly since the Second World War.

The treatment for Aboriginal children was completely different. Since the early days of British rule it was characterised by a heavily protectionist philosophy. Protection boards were established, in addition to church missions, schools and orphanages. Highly traumatic and systematic removal of thousands of Aboriginal children from their families began from about 1910. The impact of these dislocations continues for Aboriginal people. As Judy Atkinson noted in her recent comprehensive paper on trauma-informed services and trauma-specific care for Indigenous children:

Historical trauma is a type of trauma transmitted across generations (that is, intergenerational trauma). It is defined as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as ‘cumulative emotional and psychological wounding’ (p. 9, Mu’id, 2004). Duran and Duran (1995) suggest that historical trauma can become normalised within a culture because it becomes embedded in the collective, cultural memory of a people and is passed on by the same mechanisms through which culture, generally, is transmitted (Atkinson 2013, p. 5).

The current legislative framework for the care and protection of all children varies between jurisdictions, but essentially all statutes focus on the best interests of the child as the paramount concern. This legislation can be seen to have captured emerging community expectations from the 1970s onwards, to the point that the state now has a right to intervene into the most intimate domain of family lives when children are harmed or neglected.

The impact of previous forced removals, most particularly in the Out of Home Care context, remains present and relevant. For Aboriginal workers the experience is captured by the concept of intergenerational trauma and for white workers by the concept of intergenerational guilt. Both responses

can be paralysing for workers or become the lens through which to view all care and protection activities.

These issues are heightened by the geographic distances involved in providing Out of Home Care services in rural areas, which can leave front-line workers feeling isolated and remote from management. Appropriate supports for Aboriginal staff must be provided, particularly in the early stages of developing a service.

A tough gig: the role of a state parent

The tangible grief in Melissa’s words at the beginning of this essay, the story of a birth mother who had her children removed from her care, profoundly exposes the impact of state intervention. At its heart is the ongoing legacy of the original removal of children from their parents. While the outcomes of state intervention today vary enormously—some children will be returned home to their birth family quickly or placed with kin—many children remain in state care for lengthy periods. For some children it is permanent.

Any agency that provides Out of Home Care becomes the delegated *state parent* for a child. This means that staff and their foster carers have all the responsibility of normal parenting, including providing for a child’s emotional, social and psychological needs; their health and education; as well as their cultural and spiritual needs. All this is to be provided in the context of a safe, stable and predictable home environment.

As the *state parent*, however, there are additional responsibilities related to the highly accountable and public nature of the role. Such responsibilities include evidenced and transparent decision making; documentation of all events, decisions made and planning with respect to the child in care; as well as responding to a range of public oversight bodies monitoring the health and wellbeing of the child.

Finally, the *state parent* must also navigate the complexity of the relationships around the child in care, including their birth parents/family; their caregiving family; and a range of professionals involved in the child’s life, including teachers, therapeutic specialists, and healthcare specialists.

Parents who, like Melissa, experience the removal of their children, often come from backgrounds which include intergenerational experiences of family violence and marginalised educational and employment opportunities, complicated by mental health issues, drug and alcohol misuse, disability and limited community supports—thus their capacity to parent is compromised.

The negotiations between these relationships—the birth family, the foster family, specialist workers and care and protection workers—is rarely easy. Frequently the *best interest of the child* is at risk of compromise by the need for negotiations within these relationships—all of whom suggest they are advocating and focused on the *best interest of the child*. As a result, a child in care has usually experienced significant neglect and harm prior to their removal. They are most often placed with carers,

who, over time, develop a parental relationship with the child and become a strong advocate for the child’s interests and perceived needs.

Anglicare’s Out Of Home Care workers—whether non-Indigenous or Aboriginal staff employed by the partnership—need a remarkable ability across both administrative and clinical domains to manage the responsibilities inherent in being the delegated *state parent*. Additionally the emotional complexity and importance of this work—that is, intervening with statutory authority in the lives of children—demands both high-order personal capacity as well as emotionally competent supervisory practices to support the worker in the job. As Tony Morrison (2009) observed:

[Supervision] **firstly is a central component of the internal governance and performance management framework by which staff clarifies their role, responsibility and accountability. Secondly supervision provides staff with the structured support, guidance and reflection required to remain child-centred and family focused in the midst of complexity, uncertainty, anxiety and risk ... In summary supervision provides the practice leadership that is fundamental to the quality of services and interventions with vulnerable children and their families.**

Throughout the implementation of the partnership there should be mentoring opportunities for all workers to continually reflect on their professional practice to find ways to move through the inevitable tensions and conflicts of all partnership work. The aim is to ensure that the child in care remains in focus, and that the historical does not become the sole lens for review.

The workers’ journey into partnerships

It is into this complicated, demanding, often highly volatile, service domain that the concept of Aboriginal partnerships was promoted. Partnerships are many and varied but the plan for these partnerships places them as *collaboration*, as distinct from cooperation or coordination.

The Secretariat of National Aboriginal and Islander Child Care (SNAICC, 2014) provides further guidance on principles specifically for Aboriginal partnerships. There are eight principles covering the core mission objectives of the Aboriginal partnerships. Three of the principles are worth highlighting given how some of the partnerships unfolded:

- commitment to self-determination for Aboriginal and Torres Strait Islander People
- shared responsibility and accountability for shared objectives and activities
- working differently with Aboriginal and Torres Strait Islander children and families.

This literature clearly highlights the required planning, thinking and relational activities that are critical for any partnership. However in this case there was the additional need for reflection around the importance of cultural respect and the redressing of discriminatory relationships.

As Anglicare entered its first experience of an Aboriginal partnership, we were certainly mindful of the many issues identified by the SNAICC framework. However, the rushed mode of establishing two of the first partnerships—in response to the imperative that Aboriginal children in Out of Home Care be placed with a partnership organisation as the New South Wales Government rolled out its plan to transfer places to non-government organisations—intruded on the integrity of the preparation process. This problem was further exacerbated by the fact that Anglicare and the Aboriginal communities in question did not have a prior existing collaborative service or community-based relationship.

In hindsight this was particularly problematic, as without a prior relationship there was no possibility to manage the implicit, but profoundly difficult, historical relationship that was ‘in the room’ from the beginning of partnership negotiations.

Thus a valuable lesson has been learned about the need for a prior existing service relationship with an Aboriginal partner organisation and the need for careful planning and interagency collaboration in the context of a developing relationship. If the process

of relationship building is not rushed, then it can build on mutual respect and facilitate a ‘commitment to a long-term sustainable relationship based on trust’.

The workers involved in the disrupted partnership, both non-Indigenous and Aboriginal, have also reflected on the specific context of establishing an Aboriginal partnership for Out of Home Care services. Our Aboriginal colleagues report that the exacting role of an Out of Home Care worker as described has additional emotional demands specific to their identified Aboriginal positions. The experience of the stolen generation, either personally or within their family and community memory, remains profound, especially when considered together with the cumulative impact of colonisation.

As Coad, Downey and McClung (2008) state:

Many Aboriginal and Torres Strait Islander people who work in Aboriginal organisations are members of families who have suffered the same discrimination, dislocation and trauma as the families they may be working with. Their suffering and grief and that of the people they belong to can be a heavy burden at times and needs special attention so they can be of help to others.

Thus the demands on the Aboriginal workers in the partnership were very great as they were constantly impacted either personally or by community connection, by the effects of historical

trauma. A key issue was the memory of past removals of Aboriginal children being attributed to their role in the current generation. Additionally, as the Aboriginal workers reported, they frequently do not have the opportunity for a clear boundary between their professional lives and community lives, and there is little to sustain and support them to manage these highly stressful ongoing tensions. As one partnership worker said in the interviews:

Personally I think it is so hard for an Aboriginal caseworker to work and live in their community. It's hard to remove a child and then visit the same suburb to visit family in the same week. I found dealing with those very difficult.

Photo by young person, CASPA



It is also reasonable to assume that these issues identified for workers also had an impact on the members of our partner Aboriginal community organisation. Many within their Aboriginal community felt they were compromising the integrity of their organisation, both by partnering with a faith-based agency and operating within a welfare context. Both the partnership workers and the partner agency were struggling with the same issues. Meanwhile, AbSec (the Aboriginal Child, Family & Community Care State Secretariat NSW) was limited in the amount of support that they could provide. This was partially because of the remote location of the partnership and was also related to the number of partnerships AbSec were attempting to support across the state within its limited resources. In hindsight, it would have been wise to work more closely with AbSec in the early stages and so start preparing all parties to process these complex issues. As one Aboriginal

partnership worker explained, the personal impact of community perceptions is profound:

One situation I remember well was dealing with a family I'd known for a long time. I was there knocking on the front door and the mum and daughter walked up the footpath as I was leaving. The girl said to her mum 'Is that the welfare person?' and for someone to

say that to me as an Aboriginal person was a shock. It was a sobering moment for me to know that was how I was viewed, and it hurt me.

Non-Indigenous workers experienced different but related emotive issues intruding on the relationship development within the partnership. Anglicare is the welfare arm of the Anglican Church and therefore is implicated in the past practices of the removal of Aboriginal children by the church. Whilst the actions were of past generations the impact is still clearly

Photo: David Marks



present in Aboriginal families and communities today.

For Anglicare’s non-Indigenous managers, there is an underlying sense of intergenerational guilt and sadness. These feelings are often further compromised by the knowledge that, despite good intentions and changed practices, the number of Aboriginal children still subject to removal—albeit for evidenced reasons of serious harm and abuse—continues to be far higher than for the general population.

Australian Institute of Health and Welfare data for 2013–14 confirm that from a total number of over 40,000 Australian children in Out of Home Care about 35 per cent were Indigenous. The rate nationally of Indigenous children in Out of Home Care was 10.6 times the rate for non-indigenous children (Australian Institute of Health and Welfare, 2014).

Brad Addison, Anglicare’s General Manager for Riverina and Western NSW, has reflected on how to balance these issues with the requirement to have robust reporting systems to ensure the wellbeing of children.

‘As a white man working for a predominantly “white”, faith-based welfare organisation, it’s easy to assume that potential partner organisations will have similar structures, governance and values to ours,’ he says.

‘To partner successfully, there needs to be an honest and transparent level of “mentoring” from the accredited agency to the Aboriginal partner, as well as a preparedness from the accredited agency to learn that there may be other

ways of operating that are still right, but different to what we’re used to. It’s about communicating with each other, listening more and leaving assumptions at the door.’

These underlying issues intrude in a number of powerful ways for non-Indigenous workers, not least of which is the ongoing difficulty of knowing how to process guilt and feelings of responsibility to ensure that they do not interfere with the way services are delivered to Aboriginal children and their families. In practice this can mean an overtly lenient lens applied to the neglect and harm that Aboriginal children may be subjected to prior to protective actions being taken. Alternatively, an overly rigid view can result, devoid of cultural competence and resulting in pre-emptive removal of children, profoundly echoing past practices.

As one of the non-Indigenous workers stated:

Sometimes at meetings I am so overwhelmed by remembering the history and the harm inflicted on our Aboriginal people that I am powerless to make any decision about the little person we are actually meeting about.

Another non-Indigenous worker said:

We really struggle with the dilemma when the decision for a child is about the primacy of attachment versus primacy of culture and community. Of course, it should always be a consideration of both—but it is not always that straightforward. Think of a small child who has experienced significant abuse and was placed with Aboriginal carers from the age of four months, but away from country and community. When the child is three the child's kin then indicate they have capacity to care for the child back within the child's own community and

country. These can be overwhelming and highly contentious decisions within a partnership.

The establishment of robust and sustained Aboriginal partnerships clearly requires a critical focus on relationship development to be a primary partnership activity. This must also be allowed to occur in an unhurried manner most particularly if there has been no prior existing relationship between the parties. Explicit in this activity is the importance of addressing the impact of the intergenerational trauma of forced removals of Aboriginal children for the Aboriginal partners, and the guilt and pain associated with being complicit

Photo: David Marks



in the creation of this trauma by the Anglicare partners.

Brad Addison says that developing the level of trust required to partner effectively takes significant time.

‘I’ve learnt the importance of just sitting and having a yarn,’ he says. ‘Coming to a point of understanding each other and what we bring to the table. I’ve learnt not to make assumptions.’

Again with the benefit of hindsight it is now understood that these conversations are also vital to ensure positive outcomes for young people placed in care with the partnership service. Healing conversations are necessary to ensure that all workers are emotionally robust and supported to provide quality services for the children within our partnership programs. Workers are then also enabled to play a pivotal role in supporting young people and their caregiving families to be firmly connected to their community and culture, thus providing them with a strong sense of belonging and identity.

We further hope that the children and young people within our partnership programs grow with an informed cultural knowledge of the impact of historical trauma on their people, as a crucial part of their history. But we hope, too, that they develop and grow into resilient young people who are not overwhelmed or reclaimed by the impact of that history.

Finally, by embracing the key learnings about the importance of healing conversations to build trust and to integrate the traumatic historical narrative between the partners,

Anglicare is moving beyond the pain of the disrupted partnerships to build other partnerships, which show positive signs of enduring.

One Aboriginal partnership worker reports:

The Aboriginal community are aware of where I work and I don’t feel a personal threat in this line of work. In previous roles I have had to deal with working with stolen generations and trans-generational issues such as drugs, alcohol and mental health issues. It’s hard to break the cycle, but if we do our cultural support plans the right way and we implement those we will be able to put in place the proper services for the kids to engage and participate in e.g. Girls weaving with the elders, mentoring, dancing.

And another:

I have found transitioning across to Anglicare a good way to remove the stereotype of ‘DOCS’ and being Aboriginal in this organisation I will be able to apply my cultural skills to a greater extent. I have strong connections with the community and I am aware of what families are experiencing and can help out ... In terms of Aboriginal cultural awareness, I am helping with Welcome to Country and speaking at training opportunities such as ‘Shared Stories, Shared Lives’.

Where to from here?

On the one hand, the delivery of foster care services is highly complex and requires experienced, appropriately qualified staff to lead and manage foster care programs. Key skill sets required are both clinical (experience in attachment,

trauma and child development work) and administrative (financial, risk management and reporting abilities). The capacity of the mainstream agency to deliver the required support to develop these skills in the new Aboriginal agency needs careful consideration when selecting both the partner agencies. Meanwhile, assisting Aboriginal communities to develop robust governance structures for the new Out of Home Care entity is another skill set yet again.

On the other hand, agencies delivering services to Aboriginal communities need to implement ‘wise practice’, not merely operate within the Western framework of ‘best practice’. This means non-Indigenous managers need to be receptive to being guided by local advice on cultural practices which may include consensus decision making. Wise practice also means taking seriously the need to develop Aboriginal staff into management positions within the mainstream Out of Home Care service.

For these reasons, we would like to see the New South Wales Government provide a clear practice framework and a more comprehensive implementation plan for the establishment of Aboriginal mentoring partnerships to deliver Out of Home Care.

Given Anglicare’s mixed experience of establishing Aboriginal partnerships to deliver Out of Home Care, what would we do differently?

Key to success is establishing intentional mechanisms to ensure a two-way exchange of knowledge: cultural

wisdom on the one hand and technical expertise on the other.

Ongoing mentoring of both non-Indigenous managers and Aboriginal staff is key. But, like all human journeys, these partnerships of reconciliation tend to end as well as they begin. So we believe that both non-Indigenous and Aboriginal workers require skilled, independently facilitated sessions—initially separate and then together—as a fundamental process in the establishment of the partnership. The purpose should be to allow for acknowledgment of the damage, pain and sadness of the past, and provide the opportunity for the partnership to work on processes and structures to keep the past from overwhelming the present.

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About the author



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Being a/part IV: reflections

The *Being a/part* study came about through the Anglicare Australia network’s wish to move beyond a catalogue of the known and the negative associated with young people and childhood adversity. Instead the network wanted to shine a light on the strengths and positives—young people’s own resilience and strategies, as well as the supports others provide—that lead to positive experiences in young adulthood.

We know that people who experience multiple adversities in childhood as a rule experience worse outcomes in adulthood compared to the general population. The Anglicare network wanted to help young people and the services that support them identify practices that encouraged positive life outcomes. After all, this is what Anglicare services do. It can be easy to lose sight of the importance of additional support for young people emerging from difficult childhoods because society so often overlooks, criticises or simply has low expectations of them. It’s our job not to let that happen.

The collection of essays in this year’s *State of the Family* report show the array of work carried out every day with young people to build their capacity to support themselves now and into the future. But we know that there are barriers to achieving such capacity building, and services need to be dynamic and sensitive to overcome them. *Being a/part* study can help us to do this better.

The Youth Movement Initiative is an exemplar of the findings of the *Being a/part* study. This group of young people has found a supportive mechanism and developed a community of shared experiences as well as shared ambition. Through this they have developed agency and self-determination. Their words have something very important to tell us. Kate, Indie, Dwayne, Sarah and Dylan have shown perfectly how self-perceptions are created and reinforced by their experiences both in care and their experience of others. They bring us to the lived realities of young people emerging from care: ‘In care, you know you are different’, ‘In care, you experience a lack of expectation’ and ‘In care you can’t just be normal’. These are the barriers that the Youth Movement Initiative and the *Being a/part* study are trying to overcome.

***I am looking forward to have a nice place
where I can relax and still do the right thing
and follow the rules***

—*Being a/part* participant, 18 years

Anglicare NT illustrated in *What would it take?* how significant others, especially social service support workers, have an important role to play in assisting young people to address the challenges they face. Yet this role does not countermand or diminish the young person’s own sense of agency and self-determination. Michelle Parker showed how involving the young person early in the development of their own Leaving Care Plan increases their sense of ownership and influence over the direction they wish to take in their lives. This was reflected in the *Being a/part* study as well.

Being able to speak for myself, doing things on my own and not having anyone over ride my decisions just because im under 18.

—Being a/part participant, 17 years

What would it take? also confirms *Being a/part* findings on the importance of the cultural components of our environments in effectively engaging young people. It describes ‘a safe, welcoming space, staff experienced in trauma-informed practice ... redressing the power imbalance that exists between adults and young people’ and the development of ‘a listening culture that enables children and young people to be heard’. These elements show the young person that they are respected and

Photo: JK Photography 2014



welcome in this place and that interpreting signals from others is more likely to result in positive feelings of connectedness than the opposite.

The essay from the team at the Child & Adolescent Specialist Programs & Accommodation, *Like attracts like*, demonstrated the link between outcomes and support from friends. Although this was not wholly accounted for in this study, the evidence put forward by the team at CASPA reinforces *Being a/part's* qualitative findings: friendships are important to people, particularly when they can see something of themselves in the other and have grown up apart from the norm that surrounds them. Todd Yourell, Judi Allen and June Wilke revealed the ingenuity of young people and the lengths they will go to in order to keep important people, such as friends, in their lives.

Spending time with friends, there is no other place that I could think of that is safe for us to hang out

—Being a/part participant

Finally, *Aboriginal partnerships in Out of Home Care*, from Anglicare NSW South, West & ACT, provides a different lens through which to consider the findings of *Being a/part*. It is in effect an organisational representation of the same themes, and occurs in the context of mentoring agencies so that they might also provide effective support for the young people they are close to. At some risk, Jeremy Halcrow examined weakness and shared with us the necessity of trust within the working relationship. Without it, the hurts of the past impact on decisions and actions in the present and will ultimately influence outcomes in the future.

The experiences I have shared with the staff have been positive and delightful[.] id admit I had come to some bad times and the staff have helped me a lot in my life and is and will be a positive thing and for other people in care I think you should connect with your team.

—Being a/part participant, 18 years

The key aspect that was raised by the *Being a/part* study, and which is not overtly evident in this collection of essays, is the role of the significant other, in particular, the support worker. Michelle Parker touches on this issue when she discusses ‘champions’ for Leaving Care Plans, hinting at the importance of having ‘stronger relationships with young people in care’. It was surprising that this was such a

A hopeful aside

While the findings covered in this essay give policy makers, governments and service providers much to think about, there was much hope for the future in the words of the young people, particularly around employment and the re-creation of the family unit. We felt it important to finish with some of these aspirations.

When asked ‘What are you looking forward to in the future?’, this is how some young people responded:

**having a stable place to live
having a job + having a family**

—Being a/part participant,
19 years

**Getting my first car, hopefully
the right guy that I can trust
and have a happy life with.
Having children of my own
one day, getting married**

—Being a/part participant,
17 years

**Getting a job, Getting my P’s and
starting a family with my girlfriend**

—Being a/part participant,
18 years

**Having my own family,
building a better image for
myself, earning antique
amounts of money, moving away**

—Being a/part participant, 17 years

**I’ve been saving for ages, and am finally
going to be able to have a nice holiday because
of it. So travel is something I am looking forward to.
Graduating uni and having enough money to put
a deposit on a place of my own is something
further away I hope to do some time**

—Being a/part participant, 19 years

**These young people,
too, are our future.**



Photo: David Marks

striking finding, and a timely reminder that although we each take our role in supporting young people very seriously, it is important to reflect on the full gravity and responsibility of that role. Young people experience great upheaval as they mature into young adults—young people who have experienced childhood adversity even more so. When their important relationships in childhood are so disrupted, they seek comfort and acceptance in others who they view to be important.

The *Being a/part* study originally set out to establish a link between perceptions of support, a sense of belonging and more positive outcomes for young people who had experienced some of the worst that life has to offer. While in some respects we did not achieve this goal—that is, we did not establish a direct link between perceptions of support and a sense of belonging—in other ways we discovered more than we bargained for. The importance of connection with community and, particularly, the role of significant others are two such discoveries. This has been an invaluable experience for the Anglicare network, teaching us what young people want and how we can better work with them.



The trust that young people place in us is a gift. It must be protected and nurtured so that they may go on to find and connect with other important people in their lives.

Brotherhood of St Laurence
Community VCAL student

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About the author



Michelle Waterford, Research and Policy Director, Anglicare Australia, was the convenor of the *Being a/part* research project and lead author of this essay. Michelle has degrees in psychology, community education and a master's degree in social policy. For the last ten years Michelle has been working at both ends of the social spectrum with experience in service delivery in women's homelessness through to policy experience in population health.

The *Being a/part* project was supported by a Reference Group comprising Dr Tatiana Corrales, Anglicare Victoria; Leanne Wood, Anglicare SQ; Dr Ian Goodwin-Smith, Anglicare SA & Australian Centre for Community Services Research, Flinders University; Todd Yourell, CASPA (Child & Adolescent Specialist Programs & Accommodation); Jo Flanagan, Anglicare Tasmania; and Coco Ho, Anglicare Australia. This group guided the development of the *Being a/part* study and this essay. The formal findings from the study will be published in relevant academic journals by lead authors Dr Tatiana Corrales (quantitative) and Kathleen Hill of the Australian Centre for Community Services Research, Flinders University (qualitative).



Afterword

For many of us, imagining our childhood as a time of adversity, of family disruption, of being without a family or even of living in an institution, is impossible. Most people, even policy makers, haven’t thought what this means for the small, ordinary rites of passage on the journey to adulthood in Australia—things like driving lessons, part-time jobs, sleepovers—let alone for the more significant steps around education, relationships and real independence.

Being A/part, the survey, offers the first national insight into the journey for young people who have, or are still facing, adversity in their lives. When we started this project we talked about transitions. As we talked with young people and heard from them the talk turned to ‘belonging’ and ‘being connected’.

The survey results point to the importance of adults in the lives of these young people, significant others who take on some of the role of caring or guiding. The essays talk about this role of providing care for young people and the receipt of that care and what that means.

This raises important questions for me about how we exercise our responsibility to be significant in the lives of these young people.

The essays in this *State of the Family* report are about providing care and services to young people across the Anglicare Australia network. These are young people who are often on their own by the age of 18, unable to live at home with their family for myriad reasons. Contrast this with the 29 per cent of all young adults (aged from 18 to 34) who, according to the Australian Bureau of Statistics (2011), live with one or both parents.

The only way in which ‘care’ can take on its proper meaning, rather than simply being a description of someone’s living arrangements, is when that care is offered and provided with love—when the significant other responds to the young person with loving care, an expectation of growth and achievement. This requires an unconditional care, which nonetheless expects and requires the necessary changes to grow into an adult who can contribute and belong. This is not easy to provide in institutional settings, in services geared to offer casual emergency relief, or in settings that are designed to help people gain and retain independence, in housing for example.

In last year’s *State of the Family* report we explored the difference made by services and the staff and volunteers that work within them, when they *pay conscious attention* to the ‘why’ of our involvement. The sense that we are in this because we have a deep belief in each and every young person that comes to us enables us to

operate out of loving care. In the end it would seem that it is this love, for the young person now and for the person they can become, that makes for transformation in people’s lives.

Of course the very uttering of the word ‘love’ raises the issue of professional boundaries. Keeping work and home life separate is part of the modern mantra of work-life balance. For those working with vulnerable young people at their most tumultuous, the responsibility to be the one that knows about, understands and holds the line on those boundaries is paramount. However loving care and professional boundaries can, and indeed must, coexist if the childhood and youth of these young people in our care are to prepare them to flourish.

Young people growing up in adversity are likely to see the worst, not the best, in themselves and the world around them. As Michelle Waterford articulates in the report, we need to walk the finest line between being a powerful source of support and further reinforcing a negative world view. This is the challenge for each of us as we take on the responsibility handed to us in these pages to be a significant other.



Kasy Chambers
Executive Director

About

The *Being a/part* study

The *Being a/part* study was a national research project conducted by the Anglicare Australia network. It was an online survey that sought to identify the different aspects that would support young people to overcome the adversities they had experienced and promote positive outcomes in young adulthood.

Twenty network members participated in the survey across the country and between them obtained responses from 282 young people. Participating network members were:

- ac.care
- Anglicare NSW South, West & ACT
- Anglicare North Coast
- Anglicare North Queensland
- Anglicare Northern Territory
- Anglicare South Australia
- Anglicare Southern Queensland
- Anglicare Sydney
- Anglicare Tasmania
- Anglicare Victoria
- Anglicare Western Australia
- Anglicare Willochra
- Brotherhood of St Laurence
- CASPA (Child & Adolescent Specialist Programs & Accommodation)
- EQubed
- EPIC Employment Service
- St John’s Youth Services
- St Luke’s Anglicare
- The Samaritans Foundation
- Parkerville Children and Youth Care



Anglicare Australia would like to particularly acknowledge the project reference group whose members were dedicated to the development and implementation of this research project: Dr Tatiana Corrales, Anglicare Victoria; Leanne Wood, Anglicare Southern Queensland (SQ); Dr Ian Goodwin-Smith, Anglicare SA and Australian Centre for Community Services Research, Flinders University; Todd Yourell, CASPA; Jo Flanagan, (formerly) Anglicare Tasmania; and Coco Ho, Anglicare Australia. This work was supported by additional funding from Anglicare SQ and substantial in-kind contributions from these organisations.

Anglicare Australia would also like to thank Dr Sarah Wise, formerly of Anglicare Victoria, for her work in shaping the project and designing the survey.

Anglicare Australia would also like to acknowledge and thank the participants of the *Being a/part* study. Sharing their insights and experiences, what is important to them and how they perceive themselves has allowed us the opportunity to learn more about how we can better reflect on our own practice and how we can work together.

The formal findings from the study will be published in relevant academic journals by lead authors Dr Tatiana Corrales (quantitative); and Dr Ian Goodwin-Smith and Kathleen Hill of the Australian Centre for Community Services Research, Flinders University (qualitative). Additionally, a participant report will be available at www.anglicare.asn.au.

The State of the Family report

Being a/part is Anglicare Australia’s 14th *State of the Family* report. It is the work of many people. Particular credit goes to Michelle Waterford who both drove the survey along and embraced the substantial writing task, while drawing on the work of the team members Dr Tatiana Corrales, Dr Ian Goodwin-Smith and Kathleen Hill. We are immensely grateful for everyone’s endeavours and thoughtful contributions. Our thanks go to all the writers who responded with grace under pressure, our fine editing and design team who once again stepped their way through constantly developing information and ideas, and the photographers and artists who gave so generously of their work. Editor-in-chief was Roland Manderson, editing by *Nutshell words & ideas* and design by Lora Miloloza.

Being a/part—the report

Being a part of and apart from is the strength and the struggle of the young person’s experience.

Being a/part is Anglicare Australia’s 14th *State of the Family* report. At its core are the key findings of a national survey, which looked at the shift into adulthood for young people who use Anglicare services. What kind of support makes a difference to these young people? What role does being connected or belonging play as they grow up?

Being a/part also contains essays from Anglicare services about trying to provide connection and support, and the challenges they face in doing so.

This report says young people doing it tough are both brave and creative. They stay connected to each other even when rejected by everyone else. They profit from intelligent support. And when family doesn’t work for them, other people can—and must—step up to support them.

RRP \$15.00

#stateofthefamily

www.anglicare.asn.au

