



# Good practice: a statewide snapshot 2014



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# Introduction

This 2014 edition of *Good Practice - a statewide snapshot* was launched in Child Protection Week, which this year coincided with the 10th anniversary of the Robin Clark Memorial Awards.

The work undertaken by child protection, out of home care and family services practitioners is extremely demanding work. Successes are often not immediately apparent and rarely acknowledged. The Robin Clark Memorial Awards, and this publication, now in its ninth year, allows for the opportunity to reflect on and celebrate the determined and sustained work undertaken to assist vulnerable children and their families achieve positive changes in their lives.

What stands out in reading this collection of stories are the messages of hope. Many of the stories document practitioners who have 'hung in there' and maintained the belief that things could be different. Research has shown that a family's sense of hope is linked to better practice outcomes. A desire to foster hope is to be found in all good quality helping relationships and the stories that follow serve to remind us why.

The strength and resilience demonstrated by children and families in these stories is clear and we celebrate their successes. These stories are deeply personal and reflect real families, however, as always, our authors have not used the real names of the families concerned and other identifying details have been altered to protect people's privacy.

We hope that amidst our frenetic working days, the genuine acknowledgment and appreciation of the life changing work described in the following pages, and promoted during Child Protection Week, is understood. The carers who give so much of themselves every day to support the children in their care; the people who work in policy, management and research focusing their efforts on improving the lives of children and families are, this week in particular, recognised and celebrated.

Innovative and creative practice has been highlighted through these narratives. The energy, inventiveness and commitment of agencies and individual practitioners in driving this work is evident in so many of the stories. This snapshot focuses on a number of key themes including: children and families living in rural Victoria; therapeutic interventions changing lives for children and families living with a disability; collaborating to address family violence and celebrating great outcomes in residential care.

A number of tragic incidents this year has put a firm and warranted spotlight on family violence. The Office of Professional Practice has produced a publication which adds to the suite of 'Best interests case practice model' specialist practice resources titled *Working with families where an adult is violent*. This resource brings together current research in the challenging area of addressing family violence and offers practical guidance to practitioners working in child protection and family services. It is available at the Office of Professional Practice website (<http://www.dhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/our-groups/office-of-professional-practice>) and at The Lookout ([www.thelookout.org.au](http://www.thelookout.org.au)).

Each year, stories are submitted from a wider range of sources and capture more and more the breadth of who and what is involved in caring for and protecting the most vulnerable children in our state. What we see here are examples which bring to life in a very practical way, work being undertaken with families which is addressing the high level goals set out

in *Victoria's Vulnerable Children - Our Shared Responsibility Strategy 2013-2022* including preventing abuse and neglect with a focus on universal service use; acting earlier when children are vulnerable and improving outcomes for children in statutory care.

The ever growing role of Services Connect is highlighted in a number of the following stories and the positive outcomes that our collaborative practice can contribute to is demonstrated. The imminent establishment of up to eight sector led Services Connect trial areas will be a further significant milestone in testing and refining this model which compliments the *Best interests case practice model* in its recognition of the fundamental importance of good working relationships – both with children and families and between services.

Thank you to all those who contributed to this publication, for holding onto hope and knowing things could be different.



**Kathryn Anderson**  
Acting Deputy Secretary,  
Community and Executive Services  
Department of Human Services



**Tracy Beaton**  
Acting Director,  
Office of Professional Practice  
Department of Human Services

# Celebrating great outcomes in residential care

## Gerry's story

**Author:** Rosemary Malone, CEO, Gateways Support Services, Barwon

Gerry is a teenager with a disability who had a history of abuse, had been convicted of an offence and required support and supervision. He required a stable, supportive environment while he attended counselling and developed independent living skills to prepare him for leaving care. Gerry's traumatic history contributed to his negative outlook on life reflected in his repeated comments that he 'hated' everything.

Gerry, however, had an interest in cooking and was encouraged to gradually participate in a range of cooking and household activities. He also loved going out to sprint cars, monster trucks and tenpin bowling.

Gerry was supported to manage his own money, and began to socialise and to take on a leadership role, assisting other young people in his unit with reading and school work.

As Gerry's time came closer to leaving care he became worried about where he would go. His Services Connect worker listened to his priorities and coordinated his successful transition to a new disability unit constructed as part of the Supported Accommodation Innovation Fund process.

Gerry celebrated his 18th birthday at a local hotel surrounded by housemates, friends and staff. This was the first birthday where he was surrounded by a large group of friends and he had tears in his eyes as he blew out his birthday candles.

In a special moment Gerry wrote a song telling staff how grateful he was for their support.

Gerry is now loving having his own unit and is becoming more independent each day. He meets up with friends on the weekend and regularly sees his family.

Staff working with Gerry have supported his development of skills for independent living and he has been empowered to take on a leadership role and make good choices. He is proud of the fact that he was the longest staying resident and said he wanted to be a team leader in the future. He was given the opportunity to take on leadership roles and act as a role model for others.

An outcome-focused approach was used to identify the skills Gerry required for leaving care. These skills were then broken into smaller achievable steps so Gerry could build his confidence. A focus on relationship building was important so he could develop positive relationships with co-residents, staff and others within the broader community.

Gerry felt empowered as he developed his self-confidence and self-esteem and was able to identify the skills he had mastered.

## Brian's story

**Authors:** *Carmen Rossitto, Psychologist, Lighthouse Foundation, South Division*  
*Tymur Hussein, Director of Care Services, Lighthouse Foundation, South Division*

The Lighthouse Foundation provides long-term accommodation to young people at risk of homelessness through a trauma-informed, therapeutic model of care. Young people are supported in a 24-hour, seven-day-a-week attachment-based care model where they receive clinical and case management support.

Brian is a 16-year-old boy who was referred for accommodation and support after his foster care placement ended following the death of one of his foster parents.

Brian was diagnosed with multiple and complex needs and his referral noted a number of diagnoses and challenging behaviours including aggression and behaviours that would frighten others. Other presenting issues included grief and loss and difficulty forming relationships.

Brian has been living in a Lighthouse home since late 2013. Consistent with the referral, Brian initially displayed a restricted range of interests, difficulty forming relationships, and challenging behaviour. The framework of intervention was based on Brian's developmental age (rather than chronological age) and his trauma history.

In response, the Lighthouse Foundation developed a relationship with Learning for Life (applied behaviour analysis specialists), who provided a thorough assessment and recommendations for the care team. Lighthouse also provided professional development opportunities for care team staff in relation to working with young people with autism spectrum disorder. All members of the care team were able to integrate the recommendations and learnings. For example, carers worked on Brian's literacy as well as assisting him to develop relationships by reading fantasy books together. This also assisted with his emotional regulation, particularly after a difficult day. In order to assist Brian in developing a wider range of interests, the carer also spent time with Brian playing soccer in the park.

Consistent with the best interests of the child, Lighthouse has maintained Brian's relationship with his foster mother, a key attachment figure and also with his biological sister. Brian also engaged in a program that helped him build independent living skills including travel skills, household chores, cooking and building relationships with other members of the Lighthouse community.

In a relatively short period of time, Brian has displayed positive improvements. As a result of a collaborative approach to personalised care, Brian has shown a greater aptitude in regulating his emotions, which has led to a reduction in concerning behaviours, improvements in social competence and confidence in social situations. He has successfully built relationships with multiple members of his care team (psychologist, case manager, carers) as well as with his peers within the Lighthouse community. Brian has developed an interest in becoming more independent and has succeeded in learning various living skills that he previously had not been exposed to.

His care team has worked from a shared understanding of Brian's goals that takes into consideration his individual needs. We have prioritised the continuous review of our practice and allowed flexibility to tailor his care and treatment based on his responses.

Integration of research and consultation with external providers have enhanced his treatment and level of care. The approach has been strengths-based and young person oriented, working with Brian to meet his needs and improve his wellbeing.



## Billy's story

**Author:** *Ingelin Froiland, Area Manager, Take Two Berry Street, Eastern Division*

The young man in this story lives in rural Victoria and is a client of the Take Two Program at Berry Street. Take Two is a statewide program that provides a therapeutic service to children and young people who have suffered significant trauma and disrupted attachment.

Billy was referred to Take Two by child protection at nine years of age. Billy grew up in a family characterised by chronic family violence. After a period of time in kinship care his behaviour became increasingly aggressive and worrying resulting in a placement in residential care. This included a staffing model that was initially one-to-one and over a three year period increased to 2:1 staffing.

Billy's behaviours were escalating. One of his previous clinicians became available to work with him and resumed counselling Billy. The clinician's commitment to Billy was evidenced through her willingness to drive three hours each way to see him. The hope was to resume and build on Billy's earlier positive connection with his clinician and to support the care team in understanding Billy and helping to interrupt the pattern of escalating problems. She remained involved for nine months until the situation stabilised and then introduced Billy to the new clinician. This is Billy's journey.

Billy is a 14-year-old boy who has lived in out-of-home care for the past four years.

Billy's history featured exposure to family violence throughout his childhood, beginning in utero. His mother reported experiencing family violence all her life. Billy was born 10 weeks premature and stayed in hospital amid concerns of continuing family violence. A parenting assessment and skill development (PASD) admission for Billy and his mother was organised however the concerns regarding his mother's capacity to parent resulted in Billy's placement with a kinship carer.

Billy remained with this nurturing and attuned kinship carer until he was two years of age. He then returned to live with his mother, a new stepfather and sister. Billy's mother, biological father and older sister have an intellectual disability, but Billy does not.

Billy remained in his mother and stepfather's care for the next eight years. However the positive changes in the family which had been assessed were not able to be sustained and he was exposed to further family violence. Billy was once again removed from his mother's care at the age of ten following a serious incident of physical abuse. He was again placed with his kinship carers.

When Billy returned to care, early attempts to re-engage him in school and with his kinship carers appeared positive; however Billy's long-term experience of family violence impacted significantly on his behaviour and saw him become involved in some incidents of very concerning behaviour including criminal activity. Billy's family withdrew from him, he was removed from school and he spent some time in youth justice custody. Billy's placement with his kinship carers broke down and he was placed in residential care where he has lived for the past four years.

Some residential staff became fearful of Billy as he was easily aroused, which sometimes led to aggression, threats to staff and property damage. It was difficult to gain support to engage Billy in community activities because of these concerns.

Looking for options and strengths to support Billy was foundational to his care. The house supervisor and residential staff retained a hopeful outlook for Billy and capitalised on Billy's interest in cooking, growing vegetables and physical exercise. This coincided with the beginning of individual therapy for Billy from Take Two, regular reflective space with the residential system, regular care team meetings and weekly engagement with the youth justice worker. Through these activities, workers began to build a therapeutic web around Billy. This provided some new and more positive ways for Billy to relate to a circle of adults, who aimed to respond in a consistent way.

### Change in care arrangements

People noticed that Billy's aggression often escalated when two residential care staff were present. He sometimes felt left out of the conversation and it seemed to Billy that staff spoke to each other as though he wasn't present. A decision was made to reduce the staffing levels from two-to-one to some one-to-one shifts for a trial period to see if the reduction could assist Billy's need to be noticed and better engaged. This sounds counterintuitive as there is usually a view that higher staffing is better, but in this situation, the reduction of staff to one-to-one proved successful for Billy. At the time of writing, five core staff had been selected to work one-to-one with Billy during the day, and training for these carers had been organised through the Take Two Practice Development and Training team. This was to be supported by regular reflective space provided by the clinician. Despite some initial hesitation, feedback from both staff and Billy indicates that this arrangement has worked very well, with few incidents being reported since the one-to-one shifts started.

### Change in the daily structure

Based on the 'tile and grout' approach (developed by Dr Kristie Brandt) Billy has participated in a structured program within the unit that particularly supports his need for regulation and the development of positive relationships. This approach aims to consider and/or create daily experiences in the young person's world that have therapeutic intent. Activities such as swimming three times a week and an exercise program for the first half hour of every day have been associated with a significant drop in the incidents of dysregulation that Billy experiences. This approach has now been in place for the past three months with some clear positive changes noted during this time.

Woven into this program has been the building of a luscious vegetable garden with Billy who is both well-read and knowledgeable about horticulture. Billy uses his home-grown vegetables in his own cooking several times a week. Billy shows both pride and interest in his garden and works with particular staff to maintain it. This is a cooperative effort, with the opportunity for Billy to work alongside a nurturing adult and build his social cooperation skills.

### Change in the approach to relationships

In individual therapy Billy talked about being bored, lonely and isolated and being 'robbed of life'. This became a starting point to explore both the idea of structuring his day towards a more positive outcome and exploring together his need as a child to protect himself through

control of others and wondering about the usefulness of these strategies and the possibility of trying something different.

The major relational change that has occurred over the last six months has been Billy's relationship to the residential care staff. With the change to the one-to-one support, carers are reporting that Billy is increasingly able to cooperate and engage in rational negotiation.

Billy has very little contact with other young people and is closely monitored when at school, which has been for 90 minutes a week. Billy yearns to be with other young people and to experience adolescence in a similar way to others. But he is also aware that things have not worked well for him when this has been attempted in the past. The care team has worked tirelessly with some recent success to increase Billy's school time to three sessions a week, one of which will incorporate a break time to allow some social contact. Billy is delighted with this new arrangement.

### Change in youth justice outcomes

At his most recent court appearance for a breach of bail conditions, the Youth Justice worker presented evidence to the magistrate that Billy has willingly engaged in a program of activities and therapeutic interventions that appeared to be of benefit to him. Billy was subsequently given a warning and he has continued to be engaged in the current program.

### Change in therapeutic counselling

A significant and notable difference was made through the re-engagement of Billy's former clinician. She returned to treat Billy, picking up the threads of their previous relationship. She provided individual therapy and supported the care team to continue to respond positively and in Billy's best interests. To provide further insight into Billy's personality and attitudes he recently completed a Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A), which, while highlighting the complexity of his difficulties, also confirmed the clinician's assessment that he has the potential to benefit from therapy.

Billy has recently been transferred to a new clinician, who has begun to build on the therapeutic alliance established with the previous clinician.

### Potential change in family relationships

Billy continues to be supported in having supervised access with his mother and sister albeit on an irregular basis. Billy's ambivalent feelings towards his mother are heightened at Christmas and Easter when families traditionally gather. More careful planning is occurring when Billy meets with his family.

The factors that led to the positive outcome for Billy include:

- The capacity of each member of the care team to bring about a level of consistency and thoughtfulness that reflects their capacity to stand together beside a very troubled young man, and be open to ideas that support his recovery
- The regularity and consistency of the care team for Billy, which we believe has contributed significantly to his feelings of being safely cared for
- The capacity of the child protection case manager to support and follow through the care team decisions, maintaining a vigilance and dedication to the positive changes that have begun to occur for Billy

Despite the extremely difficult events of Billy's life, he has retained a capacity to work with those he trusts. This allows the opportunity to gently and carefully provide therapeutic input to help Billy.

There is a renewed sense of hope within the care team, residential care program and the broader system.





## Sam's story

**Author:** Lisa McClung, Clinician, Take Two Berry Street, Eastern Division

Sam is a seven-year-old Aboriginal boy who lives with his grandmother. Sam was referred to the Take Two program following allegations of abuse and that his grandmother needed more support in her role of caring for her grandson.

Sam is a young boy who presented as highly anxious and difficult to engage. At times he would act out and become distressed in the classroom and not engage in learning. Sam felt rejected by his parents, who were inconsistent in his life, frequently incarcerated and often substance-affected. Sam's grandmother, who also has multiple other children in the household, was under a great deal of pressure. The grandmother, who is an elder in her community, felt very judged and suspicious of child protection involvement. Child protection was on the brink of removing Sam from his grandmother's care due to the allegations of abuse in care.

The Take Two clinicians (one of whom is Aboriginal) initially focused on building a relationship with the grandmother. Working to gain the grandmother's trust was essential and a significant challenge. This is often difficult to achieve with people because of the concerns others have of people in roles of authority and with non-Aboriginal people. Clinicians spent regular one-on-one time with Sam's grandmother, listening to her story of how she came to look after her grandchild and her feelings of anger and blame that she felt towards professionals. Providing a clear, transparent and respectful picture of how information was being shared with the care team was essential to building the grandmother's trust. Once his grandmother was engaged, empathising with her experiences of caring for Sam and the challenges she faced was essential to enable her to be heard and supported in her role.

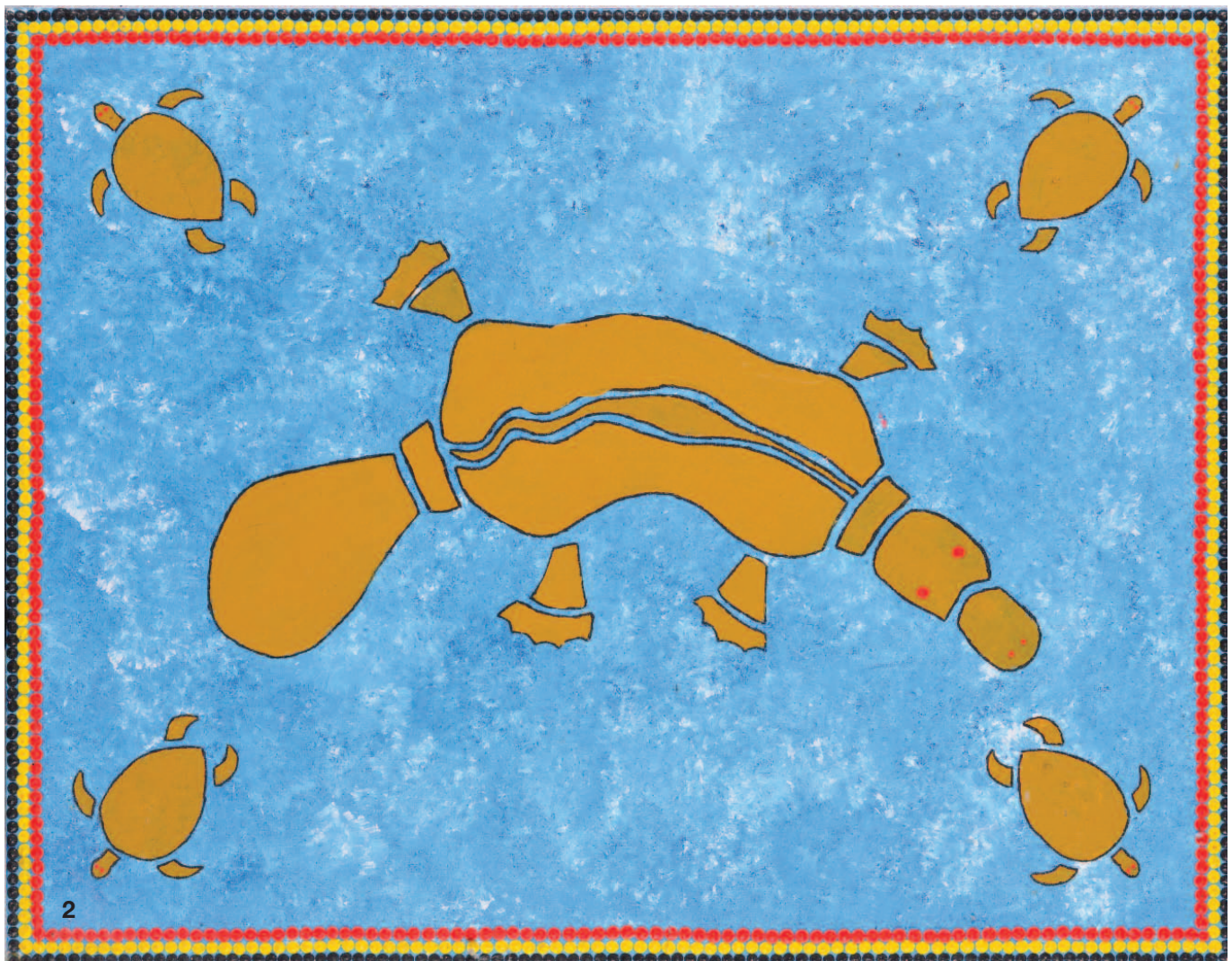
After building the relationship with the grandmother the clinicians gently challenged her about changes that would need to be made in the home for everyone to feel safe. She was shown the video clip 'shark music' (circle of security) to teach her about Sam's (and her own) constant state of hyperarousal given their history of trauma. This video impacted greatly on the grandmother who was then able to acknowledge her past history of trauma. She was able to talk about when she heard shark music and how this affected her parenting of Sam. Working on the metaphor of identifying her shark music and exploring ways of responding differently when we hear shark music was essential in developing the grandmother's reflective capacity and insight into her and Sam's behaviour. Sam and his grandmother are now engaged in regular dyadic Theraplay sessions. These sessions give her and Sam opportunities to strengthen their attachment relationship through play.

The grandmother has shown significant gains in understanding and reflecting on Sam's earlier experiences and how this impacts on him in the present. She has shown incredible insight into understanding her and Sam's shark music and in turn making positive changes to respond differently. While the grandmother and Sam are still on the road to rebuilding their relationship, their future looks much brighter and both are now enjoying spending quality time together.

After preparing this story, the clinician wrote the following:

*I went into Sam's room yesterday and saw that he had proudly displayed a picture of his and his grandmother's handprints joined together, which they created in a Theraplay session. The room was very sparse but what was most important (the relationship) was proudly there to be seen. It was so touching and reminded me how far this family have come and I just had to share!*

Given the grandmother's past experiences of mistrust in authority figures and past experiences of the Stolen Generations, having an Aboriginal clinician engage with her was critical to building trust and cultural respect. Being clear about how and what information was being shared with the care team was important and helped build the relationship with the grandmother and ultimately assisted with engagement.





## Lead tenant 'house-off'

**Author:** *Kate Carter, Case Manager, MacKillop Family Services*

**MacKillop Family Services' Enhanced Lead Tenant program was established in 2011 and aims to prepare young people aged 16–18 for independent living.**

This enhanced style of accommodation for young people in care is one of the first of its kind in Victoria and has proved to be a great success, with many young people in residential care striving to be a part of the program.

Volunteer lead tenants play a pivotal role in the success of the program, due to their willingness to assist and engage with the young people. The lead tenants are positive role models who show by example how life in a shared living environment should be. They share the responsibility of cooking, cleaning and other household tasks, which in turn helps young people to raise their own skill levels and strive for bigger and better things.

The program manages four stand-alone units on the same site, each of which houses four young people. The installation of a barbecue at the site provided a catalyst for the residents and lead tenants to start sharing meals and conversation.

After the introduction of communal meals, the residents also started helping each other out with individual ingredients such as bread, milk, flour, oil and eggs. Residents began to bake items and share them with others and even started saving leftovers for those unable to attend a shared dinner.

The success of this domestic activity led to the young people deciding to compete to see which unit could consistently be seen as the most house-proud. And thus began the 'house off'.

One of the lead tenants resides with a higher risk young person who, at the time, was not engaging one-on-one and refused to socialise with her case workers. She did not want to be part of the 'family' that was developing in the house. This lead tenant maintains an extremely neat and clean household, sometimes with the assistance of her brothers, who often visit and participate in cooking and cleaning.

Upon hearing about the cleanliness of this household, a young person in one of the other units said: 'Whatever! As if anyone can't clean and keep their house like this. I could if I wanted to.'

When asked to prove the statement a challenge was set: clean your house, focus on the small things and maintain it. Deals were struck and dates to review the cleanliness of the units were arranged.

This challenge resulted in alleviating constant discussions and disagreements between residents and lead tenants about the importance of household cleanliness. It proved so successful that MacKillop support staff and the lead tenants were unable to decide on a winner! On completion of the challenge all of the households were impeccable.

The higher risk young person initially refused to participate. However she noticed that the other young people were having fun and forming stronger friendships through this activity. She soon began to take part herself.

It was the power of the group doing something together and peers supporting peers that allowed all of the young people in the house, including this young person, to challenge each other to do better.

Young people entering the program are embarking on a new and sometimes frightening experience with more freedom, more responsibility and more personal accountability. Having the added support of the lead tenants and being close to other similar young people, has assisted them to cope with situations they would not normally experience outside supported accommodation.

The young people in MacKillop's Enhanced Lead Tenant program are gaining the skills needed for a successful future and are continuing to reach milestones they have set for themselves.



## Zachary's farm experience

**Authors:** *Ellen Lyne, 2IC, Therapeutic Residential Care, MacKillop Family Services*  
*Julie Avery, Senior Practitioner, MacKillop Family Services*

Therapeutic residential care provides young people in residential homes with 'wraparound' therapeutic services provided by the care team. One such home is located on a six-acre block based in a rural setting surrounded by farmland.

Zachary joined this residential home in 2013 when he was 12 years old. Zachary has had a disjointed family life, moving into the care of his grandmother at a very young age prior to having stints in foster care and now residential care. Zachary still has a close relationship with his grandmother and sees her as his first point of contact when he needs support. In the first few weeks of living in his new home, staff noted he was unsettled, disoriented and often confused. He was uncomfortable in his new surroundings, which were located several hours from his family and previous carers.

Zachary's unsettled behaviour escalated and became so extreme that police intervention was required on several occasions. As a result, the care team determined that Zachary needed clear goals to be set in order to help him achieve and move forward in his life in a productive, therapeutic manner. MacKillop's approach was informed by the Sanctuary model – to acknowledge Zachary's past trauma and create an environment conducive to healing. The team developed a tailored approach to meet his individual needs and organised for him to spend time with people in the local community.

Coinciding with Zachary's arrival at the home, a therapeutic hobby farm area was developed on the property, which included a vegetable garden, cows and chickens. Initially Zachary didn't show any interest in the hobby farm, however, with support and encouragement from members of his care team, he now involves himself on a daily basis. He has named the cow, has his own section of the vegetable garden that he maintains, and is the self-appointed chicken monitor.

Another personalised approach taken with Zachary has been his visits to a local farm. Through staff connections, Zachary, who was previously afraid of cows, has regular fortnightly visits with the farmer, who is actively involved as a positive male role model. The farmer gives Zachary one-on-one attention based on developing farm skills as well as encouraging positive education and behaviour outcomes.

Both of these approaches continue to show positive directions for Zachary. They are non-threatening situations that allow him to develop relationships with others and empower him to learn that he has the ability to make decisions that can influence his world and have his needs met without the use of challenging behaviours.

It has now been more than a year since Zachary moved into this MacKillop residential home and there have been many encouraging results. He now attends on a part-time basis at a local high school and he is a volunteer with Meals on Wheels. The biggest change is the continual development of Zachary's skills in self-regulating emotions, which then transfers to more positive behaviours.

Zachary now feels empowered and able to make safe decisions about his life. He has been able to test himself in safe environments where he has had success in his interactions and seen the positive impact he has had on others.

## Bill, Shaun and Stephen's story

**Authors:** *Marie Rose Hyland, Executive Manager Residential Care, Victorian Aboriginal Child Care Agency (VACCA) Residential Care Program*  
*Simon Benjamin, Therapeutic Specialist, VACCA Healing Team*

This story covers the collaborative work of several organisations and two separate units within our own program: VACCA Residential Care, the VACCA Healing Team plus the Royal Children's Hospital – Gatehouse Program, Berry Street Residential Care Program, Secure Welfare, child protection, Newlands Primary, Hume Valley Special School, the Children's Protection Society and Victoria Police.

This story is about three siblings, Bill, Shaun and Stephen, who experienced abuse in their early childhood.

Upon entering residential care, the boys were displaying highly challenging behaviours which led to the difficult decision of arranging separate care arrangements for them, with the aim of re-uniting them when safe to do so.

I came into the picture as the new executive manager of the VACCA residential program.

After several months apart, the two younger boys, Shaun and Stephen, were reunited with increased staffing levels in the residential unit. Over the next month the collaboration between organisations contributed to the boys' increased sense of safety and their behaviour became more settled. The process of re-engaging them in external activities and education began. The healing team delivered psycho-education to the school and therapists from the three different providers helped the staff from both Berry Street and VACCA to understand the challenges and hold realistic timeframes around recovery. The staff, in turn, learnt how to feed back more pertinent information about the boys' behaviours to the professionals involved. Our interventions were targeted and productive.

The behaviours of the eldest boy, Bill, were the most challenging. After being separated from his brothers he displayed high levels of distress and was abusive towards the staff in his new house. Bill placed himself at risk, caused significant property damage and repeatedly absconded, leading to several secure welfare admissions including one extended stay.

The great difficulty lay in the fact that Bill did not want to return to the home and had no trusting relationships with his care staff.

VACCA Residential Care and Case Management, together with Berry Street, supported by the secure welfare unit and child protection, collaborated to formulate a transition plan requiring intensive partnerships between agencies. This included trauma training specific to Bill's presentation and needs and re-modelling aspects of the home specific to his needs and with his input. Possibly most significant was the blending of care staff across agencies from Berry Street and VACCA to work directly with Bill on the same shift. This allowed him to be with carers he had developed positive relationships with, enabling trust to be established.

The plan had its hiccups but they were managed and Bill, Shaun and Stephen have now been settled for several months. Bill's contact with Shaun and Stephen has resumed.



Bill successfully exited secure welfare and went on a short holiday with staff from both VACCA and Berry Street. The return to his house was not smooth, but his relationships with some of the staff were now strong enough to withstand the difficulties and he is now engaging in the preliminary stages of therapy through the Children's Protection Society. Although it has been some time since Bill was engaged in school, he has now begun to show interest in attending.

The therapeutic approach towards the behaviours of the younger boys, which have been understood within the context of a trauma response, has had a positive impact upon their day to day lives. Their education is progressing as is their increase in peer-age activities.

Fundamentally, the significant factors in the success of this work have been the collaboration of agencies working together for the best interests of the children, with a focus on trying to understand what is going on for the children underneath their complex behaviours. There has been a high level of detailed analysis and planning around their presenting issues through the therapeutic lens of trauma theory, cultural identity and attachment.

Understanding on the part of all participating agencies that the anxiety and sense of instability the children were experiencing was being mirrored by all groups and services involved was an essential step in developing healthy collaborative professional relationships.







# Services Connect

## The Sorra family

**Authors:** *Belinda O'Brien, Senior Key Worker, Services Connect, Department of Human Services*

*Megan Hanna, Senior Key Worker, Services Connect, Department of Human Services*

Services Connect received a referral from child protection in relation to a large family with complex needs. The family consisted of five children aged two to 16 years of age with multiple needs including four children living with significant disabilities.

The family is from a culturally and linguistically diverse (CALD) background and the gender roles and expectations needed to be understood through their cultural lens. For example, the mother needed her husband's permission to leave the home, and the day-to-day care of the children was the mother's responsibility not the father's, including the extra care the children with disabilities required. The father usually returned home once the children were asleep.

Particular challenges faced by the family and services included:

- overcrowding in their public housing property
- disjointed involvement with multiple services and poor engagement
- longstanding history of family violence, however, only recent statutory involvement
- the parents not accepting the need for statutory intervention despite supervision and intervention orders being in place.

Prior to the first meeting with the family, the Services Connect area team gathered information from multiple sources including disability, housing and child protection services. Key workers then used a systemic framework to understand the family environment and barriers to engagement that may have arisen due to cultural and gender sensitivities.

The key worker met with the mother, Meaza, in the family home to discuss family needs and goals beyond those that were mandated court conditions. Meaza identified underlying environmental and parenting stressors, which required resolution to reduce immediate pressures. This enabled her to fulfil both cultural expectations and court conditions. An intervention order was put in place and Meaza was made aware of the measures she should take if a breach was to occur.

The Family Outcomes Star tool was completed with Meaza and the father, Samson, with an emphasis on improving outcomes related specifically to parenting. The key worker engaged in culturally and gender sensitive practice that recognised pre-existing strengths within the family. A systemic understanding of presenting issues was sought.

The key worker identified that Samson was wary of statutory services and unlikely to engage with female workers. A male counsellor with specialist expertise in the area of family violence was located with the hope that this would minimise cultural barriers to effective engagement.

Following the identification of goals and needs, the key worker used care team meetings to coordinate the professional network. This reduced service fragmentation, creating an integrated approach to service delivery.

Initially engaging both parents in relation to practical issues, such as new fencing, allowed a trusting relationship to develop between the key worker and the family. This relationship

enabled sensitive discussions about the impact of Samson's violence on the family and supported Samson's positive engagement with a family violence counsellor. Samson went on to successfully complete a men's behaviour change program.

Case coordination resulted in increased accountability and reduced overlap between services. Working from a broader perspective enabled holistic outcomes. Information sharing enabled common goals to be identified and more client-focused actions.

At the last review, Meaza and the children were reporting no violent behaviour from Samson. A significant change has been observed in the family dynamics, with Samson being observed enjoying spending time at home with Meaza and the children and the whole family recently attended a wedding together.



## Paul and Nathan's story

**Author:** *Heidi McLellan, Senior Practitioner, Child Protection South Division Adolescent Protective Team*

Paul (15) and Nathan (13) are brothers who came to Australia, with their mother, Kimberley, and two older adult brothers. They fled the civil war in their home country after the children's father was killed. The family is from a minority tribe and the mother reported few family members had survived the war.

Paul and Nathan came to the attention of child protection after Kimberley was having ongoing difficulty with their care – she was managing post-traumatic stress disorder (PTSD) and other mental health issues. Kimberley used alcohol as a way to cope with her PTSD; her capacity to meet the boys' needs was limited. The boys were placed on a custody to Secretary order.

Paul and Nathan regularly ran away from Kimberley's care for long periods of time and associated with other high-risk adolescents. Their mother decided the family should move to a rural town for a new start and a larger house. While in this town, her mental health deteriorated further and she was hospitalised. The mother had limited support and due to her limited English she found it difficult to get help.

The boys regularly absconded for long periods of time to be with their friends who lived in an outer Melbourne suburb. The boys were known to be engaging in high-risk activities with other young people such as using drugs and alcohol and starting to engage in petty crime. Both boys were disconnected from services, family and community.

In 2013, following another period of running away from home, Nathan was placed in secure welfare services. While Nathan was in secure welfare and Paul's whereabouts were unknown, Kimberley tragically died.

The boys immediately felt blame for her death as they felt she had died as a result of them not being at home with her and because of their behaviours. Both boys went to live with a distant cousin in Melbourne and their high-risk behaviours escalated.

The cousin struggled with caring for the boys and they subsequently went to live with their older brothers in the same rural Victorian town where their mother passed away. Prior to Kimberley's death, the older brothers were not prepared to care for Paul and Nathan due to their behaviours. One older brother, John, had been the boys' primary caregiver in their country of origin and had a close relationship with them. However, John was focusing on his own children at the time and was not able to care for the boys.

The boys' pattern of absconding to Melbourne for long periods of time continued. Nathan's drug use and offending behaviours escalated leading to him being placed in secure welfare a number of times. Paul and Nathan both expressed seeing little hope in their lives and couldn't see any point in attending school or continuing with football. Paul and Nathan were very fearful of being separated and felt that if they worked with child protection, they would be separated and placed in residential care. They were also adamant that they wanted to live in Melbourne where all their friends and connections were and if they were placed elsewhere they would continue to abscond to Melbourne.



Child protection worked with the family and received a commitment from the older brother, John, that, if DHS could locate housing for John in Melbourne, he would commit to caring for the boys long term and provide some stability. The boys indicated to child protection that they were craving this stability and that this would assist in their recovery and engaging with services. The family agreed to make this commitment. John found full-time work in Melbourne; however, having no housing he stayed on his cousin's couch and was not able to have the boys live with him.

Child protection partnered with Services Connect to work with the boys to fulfil their Youth Justice requirements and assist John in securing housing. There were ongoing complications transferring John's housing application from his rural town to Melbourne

Services Connect and housing succeeded in locating a home in Melbourne for John and the boys. The house took some time to get ready, but from the time Nathan and Paul were told they would be living in Melbourne with their brother and his family, the boys' behaviour immediately improved. They went to school regularly, had no further criminal offending and engaged with workers. Visible changes began to occur, with the boys appearing more stable in their presentation. John shared with his Services Connect worker that he is extremely grateful for all their hard work and how appreciative he was that a home was found for him and that his family can remain together.

As a result of the advocacy from Services Connect, Nathan's charges were dismissed (*doli incapax*) and Paul received a good behaviour bond. There has been no criminal offending from the boys since the family were provided with the confirmation of housing.

Paul has expressed dreams of becoming an AFL footballer and wants to get involved with his football team again. As a birthday gift they were presented with Hawthorn memberships, which they were very excited about.

Factors that led to this positive outcome included:

- the partnership between Services Connect, child protection and housing
- working with the family to keep them together and working with the older brother to become a full-time carer for the boys
- focusing on accommodating the boys together.

After experiencing so much trauma and dislocation as a family, the development of a trusting relationship was a particular challenge for professionals, however, was clearly of central importance in working towards the best outcomes for Paul and Nathan. Trust could only be established when the boys believed that child protection and Services Connect were working to keep the family together. Once this trust was established the boys worked well with all services.

Focusing on the boys' desire to live with their family and closer to their friends was paramount. The boys believed that DHS would separate them and did not trust DHS to provide a house. Once this trust was established the boys worked well with all services to achieve a sense of stability.

# Collaborating to address family violence

## Tim and Holly's story: Reflections on a strengths-based approach partnering with Child FIRST

**Author:** *Thuong Thu Nguyen, Family Support Officer, City of Greater Dandenong, Family Support and Counselling Service*

I am a family support worker from the City of Greater Dandenong (CGD) Family Support and Counselling Service. This service provides support to families who live, work or study in the CGD and care for children aged 0–18 years old. The Family Support and Counselling Service is committed to providing families with support in their parenting roles and in the best interests of their children's healthy growth and development.

In 2007 the Family Support Service began accepting referrals from Child FIRST.

This story is about my support work for Rosy and her two children – Tim and Holly – since July 2013. Rosy's case was allocated to me from Child FIRST.

Rosy separated from Tim and Holly's father in 2008 after a severe family violence incident that resulted in Rosy losing teeth. Rosy now lives with her children in a public housing unit. Tim is eight years old and Holly is five.

Rosy has multiple challenges including:

- high social isolation (Rosy does not have contact with any relatives)
- a neglected home environment
- inadequacy in personal hygiene
- a diagnosed mental illness (Rosy has been on bipolar medication since her late teens)
- children with special needs (Holly has speech developmental delay and Tim is autistic)
- financial difficulty including school fees in arrears and car accident repayments plus no money for her car repair.

Rosy has considerable strengths too, including:

- a gentle nature towards Tim and Holly
- English fluency
- acceptance and engagement with family support services
- a driver's licence and car
- a long memory and love of Hartley – her late son who died of cot death.

Considering Holly's learning needs are very important, I supported Rosy on the following urgent priorities:

### Holly regularly attending kindergarten in Term three

Holly's head lice was so severe her kindergarten teacher provided Rosy with head lice lotion and required Rosy to provide a doctor's certificate confirming Holly's head lice had been successfully treated, before Holly could resume her attendance. As a result, Holly did not attend kindergarten for the whole of Term two.

Rosy could not clear the head lice for both Holly and herself because she could not afford to buy more head lice lotion. Additionally, Rosy had trouble understanding the treatment instructions and no energy to follow up with the daily treatment over two weeks.

I applied for service brokerage to buy enough head lice lotion to complete a cycle of treatment. I was extremely keen to follow through with daily home visits over two weeks to help treat and remove lice in Holly's and Rosy's hair. With this strong and pragmatic commitment, a happy outcome came after two weeks. Holly was then able to get the doctor's certificate and resume her attendance at kindergarten at the beginning of Term three.

### Creating community connections

After Holly's return to kindergarten, I was glad to see Rosy's trust in me and acceptance of my support quickly increasing.

I linked Holly to the 'Story and Song Time' program at the city library, which was walking distance from Rosy's unit. With my constant support and encouragement, Rosy ensured Holly regularly joined the program. Holly's speech has become better, she has gained confidence and appears happier.

I encouraged Rosy and her two children to join the local library Family Fun Program on Saturday mornings. Tim has gradually become very good with block building and the whole family has enjoyed a no-cost, healthy and happy time together.

### Support Rosy to manage her finances

To assist Rosy to save for school fees and to repair her car, I linked her to the Salvation Army financial counselling and material aids programs. Rosy received vouchers for clothes and food. I provided transport for Rosy and both her children to go to the Salvation Army op shop to choose clothes.

The material aids service helped Rosy to save to pay Tim's school fees and to have her car repaired so she could drive Holly to kindergarten.

### Home environment clearing

Rosy's home was constantly in a cluttered and chaotic state. Rosy kept many unwanted broken items in her house. In all the rooms there were high piles of clothes and toys, which were mostly faded, rusty and partly broken. Everything in the kitchen was either dusty or greasy. The air inside the unit had an unpleasant, mouldy smell.

There were lots of bulky items in the backyard (a giant trampoline, bikes, dog kennels and car parts), some of which blocked the back door of her unit. Rosy was helped to see that her current home environment was dangerous for the children.

I booked a council hard waste collection for Rosy. Actually, Rosy's bulky waste needed more than one booking. I got permission to use the service brokerage to pay for a second booking.

I enlisted my colleagues to help Rosy move all the heavy and bulky items to the curb for the collection truck to pick up.

### Linking Rosy into the Women's Health in the South East (WHISE) group

I observed Rosy had a number of different male friends visit, some staying overnight. Some spoke harshly to and were critical of Tim and Holly.

I gently spoke to Rosy about my concerns for her and her children's safety. Her male visitors were causing barriers to Rosy's care and attention for her children. I persuaded Rosy to meet her friends in public places like shopping centres or parks and reserve her home only for her children.



I supported Rosy to consider how she could build a healthy and safe social life as well as to meet her own learning goals.

In October I linked Rosy to the WHISE group run by the partnership of Southern Healthcare Network and the local migrant resource centre. This group provides its participants with healthy activities and many other community support programs for families. With persistent encouragement and offers of transport, Rosy attended three WHISE group meetings. Tim and Holly were very happy with the handcraft items Rosy made for them at WHISE.

The positive outcomes for Tim and Holly include the following.

- Rosy's home environment is much improved in hygiene and safety.
- Holly is regularly attending kindergarten and also participating in activities at the nearby library.
- Holly is enrolled in Prep at the local primary school.
- In school holidays Rosy, Tim and Holly spend time playing ball and having picnics in local parks.
- Tim and Holly participate in community cooking programs at the local market.

To achieve the support goals for client families, various strategies drawn from the Best interests case practice model manual were used. The strategies I used included relationship building, practical skills, engagement, partnership and empowerment, all with a strengths-based outcome focus. I mix this professional knowledge with my compassion for disadvantaged parents. My work passion is focusing on children's best interests, healthy growth and maximising their development.



## Mandy's story: 'Breaking free'

This email, sent to child protection practitioner Susan Haylock, and the essay that follows, vividly documents the immense challenge of living in and leaving a violent relationship. Mandy's story reiterates the central importance of building relationships with the families with whom we work and how a trusting relationship can lead to great change.

*Hi Susan,*

*I was just thinking of you, and I wanted to say thank you to you, so much, for being the strong support to my children and I during the time you were our case worker. When I first left Michael, I was still so intimidated by him, very confused, always wanting to protect him. I don't know what made me trust you, but I did, from the beginning. You have a lovely, discerning way with people. Thank you for being patient with me and waiting for me to be open with you about the terrible things that happened in our family. Talking and being open about it was the hardest thing for all of us, and it was your patience and gentleness that made me finally feel that I could speak.*

*It is interesting because for so many years I was afraid of DHS. The child protection unit was terrifying to me. I thought I would lose my children if anyone found out about Michael and the things he did to us. Now I can't fathom how we would have managed without you.*

*I am studying for a MA in Writing and Literature, and I wrote a short, non-fiction story about mine and the children's experience. I have attached a copy, in case you want to read it. I hope you don't mind that I mentioned you in the story. You are an integral part of our 'story' as a family. I wrote about the violence we experienced, and how you helped us to break free.*

*I hope to see you again soon :)*

*Very warm regards,  
Mandy*

## Mandy's essay

Occasionally, in a previous life, I would drive past the Melbourne children's court and shudder. The building itself wasn't unattractive, or even particularly intimidating. But to me, the sign on the front, in gold, austere lettering, symbolised separation, loneliness and grief. I looked away when we passed it, always a passenger while my then-husband drove, our old, non-descript van reflected in the shiny windows. But I felt that the lawyers, magistrates and social workers could smell us as we passed. We reeked of fear and dysfunction; I was terrified of losing my kids.

Years later, I approached the Melbourne Children's Court with resignation, and as I entered the building and unloaded my children's backpacks onto the security conveyor belt, hushing their excitement at being somewhere as new and exciting as court, my hands shook. It was with relief that I met my social worker, Susan, at the top of the marble stairs after following her specific instructions – 'Go up the right-hand set of stairs, not the left'. She laughed nervously. 'The left is for the criminal court, and you don't want to go there.' I was not a criminal, I told myself.

Susan gave us our paperwork. She had already explained the protocols involved in what we all thought would be a one-off occasion. We were there to formally submit to an application made by the Department of Human Services to monitor our family's welfare for the next year. I had learned to trust Susan over the preceding months. When I first met her she seemed reserved and formal. But her gentle blue eyes had looked at me penetratingly as I had sat across from her in the interview room at the DHS office. She asked probing questions and I felt her lead, knew what was coming. 'Now, domestic violence?' her half question, half statement left a humid density in the air. I felt dizzy. I knew the answer I must give, the one he had told me to give, warned me that I must give, 'for the sake of our children'. I had opened my mouth to speak, but there was only silence. Susan made an entry into her notebook.

It took several months and interviews for me to finally talk to Susan, to tell her the dark secrets of my family. I had to consciously shift the term from 'our' family to 'my family' in my head. We were a new family now, the children and me. Susan and her team leader worked with us patiently for almost a year before they knew the full story of our lives. DHS had initially been notified by a doctor. I knew the doctor would report our situation to the department, but by then I had realised that I couldn't keep the kids safe without outside help. Within days I was sitting in an office in front of Susan, and the children were all being interviewed.

Michael had told me what to say, to give just a little bit of information to satisfy them that things had been bad in the past but were on the right track now. Although we were living separately, he was an ever-present figure in our lives. He came to the house every day, bearing gifts and flowers. He tried to control himself. He said everything would be different if I would just give him one more chance.

I tried to answer Susan's questions truthfully, but I was still afraid of him and his voice was always in my head. I was a people-pleaser. He was always so believable. I really did think, at that stage, that he might let us live without him and that he was changing. I sat perfectly composed during my first two interviews with Susan, each time confirming just enough information so that she knew there were problems and that we needed some measure of protection, but never saying enough to give the department any reason to pursue Michael. For some bizarre reason, I still wanted to protect him. But my children's innocence gave us all away. During their interviews, they expressed fear that the room might be bugged, that somehow their father could hear what they were saying. The department chose to stay involved for a longer period.

I am not sure what prompted me, finally, to talk. The children and I were doing OK, and Michael had been restricted to three short visits with the kids each week. DHS did as much as they could. They knew there was a history of violence, but they weren't sure what it consisted of. The kids were tight-lipped after years of silence. I tried to tell Susan, but each time the room around me would start to spin and I had to grip the chair with my hands to remain composed. My tongue would suddenly grow thick and dry in my mouth. What would happen to Michael if I told them the truth? The consequences might be too hard for him. He wouldn't be allowed to see his children at all. He might go to jail. But one day I called her, and asked for an appointment. She cleared her schedule, and said I could come in straight away.

Events can move so fast when they are finally set in motion. Once we began to disclose, the truth came pouring out of all of us with a sensation of something giving way. Susan had what she needed, what she had known was there. Michael called me and coldly asked, 'You haven't been saying anything you shouldn't, have you?'

Domestic violence, also known as intimate partner violence, can occur in any relationship. The violence can be physical, social, economic or emotional. Although women and children are most commonly affected, men can also be victims. A 2005 Personal Safety Survey by the Australian Bureau of Statistics found that just under half a million women had experienced physical or sexual abuse in the previous six months, and more than a million had experienced physical or sexual assault by a current or previous male partner since the age of 15. The compelling question most often raised in context of domestic violence is why doesn't the abused partner leave? The answers, for there are more than one, revolve around learned helplessness, love and hope.

Lenore Walker, a psychologist and feminist advocate, coined the term 'battered woman syndrome'. She hypothesised that domestic violence situations are comprised of cycles. The first, tension-building stage during which the woman is exposed to emotional or physical abuse, is met by an attempt to pacify the abuser by the abused. In so doing, women attempt to control brief periods of time through placating and pacifying, but in the long run this leads to consolidation of the abuse because the abuser feels empowered. This further escalates the tension-building stage until it culminates in the second stage – the acute battering incident. After the tension has been discharged, according to Walker, a third stage ensues. This is a period of remorse and attempted reconciliation, during which time the abuser may offer gifts, be excessively loving and affectionate, and lavish attention on the abused. The abuser will often promise to never hurt the victim again, and to seek help to change.

Women in this kind of situation feel trapped and they cannot see a way out. Their partners have often isolated them from the outside world, and the abused partner may have few, if any, friends who are not also her partner's. The by-product of social isolation, also termed social abuse, is co-dependency. The abused partner feels that the abuser needs her, he has an illness that makes him do horrible things and that he is a victim. She fails to see that she is the real victim, blaming herself for the pressure her partner feels that in her mind leads to the abuse. Even if she does have moments of clarity, the conciliatory efforts exerted by her partner during the third stage dampen her conviction. She lives in the hope that things will improve.

Economic dependence upon the abusive partner financially disempowers the abused, making her feel that even if she wanted to, she would not be able to escape. Where could she go and how would she survive? If there are children, how will she be able to look after them and provide for them? By the time abused partners begin to fully realise their dire situation, she has lost all of her self-esteem and confidence. She has learned passivity. The abuser may belittle her verbally, slowly whittling away all belief in her ability to survive without her partner. Women in domestic violence situations often don't have their own bank accounts or a separate income stream, or even their own transport.

The greatest area of control is exerted through co-dependency. The abuser manipulates the emotions of his partner to such an extent that the woman feels deeply responsible for his wellbeing. She is the only one who can understand and help him. He needs her to get better. He would die without her and the children. She is his life and he has never felt so loved before. These statements are in direct contrast to the more ominous message that also penetrates. The woman is useless and nobody likes her. She is fat or unattractive, and no one would ever want her except for the abuser. If she ever tries to leave, the abuser will

find her and kill her or take her children away from her. The duality of the messages create an abuse of power that pushes the abused woman further and further down, and lifts the abuser to a height of such imagined power that he feels secure, sure that his partner will never leave him. He has disarmed her and made her feel powerless. She accepts all blame and her will to resist is muted.

According to Jane Mugford at the Australian Institute of Criminology, 'Despite the predominating community attitude that if a woman does not like it she can always leave, women experience enormous difficulties in leaving a violent relationship. Most in fact do not leave. Concern for their children is paramount, followed by practical considerations such as having no money, no transport, no housing, no social support, and so on. In addition there are victims who stay because they are (realistically) afraid of their partner, and there are those who say that they stay because they still love their partner and always hope (usually unrealistically) that he will change. The evidence indicates that partners do not change without a crisis (for example, arrest) and/or long-term intervention programs.'

I stayed in an abusive relationship for 15 years and I had six children during that time. I learned to placate and to submit. I would do anything my husband wanted during that time to prevent his violent eruptions. My children grew up passively, quietly, learning to keep Daddy happy. We watched for the warning signs, but when the tension phase began, we knew we were on a set path that would eventually culminate in violence. Michael was so apologetic afterwards, and would buy gifts of expensive makeup and perfume, flowers and chocolates for me. For the kids he purchased multitudes of toys and sweet treats. We learned to accept these gifts with exceeding gratitude, because if we appeared not to appreciate them, he would quickly relapse into brooding anger that simmered and the phase would begin again. During the time we were married I had no access to personal money or bank accounts. I didn't have any personal property or assets. Michael controlled everything that I read, checking all of my books and forbidding me to read those that he thought would be a negative influence on me. He said he was 'protecting' me and didn't want me to develop 'worldly' ideas about women and freedom. For several years, I was only permitted to read the Bible, or books that pertained directly to the Bible, written by men. He checked all of my letters, emails and internet history regularly. He would go through my things looking for evidence of me having an affair because he was jealous and paranoid. I was not allowed to talk to men on my own without him present, even male teachers. He didn't allow me to work or to send my children to school or kindergarten because he believed women should stay at home and that children should be home-schooled. He killed several of our pets, and we learned not to become too attached to animals. He beat my children mercilessly. Even now, my ears are full of their screams, of all our screams, of memories of lying on top of my baby to stop him from kicking her.

To outsiders, he was charming and friendly, well-liked by everyone. I didn't know who to turn to for help. I believed all of his lies about women and my responsibilities as a wife. When he cried and said he wanted to be a good husband and father, that he was so sorry, I always forgave him. I felt responsible. I felt trapped. I simply did not know how to leave. Michael had always told me that if I told anyone what was happening in our family, then he would go to jail and I would lose custody of my children. He taught me to fear counsellors, social workers, schools and doctors. But I know now that all of the things he told me were lies. At some point,



I stopped believing him. I knew we had to get out, and that I couldn't do it alone. Speaking out, telling the truth, was the most difficult part of the process. But help was there when I did. Only the truth can set people free.



## Luke and Naomi's story

**Author:** *Andrew Chisholm, Family Support Counsellor, City of Greater Dandenong  
Family Support and Counselling*

The City of Greater Dandenong (CGD) 'Dad's Program' sits within the CGD Family Support and Counselling Service and works with fathers in the CGD assisting them with parenting support (via counselling and case management), which has a positive impact on their relationships with their children and other family members. The program provides outreach support, individualised to each father's needs, which aims to support healthy relationships with their children along with support to connect with identified services/programs within their community.

This story is about a separated father, David, his adolescent stepson, Luke, and six-year-old daughter, Naomi. The family were referred to the CGD team via Child FIRST after a family violence incident and the mother leaving the family home. David became the primary/protective parent for Luke and Naomi.

The sole focus of our work with this family was to support them to recover from the incident between Naomi and her mother (at their pace, not the professionals') and for this support to be driven by the family's wishes. When I became involved with the family it became clear that, historically, Naomi's mother (and David's ex-partner) had experienced her own struggles with mental illness and that Luke had become parentified supporting Naomi and navigating both his and Naomi's relationship with their mother.

I began supporting David in his new role as primary parent as a platform for engaging all family members. This work included:

- providing in-home support to David outside business hours, which enabled him to continue working and maintain his income/housing stability for the family
- obtaining consent from David to establish an active and aware care team for the family (to include schools, paediatricians, after-school programs and family GP) along with capacity to contact/meet extended family members to enlist extra support
- engaging Luke in the CGD Youth Services team and completing a successful referral to the 'Young Carer's' program given the significant history of the parentified relationship with Naomi
- engaging a colleague within the CGD team to provide in-home counselling/family sessions for David and Naomi
- engaging David in specific men's parenting programs and providing transport support for him to attend
- engaging the whole family in CGD 'Dad activities' that provide bonding and attachment opportunities while mixing with other families
- supporting the children to remain connected with their mother in a way they are comfortable with but also with transparency for their mother as well.

Both Luke and Naomi are repairing their relationship with their mother and I have supported David to understand that this will happen in different ways for both of them. Throughout the support period David encouraged contact between the children and their mother. This involved weekly phone calls progressing to visits once a week. I began meeting with the children's

mother as she progressed through specific mental health supports into independent living and this inclusive practice allowed healing for the family to occur and connections to remain intact. At the time of writing, Naomi now sleeps at her mother's home on Friday nights and Luke stays for dinner then returns home to David.

I believe providing support to the father (who had had no previous service involvement/contact) outside of his work hours, and for this work to occur in his home, was a key factor in engagement/trust building with this family and created further opportunities.

This program understands the differences that exist in engaging working fathers and provides the flexibility to reach them. David spoke regularly about the significant trust he felt by meeting someone where he was comfortable, how this didn't disrupt his employment stability and how by providing consent, there were initiatives that could occur while he focused on his relationships with both children. Luke and Naomi's clear wish to have a safe but forgiving relationship with their mother was also a cornerstone of this support. David's openness to this, while providing healing for the children, was significant. The CGD model was able to support this approach.





## Adam and Andrea's story

**Author:** Hayley Blair, Child and Family Services Worker, Children's Protection Society

The aim of Family Services is to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities.

The target group is vulnerable young people and their families who are:

- likely to experience greater challenges as the child or young person's development has been affected by the experience of risk factors and/or cumulative harm and/or
- at risk of concerns escalating and becoming involved with child protection if problems are not addressed.

The intention is to provide services to the target group earlier to protect children and young people and improve family functioning.

This is a story about creative person-centred practice with a single mum, Mary, and her two children, five-year-old Adam and nine-year-old Andrea.

When Family Services became involved, the family were in a process of change; the stepfather who was violent had been removed from the home, the children were starting at a new school and the family were moving house for their safety and to be closer to support networks.

Adam has a diagnosis of autism spectrum disorder and finds changes in his routine highly distressing and difficult. Mary was extremely anxious about how Adam would cope with all the changes and how she would cope with his anticipated heightened anxious behaviours.

Mary had an intervention order for herself and her children but she was anxious to move out of the home so that her new address was not known to her ex-partner, who had already breached the intervention order once. She also wanted to get the family away from the home where the violence was experienced by her and witnessed by the children, as this was triggering trauma responses, such as nightmares, from the children.

The initial goals were family support to help Mary develop a behaviour support plan for Adam, with a particular focus on helping Adam through this time of change, as well as to support the transition for all family members and to engage additional services.

Adam was attending a pre-Prep program and was enrolled to start at a mainstream primary school, where funding for an aide had been arranged by Early Intervention Services. The first task involved developing visual routine boards, writing social stories and developing 'first' and 'then' charts to support Adam's transition.

For Adam's visual routine board, we had a whiteboard with laminated pictures and words for all the events of his week. So, for example, when Adam had swimming, his routine board would show a visual cue to expect swimming after school. This was reinforced by portable 'first' and 'then' picture cards.

A social story was developed about 'my new school' to show Adam what would happen at his new school. This was developed in consultation with the school. We also had a social story about not hitting. This showed all the ways we use our hands appropriately. Adam was also redirected to use 'squidgy dinosaurs' to occupy his hands when agitated to replace the hitting behaviour.

For managing transition times between activities, Adam was provided with a big plastic clock, which was also a timer. Mary found this effective in giving five-minute reminders that he needed to stop what he was doing and transition to a new activity such as eating dinner.

Other interventions included continued attendance with an occupational therapist, linking with a local paediatrician, attending a social skills group for children with autism spectrum disorder, and enrolment in karate lessons funded by the Children's Protection Society sports scholarship fund.

Adam responded well to these interventions and the transition was relatively smooth for him. In particular he needed to know the details of his schedule – the whiteboard and 'first' and 'then' cards greatly supported him. This predictability assisted Adam to self-regulate and manage his emotions and therefore remain calm and maximise learning opportunities.

Andrea had become quite introverted and showed signs of anxiety and distress. She had friends in her old neighbourhood that she was upset about leaving and Mary was concerned that Andrea had poor self-esteem. Andrea had previously been bullied at school and had recently started stealing.

As an engagement activity, the worker did some art with Andrea and this was then entered into a competition run by the local council, and Andrea's painting won first prize and she won an iPod (with her name engraved on the back!).

Andrea then agreed that the worker could look into social inclusion activities for her and she is now regularly attending a dance class funded by the Children's Protection Society social inclusion fund, which she loves. Both children have also been referred to a child-specific family violence counselling program.

Work with Mary entailed providing emotional and practical support to link with other services in the community. This included Mary:

- engaging with a psychologist
- attending a positive behaviour support program workshop for practical ideas on how to manage autism spectrum disorder
- attending a job service provider, which supported her in beginning a training course
- attending a financial counsellor and seeking legal advice
- attending one appointment with a family violence counsellor, however, choosing to continue with her private psychologist rather than take this up
- being supported to access private rental assistance brokerage through a local family violence service to assist with removalist costs and rent in advance
- linking with VCAT to have the RTBA (bond authority) release her bond in full without the signature of the violent ex-partner (the DHS bond loan scheme was also accessed to cover the bond for new property).

The family have now been in their new property for approximately five months and there have been no further incidents of violence. Adam is settled in his new school and the school is very supportive of him and his learning. Andrea loves dance class and has made a lot of new friends. Mary is now working part time and is training to become a childcare worker. Family Services will formally review the case with a view to developing a closure plan that celebrates the family's achievements.

This story highlights the resilience of children and families who can go through big changes and come out the other end stronger.

Good collaborative practice was the cornerstone of effective intervention in this case.

Collaboration occurred regularly between the autism-specific services, the school, family services and Mary. This involved regular meetings that focused on Adam's social, emotional and behavioural progress. Good communication also occurred by way of email communication loops and phone contacts. This enabled consistent behavioural support for Adam. Mary has really engaged with the school and support networks and feels empowered to be self-determining for herself and her family into the future.



## Sarah's story

**Author:** *Katrina Bould, Manager, Youth Support and Advocacy Service (YSAS)*

The YSAS Young Parents Project (YPP) is a specialist service for young people aged 12–25 who are pregnant or raising children, are experiencing alcohol and/or other drug misuse, and are likely to have contact with Child Protection services.

Through intensive therapeutic case work and support, the program enhances young peoples' parenting capacity and provides family support while simultaneously providing drug and alcohol treatment. The YPP aims to support young parents to maintain care of their children by providing education and support with substance use issues.

Sarah was referred to the YSAS YPP for ongoing support with her pregnancy and substance use issues. With the support of the YPP worker, Sarah contacted child protection herself and arranged to meet with them prior to the birth of her child to discuss future planning for her and her child. In addition to Sarah's significant drug use issues she was experiencing family violence.

After giving birth, child protection was alerted and a discharge plan meeting was arranged. With the support and encouragement of the YPP worker, Sarah actively participated in the process and voluntarily became involved with child protection. She met with child protection and allowed them to see her at her recently established secure accommodation, which was suitable for a newborn.

On numerous occasions police were called to Sarah's accommodation as a result of family violence. Sarah was able to recognise that her relationship and substance use were contributing factors affecting the safety and wellbeing of her child, and it was these factors that resulted in ongoing statutory service involvement. Child protection eventually removed Sarah's baby from her care.

The YPP worker continued to encourage and support Sarah and linked her into a withdrawal service to help her address her substance use issues. This provided her with the support she needed to eventually leave her violent relationship.

Sarah worked hard and collaboratively with support services, increasing her visits with her baby. A re-unification plan was developed, Sarah attended a drug withdrawal program. She overcame great challenges to eventually be reunified with her baby.

Child protection have now assessed that Sarah's parenting capacity is at a stage where statutory involvement is no longer necessary.

Close collaboration between Sarah, child protection and other support services in addressing risk factors, was a key enabler in the successful reunification plan.

As part of the YSAS non-judgmental, holistic approach, Sarah was able to address her substance use, remove herself from a violent relationship and further develop her parenting capacity in an environment free from that violence.

Sarah felt empowered through the therapeutic relationship she had developed with her YPP worker. Sarah continues to make progress and is able to advocate for herself and for the needs of her baby.



## Focusing on stability

### Benjamin's story

**Author:** *Melissa Rodgers, Senior Social Worker, Adoption and Permanent Care Program, UnitingCare*

The Connections Adoption and Permanent Care (A&PC) team provides a range of services to children, young people and their families. In the adoption program, relinquishment counselling is provided to birth parents considering relinquishing a child. Should a parent choose to sign consent to adoption, the program is involved in family-finding for the child, matching with an appropriate adoptive family and transitioning a child to their permanent family. The program also offers post-placement support in the pre-legal phase and may offer post-legal support if required.

Benjamin became involved with Connections as a newborn with special needs. Benjamin was born with Down syndrome and deafness. The case worker provided his parents relinquishment counselling over a number of months to explore the options for Benjamin's future care. The couple chose to relinquish Benjamin's care and the worker supported them through the consent-signing process and the emotional journey of relinquishing care of their child.

Following his parents' decision to relinquish his care, the worker set about finding a permanent family for Benjamin. In the meantime, Benjamin was very fortunate to be placed with excellent carers, with whom he remained until he was placed for adoption.

The family-finding process was a lengthy one, a journey that took almost a year. The worker had to be creative in her approach to family-finding, which meant going outside the pool of families on the Central Resource Exchange. The worker liaised with many professionals and associations as well as undertaking an advertising campaign to find the best family for Benjamin.

During this time, the worker spoke with many couples and families who expressed interest but, in learning more about Benjamin's special needs, determined they did not have the capacity to be his parents.

An adoptive parent was successfully found through our agency's recruitment, training and assessment process. She met all the requirements as well as being able to fulfil Benjamin's needs and interests. She was open to ongoing contact with the birth parents, with whom she was open and kind to in their meetings. This carer was also accepting and understanding of Benjamin's specific health, educational and social needs and was positive about working with support services and seeking out guidance. She accepted Benjamin for who he was.

Benjamin was placed with his adoptive mother just before his first birthday and he is now well settled.

Since his adoptive placement Benjamin has had his first contact visit with his birth parents.

Through regular visits and regular telephone contact the A&PC worker has helped to nurture the natural bond that he is developing with his adoptive mother. It is lovely to see how well he has adapted to his new environment and that he is finally settled into a permanent family. Benjamin has been placed on the waiting list for cochlear implants.

It is anticipated that the legalisation of this adoption will occur once he has been in the adoptive parent's care for 12 months.

The worker displayed persistence and determination to ensure that Benjamin was found the best possible family. The worker relied upon the relationships she built with other key service providers, such as organisations specialising in special needs, who also assisted in identifying potential applicants. The worker was child-focused in her approach and sought to locate a family that would nurture Benjamin's strengths, individuality and developmental needs as he matures through childhood, adolescence and adulthood.



## Henry's story

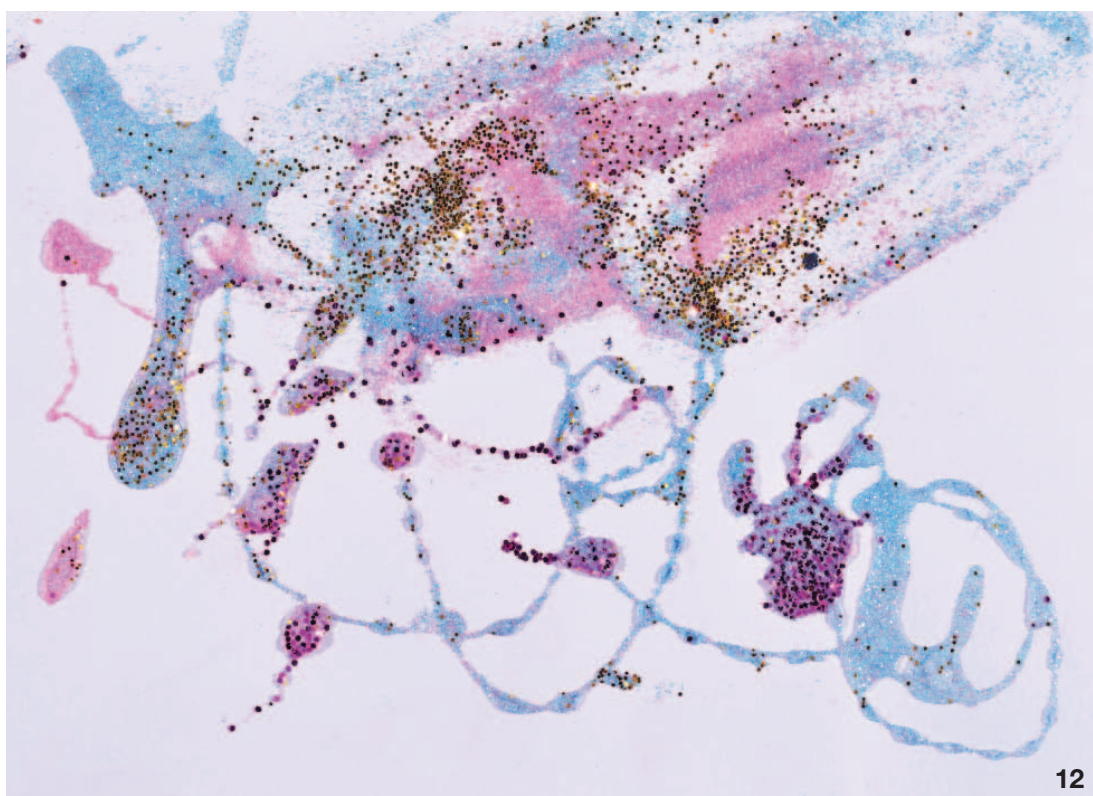
**Authors:** Penny Linton, Adoption and Permanent Care Program, UnitingCare  
Joanna Moroney, Adoption and Permanent Care Program, UnitingCare

Henry was born with a rare developmental syndrome that affects his cognitive, physical and emotional development. His long-term prognosis is unknown and he may have a shortened life expectancy. Following discharge from hospital, Henry was placed in a pre-adoptive foster care placement. There were concerns that a permanent family would not be found for Henry due to his special needs.

Connections attempted to locate a family within the approved pool of carers for this special needs child; however, given Henry's specific and complex needs this was not successful. The pre-adoptive carers expressed interest in caring for Henry long term. Connections worked collaboratively with the foster care agency and the carers to explore this option. The focus was on providing a timely, stable and developmentally supportive home environment to allow Henry to thrive. Connections provided the carers with targeted training and assessment in relation to Henry's unique needs.

The carers were approved to become Henry's adoptive parents, which offered him the stability and supportive environment that he requires.

Factors that led to the positive outcome included timely decision-making and collaborative relationships between the community service organisations. Connections offered flexibility in the approach adopted to educate and assess the carers in relation to this specific child. Connections also prioritised Henry's needs to explore all possible placement avenues promptly and to ensure Henry was permanently placed in a home that would help him to thrive developmentally.



## Lucy's journey

**Author:** *Alexandra Botham, Child Protection Practitioner, Inner East Adolescent Team, East Division, Department of Human Services*  
*Elizabeth Narducci, Senior Practitioner, Child Protection, Department of Human Services*

This story is about an eight-year-old girl, Lucy, who came to the attention of child protection following an admission to hospital for a serious heart complaint. Lucy's mother Lorna, had trouble accepting that Lucy had serious health issues requiring medical intervention. The hospital noticed that Lucy was fearful of separation from her mother. Lorna's background included experiencing major trauma following civil war in her home country and arriving in Australia as a refugee. Lorna indicated she had no support or contact from Lucy's father and she was unwilling to provide his name and contact details.

The initial investigation revealed that Lucy now age eight, had had no contact with other children or families; she did not attend school, she wore nappies and she co-slept with and was breastfed by her mother. Lorna was a hoarder and the house was difficult to live in. Lucy's grandmother, who was recently bereaved, was able to provide some assistance, however, felt overwhelmed by the situation. Compounding the complexity of this situation was Lucy's aggressive behaviour towards her mother, hitting out at her leaving bruises.

Child protection tried to get supports in place for the family, creating a plan for Lucy to start school by working with a school refusal programme and engaging mental health services for Lucy. Lucy refused to cooperate or attend meetings.

Despite not having attended school Lucy had learned to read but her knowledge of the world came from women's magazines. For instance, she analysed workers according to their star sign and the personality traits attributed to these signs. The child and youth mental health service diagnosed Lucy with separation anxiety and conduct disorder. It was important for Lucy to start school as soon as possible and begin her socialisation and so numerous meetings were held to determine the most supportive way to achieve this.

Lorna was supported to encourage Lucy to attend school. After several failed attempts to address Lucy's separation anxiety from her mother to attend school, an admission to the Eagle Unit at the Austin Hospital was carefully planned to assist Lucy and her mother to tolerate some separation in a supported environment and for Lucy to attend school in this environment. There were two false starts with this admission. Lucy's aggressive response towards her mother resulted in police being called to help safely transport Lucy (with Lorna).

Once in the Eagle Unit, Lucy loved the time she spent there joining in with the activities. However, after only two days Lorna took Lucy and left the hospital.

Nevertheless, the voluntary admission was a watershed moment in the progress of this case because it clearly showed Lucy's resilience and her thirst for normal socialisation experiences. New evidence had also come to light that the mother had longstanding mental health issues that predated her experience of the war and were clearly impacting upon her ability to prioritise Lucy's needs.

The short admission showed there were promising signs that Lucy could positively respond to socialisation. Child protection assessed it was in Lucy's best interests to be removed from her



mother's care for a period of time in order to assess her needs and allow her the opportunity for socialisation and education. Lucy was placed in a foster home and blossomed in this environment. She commenced school successfully and her smooth transition into this new household was astounding.

Around this time, Lucy's biological father, Umar, contacted child protection. He indicated he had been attempting to have contact with Lucy since her birth but was prevented from doing so by Lorna. Umar was married and he wished to establish a relationship with Lucy. Umar was introduced to Lucy and eventually she met her stepmother and began visits to the family home.

The contacts with Lorna continued to be difficult and further concerns emerged regarding the sexualised nature of their interaction.

The relationship between the child protection practitioners and Lucy had deepened over the year-long involvement and Lucy had grown to trust and care for her workers. This relationship became pivotal for Lucy as she learnt about the world without the distortions from her mother.

Umar and his wife were committed, loving and driven to care for a child whose needs were and continue to be complex. Lucy transitioned from her foster placement into their care and started school. This has been successful now for one year. Nevertheless, further information about Lucy's experiences with her mother have continued to emerge, with her disclosing sexual abuse from Lorna.

Lucy has been accepted into this alternative biological family. She attends school and is learning to be a child. She is receiving therapeutic support focusing on the significant changes in her life and her disclosures relating to sexual abuse. It has been significant to see Lucy being introduced to education, social networks and a healthy loving family.

Child protection practitioners have questioned whether they should have removed Lucy at a much earlier time, rather than gently trying to obtain an outcome that involved her remaining with her mother. However, the mental health workers, the family therapist and the information available earlier in child protection's intervention suggested the need for caution in taking this action.

A key factor in getting the positive results was the tenacity of child protection practitioners to effect change in Lorna's behaviour and continue to work in Lucy's best interests despite the presenting challenges. This facilitated the outcomes needed for Lucy. It was Lucy's relationship with child protection practitioners that ultimately grounded her.

## Gobey's story

**Author:** *Upeksha Wickramatunga, Kinship Care Caseworker, OzChild*

Gobey's story speaks of the power of relationships that help children to understand they are wanted, that they belong and remain connected to their cultural heritage.

Gobey, now two years old, has been in the primary care of his maternal grandmother, Amma, since birth, due to the transient lifestyle of Gobey's mother and the anonymity of Gobey's father. Amma also cares for two of her own sons and a daughter, who are more like siblings to Gobey. Gobey is thriving in the care of Amma. The case was referred to OzChild's Kinship Care Program in 2012 and following some initial support it was decided that Amma's care of Gobey indicated a permanent care assessment was appropriate.

Amma and the maternal family originate from an African nation. Amma's life story is one of manifold personal and communal trauma, grief and loss: murder of her loved ones in the ongoing violence in her home country, her journey as a refugee and the grief over the lifestyle of Gobey's mother. Against this melancholy backdrop is the incredible resilience and commitment that Amma displays in raising Gobey and her children as a single mother in a foreign country. Amma's inspiration lies in her connection to the local church and her relationship with the local African community.

Amma speaks English, though her mother tongue is Arabic. OzChild experienced difficulties while engaging with Amma that were due to a combination of the language and cultural differences and lack of a reference point in terms of a child protection system in her own country. It was becoming increasingly difficult to explain the permanent care process and assessment to Amma due to these differences, and the use of an interpreter affected the quality of the information obtained.

OzChild in collaboration with the child protection kinship team, identified a child protection regional practice leader who specialised in refugee/culturally diverse communities and spoke Arabic. The connection Amma developed with this practice leader was instantaneous, and the permanent care assessment was completed as a result of this triangular partnership between Amma, child protection and OzChild. The assessment was endorsed by the Kinship Panel and a court date will be set to obtain a permanent care order.

Hence, Gobey's story is one of trauma, cultural collision and journey of a family as refugees and ultimately, how obstacles can be overcome by fostering better communication and partnerships.

## Olivia and Maya's story

This rural Berry Street kinship team likes a challenge! They also like to get the best possible service for their families. When our kinship case manager met 15-month-old twins Olivia and Maya she was determined that they would have the best of everything. The girls had been relinquished at birth and were quickly placed on a guardianship order. The girl's aunt and uncle were then located and decided that they wanted to care for the twins. Diana says:

*'On my first home visit to Auntie's home, I was met by two inquisitive, mischievous girls with enormous blue eyes. They climbed all over me, drooled on my paperwork and ripped pages from my note book ... I was smitten.'*

The family lived in a small three-bedroom house in a beautiful bush setting. Their three teenage sons also lived with them. More room was needed.

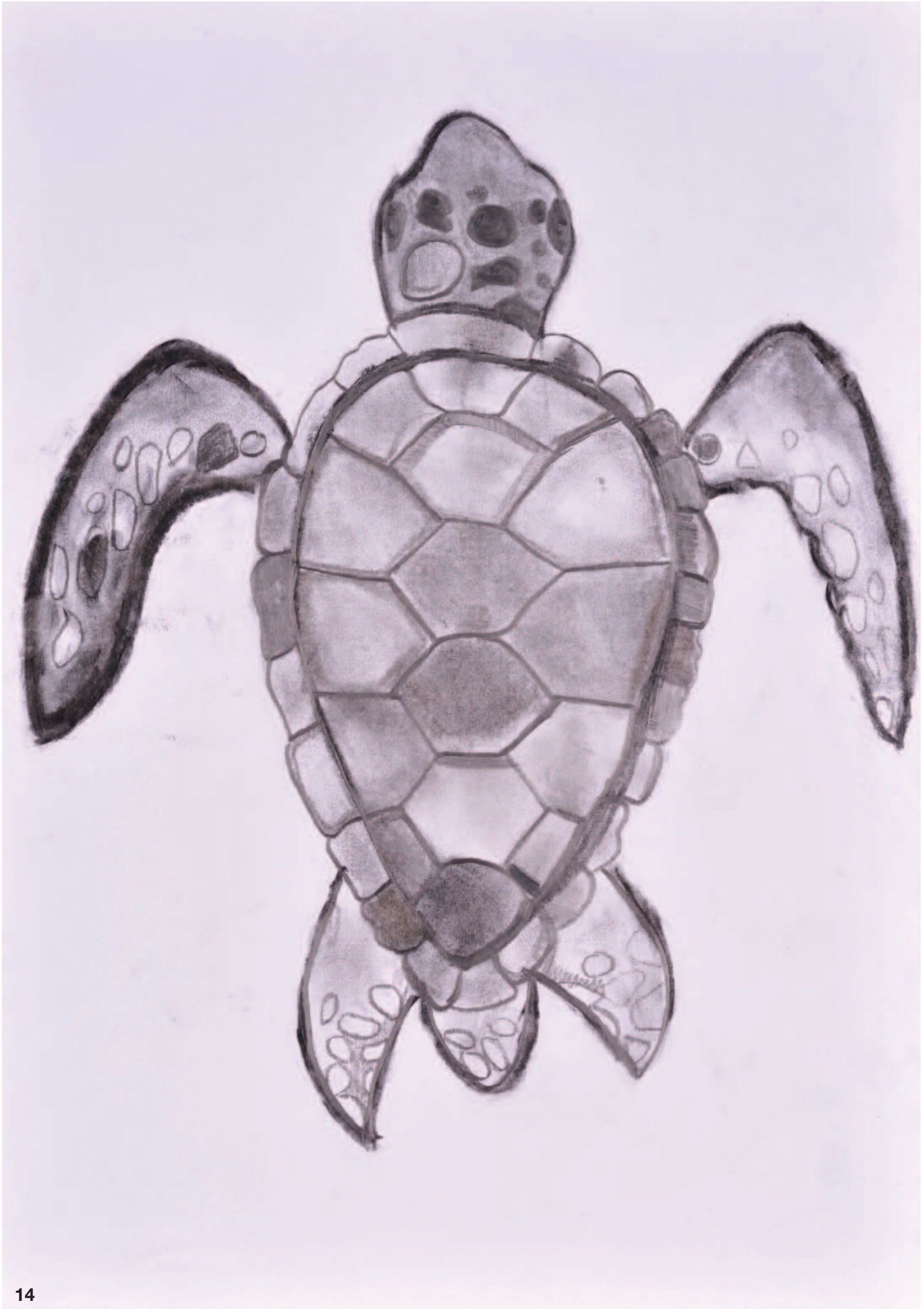
Over the next few months child protection and Berry Street successfully applied for additional space through Kids Under Cover.

Then the real work began! Having been refused the Baby Bonus, Berry Street decided to lodge an appeal with the Social Security Appeals Tribunal for an Act of Grace Payment. We were successful in a first-of-its-kind appeal and the carers received \$10,000, which they used for a car. Next we sought permanent care orders and, with support from DHS colleagues, the girls were successfully placed on permanent care orders to their aunt and uncle.

On the big day Olivia and Maya fidgeted in their twin stroller as the magistrate announced he was awarding the permanent care order.

As the magistrate thumped his gavel, Olivia and Maya let out a joyful squeal and the courtroom broke into laughter. The magistrate made his way through the court with the twin's permanent care certificates and two enormous, furry teddy bears for the girls, which of course were welcomed into eager arms.







# Responding to sexual abuse – a therapeutic approach

## Katrina's story: 'Healing as a little family'

**Authors:** Sally Smith (pseudonym), Client of Barwon Multidisciplinary Centre

Caroline Hargreaves, Counsellor/Advocated Barwon CASA

Detective Senior Constable Shane Henderson, Geelong Sexual Offences Criminal Investigation Team

Barwon Centre Against Sexual Assault (BCASA) is a specialist counselling service offering child, youth and adult programs to address the effects of sexual assault and family violence.

Barwon CASA and Victoria Police, Geelong Sexual Offences Child Investigation Team (SOCIT) have always had established protocols for working together. The establishment of the Barwon Multidisciplinary Centre (MDC), which has seen the co-location of Barwon CASA, Victoria Police and DHS child protection, has greatly enhanced the experience and outcomes for clients and their families.

The key feature of this coordinated service is to ensure client needs are met in a seamless and timely manner. Dignity and respect throughout the process underpins the relationship between the organisations involved and the client.

### The family

This is the story of the relationship between a family in distress and a service response providing a shared focus to achieve emotional and physical safety and recovery from trauma.

13-year-old Katrina disclosed at school that she had been sexually assaulted by her father.

What followed is poignantly described by Katrina's mother, Sally:

*'From the very start everything happened so fast, I was initially contacted by my daughter's school, child protection and a SOCIT detective ... In the beginning no one was able to tell me any details of what had been happening to my daughter ... only that there was a possibility of abuse while in the care of her father ... Once Katrina told me, I was heartbroken and that evening we arranged ... to give video evidence.*

*It was quite traumatic for Katrina to tell a stranger everything that had happened to her; however, the police did try their hardest to make it as comfortable as possible. A few days later my son also had to give his evidence and again he was listened to and made to feel at ease.*

*We then were given Barwon CASA's phone number in case the children needed someone to talk to. At first they both wanted to talk, although [they were] nervous.*

*The counsellor was amazing, so gentle, caring and understanding.*

*She reassured that the way they were feeling was perfectly normal and that they were doing really well on their road to recovery.*

*In fact I also have needed someone to talk to ... I don't believe we all would be able to function properly after what we have been through if it wasn't for my counsellor and Barwon CASA.*

*Some days it's still hard and feels like it will never end; however, just to know we all have our counsellor to turn to when we feel like it's all too much to cope with, is such a relief, and is a very large part in our healing as a little family.'*

The SOCIT officer coordinated an immediate referral to Barwon CASA, knowing this would positively influence the outcomes for Sally and her children.

In the midst of dealing with her own shock and distress, Sally demonstrated considerable focus and strength in remaining attuned to the children's needs.

The family were encouraged to express their thoughts and emotions about their father and what he had done. Crucially SOCIT and Barwon CASA ensured their participation in making choices about the future in a safe and respectful environment

The Barwon CASA visiting solicitor will lodge a Victims of Crime Assistance Tribunal (VOCAT) application for Katrina as primary victim and Sally as a secondary victim. VOCAT offers forms of compensation but, crucially, public recognition of the family's pain and suffering.

Katrina and her brother Riley have demonstrated enormous resilience in facing this trauma. Sally feels she can now take some time for herself to begin to heal in a counselling space just for her.



## Using art to heal

**Author:** Anne Riggs, Project Artist, South Eastern Centre Against Sexual Assault

TOTEM is about a group of children and parents creating art together. In each family one member has been sexually abused, but all have been affected by it. TOTEM is a project of the South Eastern Centre Against Sexual Assault (SECASA) run by artist Anne Riggs in collaboration with Gwendoline, a SECASA counsellor.

The collaboration between the artist and counsellor provided a range of creative, social and reflective activities for families that addressed many issues confronting both children and parents affected by abuse.

We immersed the group in a wide range of art activities including painting, claywork, mosaics, sculpture, mono-printing, creating a matchbox art gallery, postcards and collage. Everyone was interested in art to start off with; for some, it was one of their few pleasures. All were keen to spend time making art together and learning new techniques. By far the most rewarding, most challenging, most complex and the most fun was creating and painting a timber sculpture – a ‘totem’ – together as a family.

Timber scraps and found objects were transformed into colourful art works; along the way participants learned to use the drill, screwdriver, hammer, liquid nails and hack saw. They learned to think about balance, to include moving parts, to decorate and to think of the sculpture as a 3D object.

The first steps of getting these large pieces to stand and balance were difficult. Art-making can be frustrating at times. Gwendoline and I talked about giving things a go, about practicing and trying different ways of doing things. Most important was to have fun in the process. Naming and managing frustration are skills that most in the group found challenging. We even made up a new word, ‘flustration’, to describe the mixture of feeling flustered and frustrated when things aren’t going quite right.

Gwendoline was especially skilled at reminding participants about persistence and practice: that most things ‘take a few tries before we get it right’.

It soon became easier and everyone loved the process of adding more and more to their work. I thought we would take two weeks to create these totems but it was hard to stop!

Family members sometimes struggled to cooperate and be patient with each other. Learning to ask for help, or asking someone not to help, were other useful skills that Gwendoline helped participants acquire. Children particularly like to do things by themselves, and parents sometimes have to learn to take a step back; siblings were encouraged to help each other when asked. Putting words to needs was an important step in the processes of TOTEM. The creative projects gave participants ways of learning and practicing skills that contributed to building communication. It built their cooperation skills, reducing entrenched and uncooperative behaviours.

Parenting in the shadow of trauma is lonely. Although most did not talk about the abuse that brought them to TOTEM, the conversations, the sharing and the friendly relationships that developed between parents, as well as with the staff, was uplifting. So too was the dedicated ‘time out’ for creating and relaxing. Parents looked forward to coming, seeing it as a time for



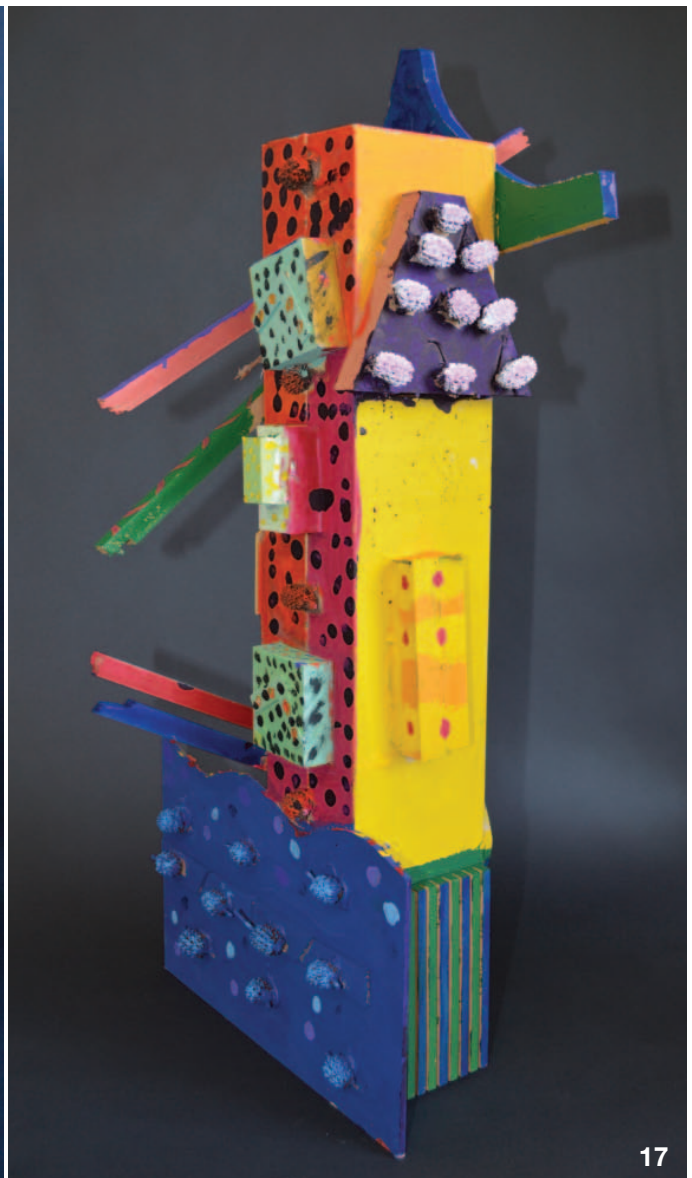
play, to be 'on their best behaviour', to have fun together as a family and to create. They were very generous in supporting the other children in the group. 'I always look forward to it and I never wanted to leave', said one.

At the end of the class each parent and child were asked to write a short piece about the work created by the other. Each looked for and found words to describe the good qualities of the art, and some described how each person went about creating it. We heard words like 'Awesome!', 'Cool!' and 'Great effort!'.

It can be hard to show appreciation for the efforts of family members; and it can be hard to find the words to express that appreciation – especially when relationships are difficult. In this exercise I could see a great capacity of each person to see and appreciate what needed encouragement; the children were especially able to enthusiastically praise their parents' work. The importance of the parent to the child was very noticeable.



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## Carla and Ross' story

**Authors:** *Lisa Blitsas, Team Manager, Child Protection, Inner East Adolescent Team, East Division, Department of Human Services*  
*Kristina Laycock, Senior Practitioner, Child Protection, East Division, Department of Human Services*

This story is about siblings Carla and Ross. They came to the attention of the child protection program during their adolescence due to reports of physical, sexual and emotional abuse.

Both children were abused by their parents over many years and therefore missed the opportunity of experiencing a healthy and well-functioning family life. Their older sister left home when they were 11 years old due to the sexual and physical abuse she had endured.

Carla and Ross have no relationship with their older sister, nor any other extended family member. They were raised in a highly controlled and intimidating environment and as a consequence did not have a close relationship with each other. Their father controlled everything: what they ate, what they looked like, who they saw, what they did, when they studied and what sport they excelled in.

They were driven to a youth detention centre as young children and told that this is where children go if they spoke to authorities such as child protection.

Carla started to crumble emotionally and, following an information session at school, realised that she needed to talk about the situation at home. She started to make casual contact with police and eventually started to disclose, in small segments, the details of her abuse. When Carla began to disclose to police what was happening to her, her relationship with her family, including her brother, deteriorated and the siblings were both removed from their parents' care. Ross's initial response to Carla was one of anger - he did not understand why his world had been ripped apart. Due to the complexity of the family relationships and the need to ensure both children were appropriately supported, they were placed in separate foster care placements. On the surface both siblings excelled at school and were outstanding athletes.

The video audio recording evidence (VARE) statements to police contained some very disturbing material. Carla was so traumatised by her experiences she would often dissociate and pass out from exhaustion, usually resulting in emergency services attending.

Carla would sometimes run towards oncoming traffic on busy Melbourne roads. There were several incidents where the police and ambulance were required to ensure her safety. Often when she disassociated, she would scream out to her abuser to not hurt her.

If not for the collaborative efforts of child protection, Anglicare Victoria, Victoria Police, mental health services, the Australian Childhood Foundation and sexual assault services, I do not believe we would have achieved the positive outcomes we did. The school she attended 'hung in there', always responding appropriately to her needs and working well with the care team to ensure her safety.

Carla no longer requires intensive support from emergency services. She remains in a loving, caring foster care placement, with the carers willing to care for her into adulthood and support her to achieve her personal goals. She has good friends, a part-time job and enjoys selling her own art. Most importantly, she and Ross have a relationship now, a warm relationship.

Carla is continuing her studies. Ross recently obtained his licence and drives out to her placement to see her. He is also well supported by his carers, who have taken him on interstate trips and allowed him opportunities to be a teenager and have fun with his friends,

like camping, hiking and archery. He is living and studying at university. He has blossomed into a well-adjusted young man.

Both young people were extremely thankful to their workers and have maintained contact with child protection after their 18th birthdays. They have stable long-term placements and ongoing professional support. They maintain regular contact among themselves. They now have the best opportunity to further succeed in life.

Not one professional gave up on Carla and Ross, even when the demands of caring for Carla seemed so overwhelming. Every professional worked intensively in collaboration, sharing the load. They all respected each other and the positive relationships formed went a long way in achieving the best interests case plan for both young people.

Victoria Police, from general uniform, to the youth resource officer (YRO) and the detective who tirelessly gathered all the forensic evidence to charge the parents, went above and beyond their call of duty. The YRO would often respond to Carla's calls and would meet with her regularly. She still does to this day. The detective would sit through the multiple VARE interviews with great patience and empathy, while upholding the legal obligations with respect to evidence. He too, responded to Carla's calls and the need for reassurance. The detective also helped Ross when he too was ready to provide a police statement. The police handling of this case was incredibly professional and hugely sensitive and patient.

Finally, the respective carers of these young people were absolutely brilliant. The support, commitment, compassion, patience and understanding they provided, no doubt helped achieve the best possible outcome. The ongoing relationship the respective carers will have with them both will be valuable and meaningful in managing any future setbacks these wonderful young people may face.

This was one of my most valuable experiences in 13 years of work in child protection. Stories like this may just keep me going for another 13 years. Credit to all involved.



## John's story: Strengthening the mother–son relationship

**Authors:** *Karla Dubaniewicz, Counsellor, Children's Protection Society*  
*Sharyn Cameron, Counsellor, Children's Protection Society*

The Sexual Abuse Counselling and Prevention Program at Children's Protection Society (CPS) offers counselling to children under the age of 18 who have been abused or who display problematic or sexually abusive behaviours. The counselling service also offers support to family members affected by the abuse.

John (15) has an intellectual disability and was diagnosed with pervasive developmental disorder at the age of three. He was referred to CPS after engaging his four-year-old cousin in sexualised behaviour.

John presented with challenging behaviours that were often sexual in nature. He had a conflicted relationship with his mother, Cindy. Although Cindy was dedicated to her son, she was often dismissive and defensive about his requests. Counselling for John focused on addressing his need to be heard and understood.

After almost two years of John attending CPS, Cindy disclosed that prior to John's birth, his father Arnold had sexually abused her daughter, Fiona, from a previous relationship. Cindy did not believe Fiona's disclosures, and Fiona was removed from her care. Arnold and Cindy separated eight years later and, over time, Cindy came to the realisation that Fiona's disclosures were true. Cindy was guilt-ridden and remorseful for not believing her daughter and asked for support to write Fiona a letter of apology.

CPS allocated Cindy her own counsellor to address her remorse and grief. It was hoped that such support would also help Cindy address her feelings and views about Arnold, and gain insight into how these had affected her interactions with John.

In counselling, Cindy worked through the guilt she had borne for years, and regained her self-confidence and emotional strength. This resulted in a profound shift in the family system – Cindy became more attentive to John's needs and communication between mother and son improved dramatically.

The work proved to be extremely beneficial for John and Cindy. There was an obvious difference in their relationship and attachment that both Cindy and John could identify and speak about. John improved at school and was not engaging in any of the challenging behaviours he had at the start of counselling because his needs were now being met by the one person he most needed, his mother.

This story highlights that a holistic and systemic approach is important for a child's recovery.







# Children and families living in rural Victoria

## Edward's story

**Authors:** *Marg Pitts, Child Protection Practitioner, Western District Area, West Division, Department of Human Services*  
*Andrew Lowth, Regional Principal Practitioner, Central Highlands and Wimmera, West Division, Department of Human Services*

The department first received a child protection report regarding concerns for Edward last year. Edward had moved with his mum and brothers from one rural city to another, approximately a two-hour drive away. It was hoped that the change would benefit Edward's social anxiety and post-traumatic stress disorder symptoms and assist his recovery following a severe bullying incident that he experienced when he began secondary school.

Since the incident, Edward has not been able to attend mainstream school and achieve his academic dream to attend university. Edward was admitted to the Banksia Unit at the Royal Children's Hospital after an attempt to harm himself. The child and adolescent mental health service (CAMHS) provided therapy and support to Edward and his family; however, during this difficult time for Edward, his parents separated and his father resigned from his job and attempted suicide.

Edward felt he was to blame for his parents' separation and his father's suicide attempt. Contact between Edward and his father ceased at this time and Edward was admitted into the Banksia Unit numerous times as a result of his mental health issues.

When I first conducted a home visit to Edward and his family, Edward was in his bedroom completing home schooling online and could be heard making a self-soothing hooting noise continuously. Edward was unable to speak with workers. Denise his mother, and his brothers were angry with Edward, saying that he was perpetrating family violence and they wanted that to stop. Denise contacted police a number of times to have Edward restrained and to be transported to hospital. This cycle continued for many months with little change despite intensive therapy and medication.

After a particular Banksia Unit admission, Denise said she could no longer have him return to the family home because the impact on her mental health and that of her younger sons was too much. CAMHS had recently begun supporting Edward's youngest brother.

In consultation between Banksia psychiatrists, CAMHS clinicians and child protection, a contingency plan was developed to support Edward being discharged from the Banksia Unit into an out-of-home placement with 24-hour care.

The residential care agency arranged with the Banksia clinicians to introduce Edward to the residential care staff and prepare him to transition to his new home. Edward managed this transition well and managed with being cared for by the residential staff and his new CAMHS clinicians. What Edward responded well to was the structured and consistent daily routine that the residential care staff implemented.

Edward and his family were provided with family group therapy and Edward started to make significant gains. Edward yearned to return to his family and looked forward to his weekly contact with his mum. Sadly, Edward's brothers refused to have any contact with him and family group therapy was unable to support a safe reunification for Edward and his mother and siblings.

Since his discharge from Banksia, Edward has continued to amaze the professionals that have travelled alongside him through his journey. Edward articulated that he would like to reconnect with his father and worked hard with all professionals to manage his behaviour at times when he felt stressed or angry. He has reconnected with his father; they now live together full time, and both have worked hard to achieve a positive outcome for Edward. Edward enrolled at TAFE to complete his secondary school subjects and is determined to gain a VCE score that will enable him to apply for a university course in two years. He is able to socialise with peers and play basketball (which he is very accomplished at, leading to him being selected to represent a regional team in Melbourne).

Edward's clinician and psychiatrist are working with Edward to reduce his medication safely, at Edward's request. He and his father continue to work closely with their case manager and clinician to reinforce for Edward the fantastic personal gains that he has made and the genuine commitment that he and his father have to supporting one another.

Edward continues to have regular contact with his mother Denise, which is supported by his dad. This collaborative effort by professionals and, particularly Edward and his father wanting to help Edward feel better about himself, has been a wonderful inspiration for everyone associated with Edward and his family.



## The Matthews family: Strengthening the mother–child relationship

A child protection team has been established in an area of rural Victoria with the aim of offering a collaborative response to families where family violence is the predominant presenting concern. The team is colocated with the Family Violence Unit in the local Police Station.

‘The greatest gift to a child is to strengthen their relationship with their mother... Recognising the mother–child relationship and supporting that, both during and in the aftermath of family violence, is absolutely critical to recovery of family violence’ (Prof. Cathy Humphreys, 2011).

When child protection received a report that a father had perpetrated family violence against the mother and threatened to kill his two daughters, a protection application was sought and the children remained in their mother’s care while the father was remanded.

The father, Grant, had been perpetrating severe family violence for approximately seven years, starting when the mother, Kylie, became pregnant with their first child. Kylie was isolated from the community, both parents used drugs (marijuana), the children were not attending school regularly and Grant would make threats against the children’s lives. The daughter in grade one was still in nappies and both children presented as developmentally delayed. The children had an extensive child protection history interstate and the family had experienced periods of homelessness. Both parents had suffered trauma as children.

Kylie had been trying to leave the relationship for many years; however, when she had been successful and entered a refuge in the past Grant had found her and they had reunited. Kylie could see the signs when Grant was becoming aggressive and she had taught the children to go to their rooms to prevent them witnessing the assaults. However, Kylie acknowledged that the children were still affected by this. Grant would use the children as pawns in his manipulation by taking one child with him whenever he went anywhere, knowing Kylie would not leave without this child.

Grant was charged and convicted and spent many months in prison. Grant is unaware of the family’s location. Kylie has put all safety strategies in place such as a home alarm, she has notified local police of the risk and obtained an indefinite intervention order with the children on it.

Kylie suffered from severe mood swings and would sometimes become aggressive and hostile towards workers.

The worker was patient and would explain to Kylie she understood her feelings due to her past trauma experiences. Kylie’s triggers were when she would perceive that workers sounded like her ex-partner and she felt her parenting was being criticised. Workers used a strengths-based approach to build her confidence and undo the damage done by Grant undermining her parenting.

Child protection worked collaboratively with a family violence agency that provided Kylie with options for moving house in order to provide safety and stability. Kylie found the adjustment difficult at times and would slide into a depression and would need assistance in meeting the needs of her children.



Kylie initially engaged with Child FIRST, however, subsequently refused to work with the service as she found it overwhelming when her parenting was being addressed. Kylie then agreed to work with the Families First program and engaged well. It was negotiated that the Families First program would assist her with her mental health and the child protection practitioner would focus on her parenting needs. This joined up intervention was successful, with Kylie completely stopping her marijuana use and her mood swings stabilising. She was then better able to meet her children's complex needs.

During the intervention, child protection focused on addressing the children's trauma responses and worked with Kylie in getting services involved to do this. The intervention lasted 15 months and, by the end of the order, the children were attending school and CYMHS appointments and had undergone assessments to ensure they were receiving appropriate supports to optimise their learning opportunities at school.

The collaborative relationships between service providers enabled a coordinated response that was responsive to the mothers needs, retained a focus on the children's safety and created a supportive environment within which the mother could grow and strengthen her parenting capacity.





## Michelle's story – a rural care team

**Authors:** *Emma Anderson, Child Protection Practitioner, West Division, South West Area, Department of Human Services*

*Karly McKinnon, Team Manager, Child Protection, Warrnambool Office, Department of Human Services*

The Warrnambool child protection team operates as an integrated unit, with practitioners managing cases from investigation phase through to permanent care. The benefits of this model are retention of the same case manager for the duration of child protection intervention, promoting consistency, stability and building relationships.

This story is about Michelle, aged 16 years, who came to the attention of child protection following the breakdown of her relationship with her father, who was her primary carer. Their relationship marked by conflict, and the distress of Michelle's self-harming behaviours underpinned Michelle entering out-of-home care. Child protection had been previously involved with this family over similar concerns.

A decision was made in conjunction with the Divisional Principal Practitioner that all efforts would be made to support Michelle and her father voluntarily without issuing a protection application. Given the history of conflict with her father it was agreed that our work needed to focus on developing a solid care team around her, with stable accommodation with a view of promoting her ability to live independently.

Initial placement options were out of the local area, which impacted on effectively linking Michelle to a psychologist, education or support services. During this time, child protection worked hard exploring several independent and semi-independent housing arrangements culminating in successfully negotiating a six week trial placement for Michelle with the Brophy Family and Youth Services Foyer program.

Since entering this program Michelle has made many positive changes with the support of her child protection case manager and wider care team. Michelle has stopped self-harming, has returned to education, has developed her own exercise regime and is engaged in recreation activities such as scouts.

Child protection remained involved with Michelle over the duration of her six-week trial, which she successfully completed. Michelle is now a full-time resident of Foyer and is no longer a client of child protection.

Warrnambool child protection's work with Michelle in a 'voluntary' capacity helped engage Michelle with a network of support services that will be able to continue to work with her after she turns 18.

Assigning Michelle's case to the child protection practitioner who had worked with her for a year previously, enabled continuity and building on the established relationship, which allowed Michelle to develop a solid connection based on trust and mutual respect.

This was clearly reflected when Michelle wrote her case manager a card, which said:

*You may not feel like you do much but you do. Your support has been amazing. I'm really lost for words and I'm unsure what to say. I would just like to thank you so much for everything you have done for me.*



## Amelia and baby Jane

**Authors:** *Janine St John, Maternal and Child Health Nurse, Gippsland Lakes Community Health*  
*Vanessa Mair, Youth Pregnant and Parenting Support Group Facilitator, Gippsland Lakes Community Health*

The Youth Pregnant and Parenting Support Group (YPPSG) is a component of the innovative 0–2 Program, and is part of the Family Youth and Children’s Services Unit at Gippsland Lakes Community Health. It works in conjunction with the maternal and child health service to provide support and connections for young mothers and their children. YPPSG accepts referrals from early pregnancy and remains connected until children are two years old. Two facilitators provide three separate groups for weekly social support and a home visit outreach service. Individual plans are developed for each mother using the family partnership framework.

Amelia was referred to the YPPSG through Gippsland Lakes Community Health’s Family Youth and Children’s Unit. Amelia was 17 years old and 12 weeks pregnant. She was living in a caravan park with her partner. Both Amelia and her partner had been ‘in the system’ most of their lives. They were very distrustful and wary of ‘workers’. Family violence and financial and drug issues existed in the home. An ex-partner also posed a risk to both Amelia and her unborn baby and Amelia experienced major anxiety and self-esteem issues. Amelia’s own mother had died a few years before.

The family were defensive and confrontational during the first home visit. Good communication skills enabled the worker to defuse the tension and quickly engaged the couple to develop a clear understanding of the workers role and that the aim was to support the couple, not dictate to them. Addressing the parents fears directly reduced the barriers to effectively engaging them and got the relationship off to a good start. Regular visits began.

The colocated services at Gippsland Lakes Community Health allowed streamlined referrals to housing support services and alcohol and drug services, providing transitioning through to long-term housing. Clothing and equipment for the baby was accessed through Integrated Family Services and maternal and child health. Transport is always an issue in rural areas. YPPSG workers provided transport to numerous appointments. Each time a little more trust and learning developed about the couple and the challenges they faced.

Several weeks in, it was possible to engage Amelia in the YPPSG. This was a huge step for her self-esteem. It involved a lot of trust for her partner also as they were rarely apart. It took many attempts and sometimes was too overwhelming but Amelia became a regular attendee.

Once her baby, Jane, was born, Amelia really engaged with the known workers. She developed her parenting skills, addressed her mental health issues and eventually moved on from the violent relationship. Central to this was her developing an understanding of her important role and influence as Jane’s mother.

The collaboration of facilitators, the YPPSG group and her maternal and child health nurse with other services ensured that Jane’s wellbeing remained a central focus while fully supporting Amelia to successfully address her needs.

The positive outcome for Jane is the safe and nurturing environment she now has to grow in. She regularly attends childcare and has contact with other children through Amelia's continued friendships with other young mothers from the group. Amelia is working, emotionally well and in a healthy relationship. Amelia and Jane have stable housing. Amelia is both determined and confident she is able to maintain their safety. Their life together is visible and connected. Importantly Amelia's attitude to services has changed – Jane will grow up to appreciate that support is available when things are difficult.

The most important element of this story is the initial engagement. Skilled workers with great communication skills can often successfully build a relationship with families who may be fearful and anxious by being clear, honest and consistent. By acknowledging they couldn't fix everything, but committing to support and provide connections in the long-term, the YPPSG facilitators were able to truly work in partnership with Amelia towards her goals.





## Jade's story

**Authors:** *Sarah Connolly, Senior Social Worker, Program Manager Vulnerable Children, The Royal Children's Hospital*  
*Zoe Bourdon, Social Worker, The Royal Children's Hospital*

**The Royal Children's Hospital social work department provides psychosocial services to children and their families attending the hospital.**

Jade is an infant who lived with her mother, stepfather and two older siblings in rural Victoria, several hours from Melbourne. At three months of age Jade was admitted to the Royal Children's Hospital with unexplained bruising to her chest and torso. The injuries were suspected to be the result of physical abuse.

Jade had been taken to the local hospital by her mother when she became worried about Jade's vomiting. When hospital staff observed Jade's bruising her parents were asked how this happened but they could not explain. Jade was transferred to the Royal Children's Hospital by air ambulance accompanied by her aunt. Jade's mother and stepfather did not travel to Melbourne that day. Jade's older siblings stayed with relatives in their home town.

Medical tests conducted at hospital found other more serious injuries and the findings suggested that Jade's injuries were non-accidental. This raised concern for the safety and wellbeing of Jade and her siblings. A multidisciplinary case conference was held involving hospital staff, child protection practitioners and police. This meeting allowed those involved to share information about Jade's injuries in an attempt to understand what had happened. This meeting was a positive example of working together for the child's best interests.

Throughout Jade's hospital stay, the hospital social worker liaised regularly with child protection staff, providing frequent updates about Jade's progress and ensuring that they had sufficient information about Jade's medical situation and future care needs appropriate for her age and stage of development.

Jade's condition was not life-threatening and she recovered well. After a week in hospital she was discharged to a safe placement with her extended family. Her carer was a familiar person who had visited her in hospital. Police continued to investigate the person responsible for Jade's injuries.

Effective communication ensured that information about Jade's health, wellbeing, current and future care needs were available to child protection and her new carer. Positive collaboration between child protection practitioners and the hospital social worker ensured that Jade's new carer was a familiar relative, which was essential given the trauma she experienced.

The regional child protection practitioners were available and responsive to information and advice. Physical distance from the hospital was not a barrier to good communication or planning for Jade's needs. Child protection assisted with practical aspects of discharge planning including funding for return air travel. Child protection were proactive in requesting information about Jade's medical follow-up and made appropriate arrangements for travel and accommodation to ensure Jade attended subsequent appointments.





# The best start for mothers and babies

## Janet's baby Violet

**Authors:** *Lisa Arnott, Enhanced Maternal and Child Health Program, City of Greater Dandenong*  
*Catherine Mills, Team Leader, Enhanced Maternal and Child Health*  
*Martina Brennan, Enhanced Maternal and Child Health Nurse*  
*Carol Scott, Enhanced Maternal and Child Health Nurse*  
*Anita Yang, Early Parenting Support Officer*

### The Enhanced Maternal and Child Health Program:

- provides intensive additional support for families experiencing significant early parenting difficulties
- improves family functioning and the health and wellbeing of vulnerable children and families
- promotes early identification and intervention, particularly for children and families at risk and improves linkages with other early childhood support systems including maternity services, family support and early intervention services.

The Enhanced Maternal and Child Health Program received a referral from a local mental health service at a maternity hospital regarding Janet, a 35-year-old Aboriginal woman who had given birth to a baby girl. Janet presented with a history of childhood sexual abuse, family violence, substance abuse and mental health issues. There was also a history of child protection involvement where Janet's two older children had been removed from her care.

Janet's baby was treated with morphine for neonatal abstinence syndrome post delivery. Janet lived with the father of her baby, however ongoing relationship issues meant her housing situation was unstable.

In response to the referral, a maternal and child health enhanced services (MCH-ES) home visit was scheduled and a maternal and child health (MCH) nurse and an early parenting support officer (EPSO) were to attend.

Prior to the scheduled appointment Janet spoke with the team leader of MCH-ES on the phone. She was crying and in an agitated state. She said her baby was very unsettled and she 'had tried everything'. Janet said she didn't know what to do next. The MCH nurse offered an immediate home visit and Janet gave permission for this to occur. The MCH nurse and EPSO attended the home where Janet, the father and her baby, Violet, were present.

Immediate 'hands on' support was offered. The EPSO role modelled techniques in calming the baby and gave advice on managing normal new born behaviour. Over the course of the next two hours Janet was offered practical support and information on child development and health promotion. Janet disclosed to the workers that she had recently ceased taking buprenorphine as she was concerned that her baby would be affected via her breast milk. Janet was given the opportunity to express her fears and was then encouraged to continue to take her medication until otherwise advised by drug and alcohol support services. The MCH nurse and EPSO discussed drug and alcohol support service options. At the conclusion of the

two-hour visit Janet was noticeably less anxious and said she was grateful for the support that had been provided and the assistance in calming Violet to sleep. A follow-up home visit was arranged for the next day.

The MCH-ES staff continued to visit Janet and Violet at their home. Initially the home visits were weekly with the option of extra phone support. The home visits focused on providing support with parenting and encouragement to enhance the mother–child bond and parental emotional wellbeing. The home visits also allowed the MCH nurse to complete the key age and stage development assessments. To help develop a trusting and collaborative relationship, the staff worked within a family partnership model which ensured that a recognisable staff member always visited.

Janet had many financial difficulties and was in need of basic material goods, particularly those required to maintain Violet's safety and general wellbeing (such as a car seat and infant clothes). The MCH-ES staff were able to link Janet into a community charitable organisation that provided Janet with these necessary material goods.

To reduce social isolation and to increase parent confidence and independence in child rearing, the MCH-ES staff transported Janet and her baby to a playgroup facilitated by the MCH-ES staff. The group gave Janet an opportunity to meet other parents and to enjoy simple activities like music, singing and story time. Janet participated in the singing and story time, holding Violet up to listen to the music. She said she had 'the best time ever!' at the conclusion of the playgroup.

MCH-ES workers liaised with other services with and on behalf of Janet to maintain consistent parenting education and social support. Due to the rapport established and the ongoing development of a trusting relationship, Janet continued to engage with workers, especially during times of crisis such as when the relationship with the father of the baby broke down and as a consequence she became homeless. The workers were able to refer Janet into appropriate housing and support services. The workers provided care in a culturally sensitive manner, and always maintained respect and understanding in regard to Janet's Aboriginal heritage, especially when it came to differing parenting practices.

MCH-ES are still involved with Janet and her baby and continue to visit on a regular basis, however, less frequently now. At six months old, Violet is meeting all her developmental milestones and she presents as very content. A positive parent–child attachment to her mother is evident.

Janet is now living independently with her baby, separate from her ex-partner, in safe, appropriate housing. She has stopped taking buprenorphine and is continuing to manage daily life and parenting.

Child protection is planning to cease involvement as Janet continues to engage with services, and has shown strengths-based protective examples of parenting Violet.

Janet attends a playgroup with the local Aboriginal service on a regular basis and this helps to support her heritage links.

Janet has maintained a relationship with her ex-partner so that he may have regular, positive visits with Violet. Janet returns to Tasmania regularly to visit her extended family and processes are in place to facilitate reunification with her older daughters.



MCH-ES staff base our work with clients on the family partnership model, hence establishing a positive relationship is very important.

The service was able to respond to Janet quickly. The information provided from the referring agency alerted staff to some of the issues Janet was facing, which made it easier for staff to effectively support Janet in adjusting to the parenting role. The service also enabled staff some flexibility with time so support was able to be tailored according to Janet's requirements and needs.



## Mary's story

**Authors:** *Allison Wainwright - Program Manager, Families and Communities - Inner Middle South*  
*Marie Stanway - Team Leader, Child and Family Services*

Family Life provides services, support and connections to help vulnerable families, children and young people to transform their lives. Family Life works across the southern and eastern areas of Melbourne, seeking to reach families earlier and to assist children to thrive in caring communities.

Family Life's Inner Middle Child FIRST service received a referral from an enhanced maternal and child health (MCH) nurse, seeking integrated family services for a single mother, Mary, with two children under the age of three.

While completing the best interests assessment, Mary shared various concerns that suggested a number of complex issues were hindering her capacity to parent to the best of her ability. Clearly attached and bonded with her children, Mary was very motivated to achieve change, although overwhelmed and struggling with daily challenges.

The home environment was a primary concern, given evidence of neglect and poor hygiene affecting the children's and Mary's own health. Mary was very isolated, lacking the support of family and friends, struggling financially and experiencing ongoing violence from a family member.

Mary suffered from chronic health issues, requiring significant medications, and experienced episodic depression. Disability services were engaged to assist Mary who was only recently diagnosed as having an intellectual disability. The MCH nurse's referral included information that one of the children had significant developmental delays, was reportedly failing to thrive and had dysmorphic features that indicated he may suffer from an undiagnosed condition.

Child FIRST facilitated a priority referral and allocation of a Family Life Integrated Family Support (IFS) worker who quickly identified a care team to work with and support Mary. In discussion with Mary, a family action plan was developed to strengthen her parenting skills, access community resources and to support her in a range of practical ways to enhance the children's wellbeing.

Early on, secondary consultation between IFS and staff from Family Life's Community Bubs program was critical, offering advice on a range of practical supports and parenting strategies during regular home visits by staff and trained volunteers.

Family Life's Community Bubs program works closely with young mothers in the southern region by building long-term relationships and community connections to strengthen parenting skills, helping children to thrive and live safely at home.

Ongoing contact with community based child protection, housing and disability services became a feature in care team planning, promoting protective, risk and wellbeing factors while focusing on accessing early year services. Early childhood intervention services, enhanced MCH, childcare, a dietician, paediatricians and other medical specialists became involved as part of the care team approach.

The care team worked closely with Mary to set goals around overcoming a number of long-term problems impacting on the children's development milestones and in the best

interests of her children. Mary became actively involved in all aspects of planning while growing her understanding and skills for how to deal with her violent partner, care for her children and positively change her home environment. The IFS worker and Family Life family violence worker engaged family law services and the family violence program at Family Life to obtain urgent housing. At this time, contact with a legal service to obtain a temporary intervention order occurred, as did the development of a safety plan for Mary.

When Mary initially left the family home she had minimal household items and Family Life supported Mary to set up her new premises with Family Life opportunity shop vouchers to provide furniture and other essential household items. Mary was also supported to obtain a no-interest loan to buy a washing machine. Mary rang a financial counsellor to develop her confidence to achieve financial independence.

Mary was quickly linked into a playgroup run by Family Life and the local council to reduce her social isolation. *Community connection is a key feature of our work with vulnerable families at Family Life, with opportunities to link into the volunteer program, increasing links and friendships with people living in her neighbourhood.*

While working with Mary over the last 12 months, the IFS worker and care team has worked closely with medical services and it was established that both children had a syndrome caused by medication taken during pregnancy. The diagnosis meant that it was possible to determine what impact the syndrome might have on their childrens' development and social, emotional and physical growth. The diagnosis meant that the early childhood intervention services were able to include the youngest child in their service and to work with the children to encourage them to sit up, crawl, walk and talk.

Contact with Mary and her family is ongoing, with closure of the IFS case imminent. The care team will continue to monitor closely and work with Mary to ensure Mary gets the support she needs. Clear delineation of roles and responsibilities are understood by all participants, including Mary.

There have been many outcomes for Mary's family worth noting. Mary has grown more confident in her parenting and feels supported by the professionals in the care team. She now understands what the children need to help them thrive, and both boys are putting on weight. They have started communicating using sounds and sign language.

Mary and the children have settled in stable housing and her increased knowledge of intervention orders and the family court system supports their safety. Importantly, Mary has remained in contact with local community groups through the Community Bubs worker's connections to childcare, playgroups and local community activities. Many of the practical activities in her plan have been incorporated in Mary's daily routines. She is more confident in her weekly budgeting and managing money. Mary told staff she now understands the benefits of the many changes she has made since her first contact at Family Life.

We celebrate Mary's resilience and passion to care for her children while overcoming many barriers to providing safety and security for them and herself. Mary demonstrates what families can achieve when organisations and practice place the parent and child at the centre of our services and proactively integrate with the community support and connections that any parent needs to care well for their children.

## A wraparound approach to supporting Susan

**Authors:** *Jacquie O'Brien, Chief Executive Officer, Tweddle Child and Family Health Service*  
*Roz Membery, Social Worker and Family Therapist, Tweddle Child and Family Health Service*  
*Shikkiah de Quadros-Wander, Psychologist, Tweddle Child and Family Health Service*

Tweddle Child and Family Health Service is a not-for-profit early intervention and prevention health service with a focus on families in Victoria's north and west. Our highest priority is to provide assistance to families during pregnancy and with children up to school age who are facing multiple challenges and are in urgent need of therapeutic support.

Susan, a young mum with three-month-old twins, contacted Tweddle's assessment and intake team for urgent support. She had been diagnosed with a chronic degenerative condition and was experiencing extreme fatigue and weakness in both arms. Parenting was a struggle not only for her, but for the twins' dad. Susan's partner and her mum both work full-time and were experiencing exhaustion in their caring roles.

The family was admitted to Tweddle's day stay program where they spent time with our social worker and family therapist, Roz Membery. Roz spoke with the family and assessed an urgent need for increased community support. The family were linked into a specialised support program where they received 13 weeks of five-day-a-week childcare from 8.00 am to 6.00 pm funded by Placement Solutions.

A Tweddle day stay registered nurse connected the family to their local council for home help and respite care. An enhanced maternal and child health nursing program was available upon completion of their 13-week Placement Solutions program.

Six days after their day stay, Tweddle was able to extend Susan and her family's care package to include a residential four-day stay, which allowed her partner to stay and for the family to receive respite, care and guidance through parenting education including attachment, reading cues and other parenting workshops. During their stay Roz worked with the family to ensure all services and necessary paperwork were in order. Roz spent time with both parents to talk about stress and the supports that were in place. She gave secondary consultations to the residential staff to ensure the family's needs were being met.

Susan spent time over the phone talking about her progress with Tweddle psychologist Shikkiah de Quadros-Wander after her stay. Susan had started seeing a psychologist who connected her to a postnatal depression support group and the Royal Children's Hospital's unsettled baby clinic.

Through coming to Tweddle, Susan and her family are now connected to their local council's enhanced maternal and child health service, chronic illness support services, Placement Solutions, postnatal depression support services and the Royal Children's Hospital unsettled baby clinic.

Susan and her partner presented with multiple complex needs. The family were supported by multiple clinical staff displaying systemic cohesion. Our integrated services wrapped around the family and included our social worker and family therapist, maternal and child health nurses,



early childhood professionals and psychologists. Our social worker partnered with the family during their transition from day stay to residential stay to ensure a journey that was connected, caring, consistent and outcomes-focused.

Key elements of this family's care plan were built around relationship building responsive to the complex needs of the whole family. Our strengths-based parenting services took into consideration the mum's chronic degenerative condition, the fathers stress, fatigue and the ongoing health and wellbeing of her infant twins.

This story illustrates Tweddle's wraparound service model connecting families to community resources to ensure best outcomes for the family.



## Kiera's family

**Author:** Cheryl Bourke, *In Home Support Program Coordinator, Rumbalara Family Services*

**The Rumbalara Family Services In Home Support Program provides one-on-one support to Aboriginal families, including role modelling to increase parents' knowledge and skills.**

Kiera was referred to the Rumbalara In Home Support Program from the Rumbalara Koorie Maternity Service (KMS). She needed parenting assistance to help her with a new baby and a four-year-old child. Specifically, Kiera wanted to link in with a playgroup and required help with transport, social interaction with other mothers, maternal and child health ages and stages developmental checks, immunisations and medical health checks. There was also a need for the In Home Support Program staff to help Kiera enrol her older child into kindergarten and then into school.

Kiera has now been engaged with the Rumbalara In Home Support Program for a number of years and has had a third child while engaged with the program.

Kiera has made many positive gains, she participates in mothers' activities such as sewing, cooking, scrapbooking and candle making and she has also attended excursions and educational forums on a range of subjects.

Kiera has supported her children to attend playgroup regularly and join in swimming lessons. Kiera's support of her eldest child to regularly attend playgroup ensured her smooth transition to kindergarten. The kindergarten teacher commented on how positive the transition from playgroup to kindergarten was.

Kiera's participation in the In Home Support Program has helped her gain the confidence to complete a Certificate III in Children's Services. She has a newfound independence that has enabled her to find employment.

All of Kiera's children are now attending childcare, kindergarten or school.



Kiera's willingness to develop her parenting and support her children through engaging with services and attending all educational forums was an important factor in this positive outcome. She also became a good role model to other young mothers as she gained more confidence within herself.

## Connecting hearts

**Authors:** *Dr Abbey Eeles, Educator, QEC Early Parenting Centre*

*Beverley Allen, Director of Nursing, Research and Development, QEC Early Parenting Centre*

Since 1917 The Queen Elizabeth Centre (QEC) has specialised in helping and teaching families how to nurture and optimise the health and wellbeing of their infants, toddlers and preschoolers. QEC offers parenting assessment and skill development (PASD) services to families with children under three years of age who are considered to be at high risk of abuse and neglect and with whom child protection is actively involved.

Over the course of 10 days, families participating in the PASD program at QEC receive one-to-one support and education that aims to promote positive parenting skills and a sense of security for both parents and infants. An important influence on establishing this sense of security for families is providing an environment and program that supports and embraces cultural diversity. The following example illustrates the importance of a culturally sensitive approach when working with vulnerable infants and families.

Recently an Aboriginal woman named Dora attended the PASD program at QEC with her one-month-old baby and three-year-old toddler. Dora's three-year-old had been removed from her care two months earlier in the context of reported substance abuse and domestic violence. Dora reported feeling very nervous about coming to the QEC, however, on arrival commented on how she felt welcome and included by the presence of the Aboriginal flag and Aboriginal posters on the walls.

During Dora's time at QEC she actively participated in a number of activities as she worked towards strengthening her parenting skills and the attachment relationship with both her children. One of the main goals that QEC staff supported Dora in achieving was re-establishing a sense of trust with her three-year-old, who, following the period of separation from his mother, would now become distressed in her absence. Together with staff, Dora learnt to interpret her young child's behaviour and then respond to him in a way that fostered trust and helped him feel secure. Learning to identify her children's behavioural cues also assisted Dora to see her children as two separate individuals and appreciate their individual needs. This was reflected in her statement that her baby was not just a baby, that she has a voice, and that she is a person who has feelings.

Using video, QEC staff enabled Dora to gain a different perspective about her own behaviour and her children's responses during interactions and care giving practices (such as feeding). Observing her own behaviour on the video, she was able to identify her strengths and see what was working well when she was caring for her children as well as the areas she could continue to work on. Dora attended the daily parent education sessions throughout the PASDS program and reported that these had been an 'eye opener' and that staff had shown her the importance of talking to her young baby and that she now felt more confident in her ability to talk to her baby in her own words and not those used by staff members. Furthermore, Dora attended both group and individual sessions with the QEC music therapist and reported feeling comfortable in this environment as culturally relevant musical instruments such as clap sticks



and songs were incorporated into the sessions. Over the course of the PASD program, staff also assisted Dora to secure safe accommodation for her and her two children.

From formal assessment and observed behaviour, Dora's confidence and competence in her parenting skills and the health of her relationship with her children was significantly improved following her participation in the PASD program.

Dora's sense of improved attachment with her baby was illustrated by her comment 'it was like my heart was connected to her and when she had finished feeding she smiled at me'.

Dora saw her time at the QEC as being an opportunity in which both she and her children were able to grow. Dora now lives with both her children in safe accommodation and will continue to participate in ongoing learning and development through QEC's community program. She would like to support other Aboriginal women who are struggling with substance abuse and other life events that may compromise their ability to care for their children.





# Innovative and creative practice

## Berry Street Debutante Ball 2014

**Authors:** *Garry Miller, Divisional Principal Practitioner, Child Protection, South Division, Department of Human Services*

*Trish McCluskey, Regional Director, Berry Street Gippsland*

Berry Street Gippsland held its 3rd Debutante Ball for 20 young people who had been in their care. The young people came from diverse backgrounds such as residential care, home-based care, the Intensive Case Management Service and community detention programs. Department of Human Services staff helped Berry Street staff to plan, practice and execute the successful evening. It was attended by 370 people made up of families, DHS and Berry Street staff.

The Deb Ball is a biannual collaborative effort between Berry Street and Gippsland DHS child protection, placement coordination units and Youth Justice. Each young person making their Deb is allocated a sponsor to help them with the dance practices leading up to the night, to offer moral support and to walk out with them onto the stage to be presented. The sponsors included Gippsland's child protection manager, principal practitioner and staff from the Contracting, Response and Intake teams and their children as flower girls. The area manager of Intake co-presented the young people, preceded by a performance from the Gunai-Kurnai dance troupe Blak Mistiq.

The sponsors, together with Berry Street staff, gave up their own time to help the Debs through the dance lessons and rehearsals before the big night. It was moving to see the relationships built between DHS staff and the young people, many of whom publicly thanked their DHS sponsors and workers on the night.

On the day of the Deb, DHS sponsors and Berry Street staff helped the girls with last-minute dress and suit alterations, the all-important hair and nails and, of course, nerves. Parents and family of the Debs were invited and assisted to come along to see their sons, daughters, brothers and sisters begin to take their place in the world as adults. The Debs were presented to dignitaries Andrew Jackomos, Commissioner for Aboriginal Children and Young People, Sandie De Wolf, CEO, Berry Street and Mariela Diaz, South Division Director Child Protection.

Six of the young people spoke on the night. One young woman gave thanks for the support she had while in care of both the Department of Human Services and Berry Street, and then sang the James Blunt song *You're Beautiful*. The young people who spoke publicly on the night and to guests said that it was a night they would remember for the rest of their lives. They mentioned how proud they were to hear themselves described as the 'future of the community' and how being sponsored by DHS staff had changed their perceptions of DHS.

A highlight of the night was a surprise flash mob put on for the young people by staff from DHS and Berry Street to One Direction's *You Don't Know You're Beautiful*. The Debs looked amazed, amused and touched that a couple of hundred people from all programs and all levels were up dancing in synch just for them.

The lead up and actual event brought together young people from diverse backgrounds and experiences such as being in residential care or unaccompanied refugees. The different backgrounds meant that expectations had to be tailored to an understanding of the

individuals' history and experience. Since the first Deb Ball, community involvement has also grown, with service groups, agencies and businesses now providing support through money or in-kind help.

The ball represents a process of relationship building between DHS and Berry Street staff as well as building relationships with the young Debs. Some child protection practitioners have decided to become ongoing mentors through Berry Street for the young person they sponsored, resulting in the mentoring relationship lasting beyond a young person becoming 18 years of age. The process of the Deb Ball, from start to finish, is one that builds partnerships between our staff and young people. It allows us the privilege of being with a young person on what many of them have told us is the single happiest night of their lives.



## Toby's learning

**Authors:** *Anne Henderson, General Manager, Education Services, MacKillop*  
*Caitlin Burman, Lead Teacher, MacKillop Specialist Primary School*

MacKillop Specialist School provides education services to young people from Foundation to Year 10 in a flexible learning environment. The school caters for young people who are disengaged or at risk of disengaging from mainstream education services. The young people may have experienced or be experiencing trauma, have learning difficulties, be demonstrating disordered behaviours and/or have been diagnosed as having a specific disability or disabilities.

A year ago MacKillop conducted a review of its education services and, after external consultation and feedback from parents and carers, it was decided that the learning model would change from outdoor-focused education to a more aspirational curriculum focus.

A collaborative and interdisciplinary team approach supports our work with young people and draws on the knowledge, skills and understanding of teachers, integration aides, education support workers, psychologists, social workers, counsellors and youth workers.

### Toby's story

Toby, who is nine years old, started with the MacKillop Specialist School in early 2013 after he was referred from a mainstream school. He was withdrawn, non-participative and subjected to bullying.

When Toby first started at his new school he experienced a sense of loss, was suspicious and full of doubt. He was unsure about the changes being made, which was demonstrated through his excessive acting out in class and his emotions quickly escalating to loud and violent outbursts.

The lead teacher of the primary school, along with the principal, reviewed the teaching model and decided it would be better for all students to have two smaller class groups rather than having all of the children and young people in one large group. Toby was now in a classroom with one consistent teacher and with the same four children each day. This stability and predictability grounded him and an improvement in his motivation and engagement was noticeable.

The multidisciplinary team at the school developed comprehensive strategies to support Toby. MacKillop worked with Toby to help him use simple techniques to help manage his moods, using colour-coding to help him to identify and acknowledge when his emotions were escalating.

Added to Toby's curriculum were 'Brain Breaks' and 'Brain Gym'. These are effective tools for regaining the focus of MacKillop students and revitalising left-brain/right-brain learning. They are short energising activities that reinvigorate and increase readiness to learn. They also help guide students to transition from one activity to the next.



Over the past year, Toby has settled in the classroom and is able to move throughout the day quite smoothly. The most remarkable change has been in Toby's literacy and numeracy skills. At the beginning of Term one he was tested to benchmark his reading, writing and spelling levels. He was tested again at the beginning of Term two and the results showed his skills had improved by an entire year level.

Toby, his teachers and his family are thrilled with the progress he has made since the change in the model of education adopted at MacKillop.





## Paul and the Healthy Eating and Active Living program

**Author:** *Rachael Cox, Project Manager, Healthy Eating and Active Living, HEAL Study, School of Psychology, Deakin University*

HEAL stands for Healthy Eating and Active Living. HEAL is a dual intervention program that aims to provide information and practical opportunities to help young people living in residential care make positive choices and behaviour changes in relation to eating and physical activity, as well as resource their professional carers to model and support this change. Deakin University, School of Psychology, is evaluating the HEAL program to determine whether the intervention has a positive impact on young peoples' health and wellbeing.

The HEAL program encourages both young people and staff to reflect on different themes including: developing healthy habits; improving sleep; drinking water; reducing fat and sugar; buying healthy food on a budget; positive body image; portion size; increasing fruit and vegetable intake; and increasing physical activity levels. The HEAL program is now into its second year and interviews with each of the HEAL coordinators after the first 12 months of the program have highlighted some significant changes in eating and physical activity behaviours. Specifically, the HEAL program has seen an increase in the number of young people engaged in a community sports clubs, a greater number of young people joining and accessing the gym and a conscious effort by staff to provide healthy snacks and meals for the young people in their care.

This case study of one young person was provided by a Berry Street HEAL coordinator to provide an example of the HEAL program in action.

I started working with Paul (age 15) two months ago, at the request of his unit staff who were concerned that his weight gain posed a serious health issue. Paul has been in care for approximately 12 months and he put on 20 kilograms during this time. When I first met with Paul he was hesitant to join in with the HEAL program. He stated that he had very low self-esteem, no confidence and he did not like to go out of the house. At the time of our initial meeting, Paul was not engaged in school and did minimal physical activity. Completion of his HEAL 'current lifestyle habits booklet' highlighted that his days were filled with TV and computer games.

I started by meeting with Paul on a weekly basis to take him out of the unit. Sometimes we went bowling, other times we just walked around town talking. I was trying to help build his self-esteem. Four weeks ago Paul agreed to attend personal training sessions and the unit staff organised a healthy eating plan to start the following fortnight. At this point Paul also agreed to participate in an education program at the local neighbourhood house.

In the first three weeks of his personal training program and healthy eating plan, Paul lost 10 centimetres from his waist. The improvements in his physical and mental wellbeing are noticeable and he says he feels happier in himself. Paul has started setting goals for when he has lost more weight; for example, he would like to join a basketball team and try swimming.

The first month of Paul's HEAL journal showed he did very little physical activity and had no motivation. Three weeks ago Paul wrote, 'I'm getting there' and described his increased activity through personal training and basketball.

## The Craig family

**Authors:** *Shelley Hewson, Women's and Children's Support Worker – Family Violence Intervention Worker, Kildonan UnitingCare, Family Violence Intervention Program*  
*Alana Greco, Clinical Psychologist, Austin Child and Adolescent Mental Health Service*

BreakAway Warriors is a project developed by Kildonan in partnership with Austin Child and Adult Mental Health Service (CAMHS) to support boys aged 10–12 years of age who experience a range of difficulties including challenging behaviours, difficulties with relationships and/or mental health issues such as anxiety and stress. Many have experienced traumatic life events, particularly family violence and bullying and exhibit signs of trauma.

The eight-week program, has a strong focus on building emotional literacy, strengthening resilience, supporting social connection and enhancing social and self-soothing skills. A range of activities including sport and dance, art and craft, music and song, acting and drama and play and sensory therapy provides boys with the opportunity to express themselves and explore new ways of thinking, behaving and relating.

The program is mainly delivered outdoors, supporting the boys to be in an environment with a small level of risk. Activities include building and safely maintaining a fire. The program teaches skills related to negotiating and managing safety, for example, facilitators discussing the trust factor of the fire, with the message that if the boys cannot be trusted to be 'safe' around the fire it will be removed.

Each week the boys meet the 'Warrior Chieftains' (the program facilitators) around a camp fire to discuss topics including: grief and loss; identity and relationships; facing fears and worries; gender and equality; and safety and human rights. There is an emphasis on teaching skills such as meditation, emotional regulation, self-soothing and breathing techniques.

The last session involves a special initiation ceremony – a powerful ending ritual to support the boys not only in celebrating their achievements and bravery at facing emotional and psychological challenges. It also supports transition and ending cycles, which can often be difficult for young people who have experienced trauma and who present with developmental delays or difficulties.

The Craig family were referred to Kildonan's Family Violence Intervention Project two years ago. The family have three children. The father was court-mandated to attend our Men's Behaviour Change Program. The mother was supported by the partner contact worker and attended several of our women's programs. She made significant changes through the support of Kildonan and the other women in the women's program, the Sanctuary. She discussed the concerns she had regarding her middle child Kevin. Kevin had witnessed the violence towards his mother and siblings and was experiencing 'mood swings' that were characterised by anger. Kevin attended BreakAway Warriors in late 2013.

Kevin (aged 11 years) experienced significant violence and abuse while his parents were together. His mother expressed her concern about Kevin's anger. She reflected, 'He can be just like his father sometimes', and described the difficulty Kevin had with emotional regulation and understanding how to deal with unwanted thoughts or feelings. Kevin described his fear of 'being just like dad and going to jail' and struggled with finding a sense of self and identity that went beyond the violence of his father.

BreakAway Warriors incorporates the best interests case practice model principles in its design and delivery. Its development was informed by trauma and child development theory. It considers the developmental challenges of boys in the targeted age range, particularly those who have lived in unsafe situations. It recognises that trauma can negatively impact on development and compromise the safety and stability of children and responds to this by creating an empowering and safe environment for the boys to share and support each other. It focuses on promoting self-care and positive emotional development so they can negotiate the developmental stage of puberty. It supports the exploration and growth of identity (including a gendered identity) and supports boys to share their life experiences, thoughts and feelings. It fosters an environment and activities that supports the boys to share and become aware of others who too have experienced similar events or emotions, therefore supporting relationship building and empowerment.

Facilitators have a strong focus on building relationships with and between the boys. Relationship building is informed by developmental and trauma frameworks and recognises there are cultural prescriptions around gendered behaviours for boys. The partnership between CAMHS and Kildonan means a combination of family violence, child development and child mental health assessment and service delivery skills are applied. The mix of skilled and professional male and female facilitators supports modelling of respectful relationships.

Kevin was initially quite reserved but opened up to share his feelings and thoughts as the group progressed. Facilitators noted how Kevin became 'braver' in sharing life events and stories and often would show verbal support or agreement towards others' contributions. Having other boys in his peer group share similar life experiences, fears and thoughts allowed Kevin to begin to understand his experience and gain insight into his life. When asked, 'How does it feel to know other kids have seen or had similar stuff to you happen in their life?' Kevin told the group 'It feels good.'

In the session where 'rights of the child' was discussed, Kevin was active in talking through his understanding, asking, 'So that means we have rights?' He found this interesting, nodding his head and offering suggestions on safety. He was particularly interested in the idea that if a child wishes to not trust or want to spend time with an adult that there are services and agencies that can support a child and their caregiver to advocate on his behalf and support his decisions.

Kevin gained immensely by being able to talk about thoughts and feelings he had not previously discussed with others. He felt supported by the other boys and facilitators. He learnt that he had choices and did not need to follow in his father's footsteps.

Facilitators observed his emotional development throughout the program and that he was more empowered to make decisions to keep himself emotionally and physically safe.

During the group, Kevin requested that the 'group never end', saying 'I want to do it again. Will you make another group for me to come too?' and 'Even though sometimes we talk about hard stuff, I feel better when I do it'.

Upon completion of the group, and with his mother's support, Kevin and his other siblings decided they no longer wanted to see their father. His mother commented that 'He still struggles with his emotions, but is a lot better'.

Positive outcomes are achieved by providing a stimulating environment where the boys can gain a sense of competence. This is achieved when skilled facilitators (male and female) maintain the 'safety' of the group while also dealing with the boys' sensitive and difficult emotions.





## Youth justice clients contribute to wildlife conservation through two unique programs

**Author:** *Tim Anderson, Programs Supervisor, Malmsbury Youth Justice Precinct, North Division, Department of Human Services*

**Malmsbury Youth Justice Precinct accommodates up to 90 young men aged 18–21 who have been sentenced by a Victorian court.**

Young men at the Malmsbury Youth Justice Precinct have recently been involved in two community service programs that have important outcomes for conservation efforts and society's care for animals.

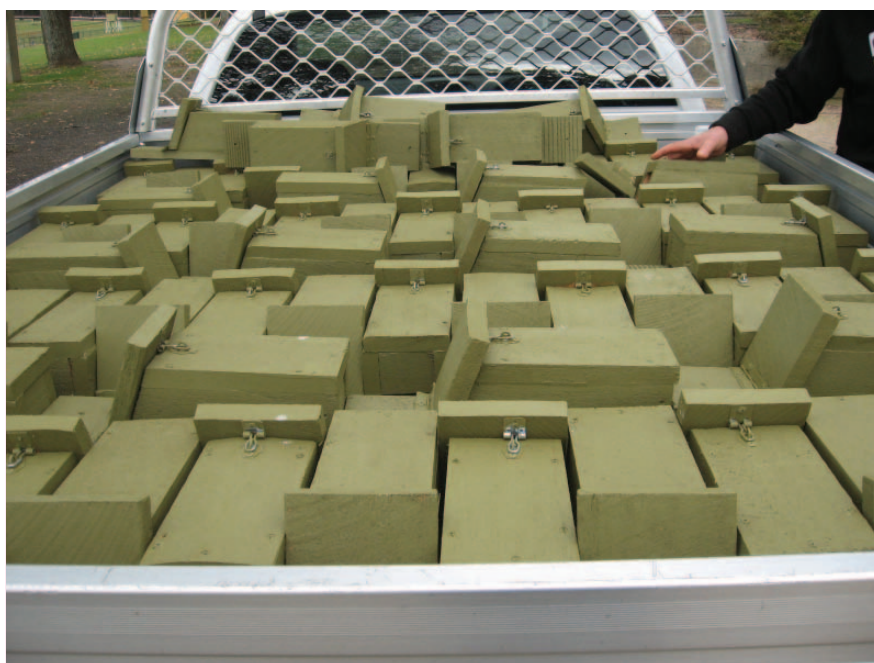
The first of these was a collaborative effort with the Macedon Ranges Shire to construct nesting boxes for possums and bats. Historical clearing of forests in the Macedon Shire has resulted in a lack of suitable natural nesting hollows for these animals and consequently their numbers have decreased.

Research shows that specifically designed nesting boxes attached to trees can be a short-term way to support these native animal populations until trees reach an age where they form natural hollows.

Young men at the Malmsbury Youth Justice Precinct made more than 80 nesting boxes for microbats in 2013, most of which were installed at the Hanging Rock Reserve.

The great success of this pilot program was a positive outcome for the young men involved and confirmed the potential for youth justice clients to make significant contributions to community and environmental projects.

For Macedon Ranges Shire, this program is an effective solution to an environmental problem, and the shire's representative has expressed a keen interest in developing an ongoing relationship with the youth justice centre. This may include involving clients in field research to monitor the ongoing use of the nesting boxes.



The second initiative involved the Malmsbury Youth Justice Precinct's ongoing working relationship with Melbourne Zoo, where clients design and build elements for installation in animal exhibits at the zoo.

Malmsbury staff contacted the zoo to discuss the possibility of a community service program. The zoo was immediately enthusiastic about the potential of forming a working relationship with Malmsbury, and identified the need to design 'enrichment items' for the smaller primates that would provide further stimulation and enhance their wellbeing.

Over the past three years, clients and staff at the precinct have been working with the zoo to design and make infrastructure for the monkey and big cat exhibits.

The initial project was a complete rebuild of the colobus monkey exhibit. A design was created by clients that utilised most of the internal space within the exhibit, providing uprights, diagonals and horizontal timbers arranged so that the primates can choose a number of ways to move around the space. Timber slab platforms, swings and woven hanging feed pods were installed at various heights.

Another project involved developing a number of complex feed-and-play devices for installation in the capuchin monkey exhibit. These primates are highly intelligent, use tools and can employ a number of logical steps to achieve an outcome. Following the installation of these stimulating activity devices, the zoo has carried out an academic study on changes produced by the new environment in the capuchins' behaviours and interactions.

The zoo has described these re-fits as 'world class' and has provided positive references for the clients involved.

For clients to be able to go on leave and work at the zoo, they had to have maintained a high standard of positive behaviour in all aspects of life at the Malmsbury Youth Justice Precinct.

Young people who have worked on these projects have:

- expressed a great deal of satisfaction at helping to enhance the lives of the animals
- learnt about and developed empathy for different animals
- been proud to have given something back to the community
- developed high-level design and construction skills
- employed effective team and interpersonal work skills
- developed their understanding of occupational health and safety requirements and practices.

These projects are a great example of young people who have come into contact with the criminal justice system being given an opportunity to 'give back' to the community in a very real way.

In the future, these young men will be able to take family and friends, and especially their children, to the zoo and say 'I helped make that!'







## Sensitive Santa

**Authors:** *Amber Smith, MetroAccess Project Officer, Nillumbik Shire Council*  
*Sherridan Bourne, MetroAccess Project Officer, Banyule City Council*

In the lead up to Christmas 2013 Banyule City Council, Nillumbik Shire Council and Whittlesea City Council partnered to deliver the Sensitive Santa project. The Sensitive Santa project is designed specifically for families with a child/children with autism spectrum disorder (ASD). The program allows them to experience time with Santa in a sensory-friendly environment with appropriately trained volunteers and photographers, sensitively capturing each magical moment. The project consisted of three Sensitive Santa events held at Watsonia, Lalor and Diamond Valley libraries.

The following is an example of one family's story, although it captures the sentiment shared by the 30 families who participated in the Sensitive Santa project in 2013. At the conclusion of the project 63 children and more than 50 parents and grandparents positively experienced a Sensitive Santa session and contributed to making the project a wonderful success.

### One mother wrote...

*As a mother I accept my son's diagnosis and work very hard to understand it and him as much as possible. My son is a beautiful little boy and we have a great relationship; I do not worry what others say. However, no matter how strong I am. Walking down the shops before Christmas and seeing other children taking photos with Santa was hard.*

*This is because I know my son will never have the patience to wait in a line, to stay still as all the lights and bells would be too much for him and too much for others around him to understand.*

*Having the chance to take my son to a place which is not a sensory overload, where others do not push him, and later seeing him point to pictures of Santa and saying his name (my son is non-verbal), opening Christmas apps, dancing on Christmas cards and having the chance to be part of it all was my best Christmas present. For that and for all the Sensitive Santa project gave us, thank you.*

The project sought to deliver a positive experience for children with autism spectrum disorder, their siblings, parents and grandparents, as well as for volunteers (including library staff), photographers and of course Santa and his helpers. The project provided opportunities to build and strengthen partnerships with the Yarra Plenty Regional Library, the Rotary Club of Eltham, Diamond Valley Photographic Society, staff from Diamond Valley Special Developmental School and Amaze Victoria. Further, the project developed the skill set and knowledge of council project officers across all three local government areas, which has contributed to building strong connections with local families and increased the council's understanding of ways to work with their communities in developing a best practice model that is transferrable to different community settings.

Project objectives were established and a range of positive outcomes included the following.

- All families were provided with a show bag of resources and were able to engage and connect with the MetroAccess project officer in their shire.
- A front-page article appeared in the Heidelberg Leader newspaper, as well as a story on the Channel Ten news, which was broadcast nationally. A short film was created, which



will be used for awareness training in schools, for volunteers and for library staff and will inform other Sensitive Santa projects and future promotion. Presentations were made to council staff, the Rotary Club of Eltham and its members, other MetroAccess officers and the Community Inclusion Advisory Committee. In addition, global awareness was raised through sharing Sensitive Santa photographs on social media platforms such as Facebook and Instagram.

- Families were involved in planning the project and in the evaluation processes. Partnerships between councils were formed to share resources and integrate services. Families created new connections.
- A Sensitive Santa manual allows the project to be transferred to a variety of community settings. Stakeholder engagement focused on library staff to ensure key people who have the capacity and willingness to take the lead are enabled to deliver the project in the future.
- A volunteer training program was developed with the guidance of Amaze Victoria and Diamond Valley Special Developmental School.

The collaboration of the three councils required some creative thinking that brought together local expertise, skills and funds, with a focus on the broader inclusion and community participation vision of all three councils.

Positive outcomes were experienced by participating families and volunteers who, as key stakeholders, provided valuable insight during the process of gathering qualitative and quantitative data. Together, their contribution has provided evidence for meeting the project's objectives and has generated new ideas to ensure the project's sustainability.

Prior to the Sensitive Santa events, families had an opportunity to provide information about their child's needs, interests, family and triggers. Parents felt this contributed to a positive experience in that their contribution was reflected through the actions of each volunteer. Parents and guardians appreciated the opportunity to be heard, which built a level of trust with the project organisers and all of the volunteers. The evaluation demonstrated that the project exceeded the participants' expectations and has ensured that the momentum is continued, with the securing of ongoing funding from project partners and a commitment from council officers to support its transition into the community through the Yarra Plenty Library Regional Service.



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# Therapeutic interventions changing lives for children and families living with a disability

## Kirsty and Nathan's story

**Authors:** *Lisa Milani, Program Leader, Out of Home Care, Connections UnitingCare*  
*Irina Moroshoko, Psychologist, Enhanced Therapeutic Contact Service*

The following two stories refer to the Enhanced Therapeutic Contact Service (ETCS) which provides therapeutic support to children and families during court-ordered contact. The program provides services to children in out-of-home care from birth until 18 years, when it has been identified that children and their families would benefit from a therapeutic approach to contact. Referrals are made by child protection and the program works with families requiring minimal or moderate levels of supervision. The program is based in the Bayside Peninsula and Southern Melbourne regions of Victoria, and is staffed by a small multidisciplinary team of a social worker, an occupational therapist, psychologists and two case support workers. Contacts are tailored to the individual needs of children, young people and families using a goal-focused approach. Children and families are encouraged to participate in planning activities to build on their strengths and reach their goals.

When a reunification case plan is in place, the program assists to:

- encourage positive interactions, as well as attachment and bonding
- encourage quality time and children's connections to their family identity
- support family members to appropriately respond to the behavioural, social, emotional and other developmental needs of children
- develop parenting skills to promote the child/ren's return to their care.

In some cases, the program works with children on a permanent care case plan to:

- promote positive contact and quality time between children and their family of origin
- encourage children's positive understanding of their history and identity.

Kirsty and her brother Nathan have supervised contact with their paternal grandparents due to concerns the grandparents were struggling to manage both children's needs during contact. The family identified that they were able to interact well with Nathan but struggled to connect with Kirsty due to her high needs. The family was referred to the ETCS to provide therapeutic supervised contact services.

Kirsty, aged seven years, has been diagnosed with severe autism and a moderate intellectual disability. She presents with hyperactive behaviours and sometimes finds it difficult meeting new people. She is uncomfortable with large groups of people and noisy rooms, and can find contact with her brother, father and grandmother overwhelming. She has limited verbal communication.

Kirsty's contact with her grandparents was previously unsupervised; however, it was decided that support was needed, through the active supervision of access, to ensure that the most was being made out of this important family time. The ETCS psychologist observed that Kirsty did not spend much time with her family during contact. The family indicated they found it difficult communicating with Kirsty and did not have much knowledge of the reasons for her behaviour and presentation.

The ETCS psychologist supported and guided family members to engage meaningfully with Kirsty by helping them better understand and respond to her needs. The worker provided information about autism and helped the family understand Kirsty's behaviour, made practical suggestions and role-modelled responses and ways to engage with Kirsty. The worker also



custom-designed activities for Kirsty and the family to participate in during contact. In one example, the family repeatedly handed a soft toy to Kirsty, who threw it away over and over again but then reached for it to be returned. This encouraged family members to make eye contact with her for a few seconds before returning the toy.

The worker also suggested non-verbal communication approaches to promote engagement between Kirsty and her family such as rhythmically engaging with her through imitating Kirsty's rocking and spinning behaviours and copying her verbalisations. The worker strongly focused on a strengths-based approach and regularly provided feedback and encouragement to the family, which further reinforced their active engagement with Kirsty in the contact.

The contact visits shifted from the family being disengaged to the family responding and positively engaging with Kirsty in meaningful, mutually engaging non-verbal interaction. In the past contact frequently ended with Kirsty in a high level of distress. However the family is now able to engage Kirsty and she is comfortable to stay for the full duration. The family has also reported that they now have a better understanding of Kirsty's needs and feel more equipped to support her in contact.

Within the contact environment, the children and family got to know their key worker, who provided a consistent developmentally and trauma-informed intervention. The program identified the strengths the family already possessed and sought to empower them through knowledge and education of their grandchild's diagnosis and needs. The intervention was grounded in supporting the family to understand and respond to Kirsty's developmental needs and to meaningfully engage with her, so she wasn't isolated within the contact environment and left unattended. The family reported they found this empowering and provided the following feedback:

*ETCS is a great service. We wouldn't have been able to communicate with our granddaughter ... without the support of the service. ETCS made our ability to interact and communicate with our granddaughter a possibility.*





## Karla's story

**Authors:** *Lisa Milani, Program Leader, Out of Home Care, Connections UnitingCare*  
*Samantha Tait, Psychologist, Enhanced Therapeutic Contact Service (ETCS)*

Karla, aged 18 months, was placed in the care of her father due to significant protective concerns related to her mother Paula who had severe mental health issues. Paula disclosed wanting to self-harm, commit suicide and harm Karla. Paula was also assessed as having an intellectual disability and concerns were raised about her parenting capacity and verbal aggression towards Karla. Paula and Karla were referred to our service to help provide therapeutic intervention during contact visits.

From an attachment perspective, the psychologist noted that Karla presented ambivantly towards her mother; for example, Karla did not respond when Paula entered the room. Initially the psychologist observed that Paula would sit on the couch while Karla played on the floor. Paula would also reflect that Karla was ungrateful and a 'brat' because she would not sit with her to listen to her read books. The worker explained that Karla may not understand the story and brainstormed different ways to engage Karla in the book, for example, in dialogue and interactions about the pictures on the pages. Paula also spoke to Karla like she was an adult and wasn't sure about age-appropriate ways to interact with her daughter.

Informed by the therapeutic goal plan, the ETCS psychologist: introduced developmentally appropriate play activities for Paula and Karla to engage in during contact; provided support to help Paula develop skills to identify and respond to Karla's cues, offered coaching in regard to feeding and sleeping routines; and suggested parenting strategies. Paula was provided consistent positive reinforcement when she interacted in a nurturing and responsive manner. The psychologist worked with Paula to develop strategies to regulate her own emotions when she feels overwhelmed when Karla has a tantrum, and has repeatedly reminded Paula of the bottom lines – that Karla must always feel safe and secure in contact with her mother. Paula was provided opportunities for time out and reflection when she was not able to remain calm in contact. The worker needed to use repetitive modelling techniques to promote changes in Paula in recognition of her intellectual disability.

Paula now sits on the floor with Karla for the whole contact session and they engage in reciprocal play – Paula's ability to pick up on Karla's cues has also significantly strengthened. Paula now engages Karla in a developmentally appropriate manner. Paula has been receptive to feedback and coaching related to her own emotional regulation and has shown insight into her behaviour; for example, she has actively sought time out rather than acting aggressively towards Karla.

Karla will now spend up to 30 minutes sitting on Paula's lap talking about the pictures with her mother. At the start of contact, Karla now calls for her mum and happily reaches her arms out to greet her. During contact Karla will follow Paula with her eye gaze if she walks to another part of the room and crawls after her. Paula has also started to repeat some of the techniques used by the worker to engage Karla in play or her environment, for example, asking questions like 'What sound does a duck make?' or using the same rituals used by the worker when putting Karla into her car seat.

The progress that has been made in the contact has been exceptional. Paula has responded positively to the coaching approach and Karla appears to be engaged in contact and seems to enjoy spending time with her mother. The future plan is for Karla to remain in her father's care, with support from the paternal grandmother, and for Paula to be a non-residential parent

to Karla through Family Court proceedings. It's hoped the ETCS has helped Paula: become more in tune with Karla's needs; build a stronger mother-child relationship; and practise more responsive, child-centred parenting techniques.

Since starting in the enhanced program, contact has consistently been supervised and supported by the same worker, a qualified psychologist, with whom Karla is familiar and comfortable with. The worker has taken a partnership, coaching-based approach and has walked alongside Paula and Karla in their journey of contact. The worker has taken a strengths-based, empowerment and empathic approach. She has always maintained a child focus, but simultaneously has validated Paula's experience of grief and loss. The intervention has been guided by an approach that respects the value of relationships both between mother and daughter and between the practitioner and the mother-child dyad.



## Dale's story

**Author:** Sue Flynn, Advanced Child Protection Practitioner, South Division, Department of Human Services

This story is about an adolescent male, Dale, who is non-verbal and has been diagnosed with autism spectrum disorder. Child protection received a report regarding his welfare.

Dale's mother, Sylvie, was being assisted by disability services and was accessing ongoing respite support for Dale. A behavioural team provided support; however Sylvie identified that she was unable to respond to Dale's increasing complex needs. The report to child protection occurred when Sylvie advised her son's school that she wanted Dale placed in care.

Child protection's first step in engaging and supporting the family was to work in cooperation with disability services to arrange a voluntary placement for Dale. Further follow-up was conducted with Sylvie where it was established that she did not wish to relinquish care of Dale permanently, she wished to maintain guardianship of her son and wished to continue playing a significant role in his life, but indicated she could no longer care for him on a daily basis. A consultation determined the matter could be responded to on a voluntary basis.

Child protection worked with disability services to inform Sylvie about options that would be most appropriate for Dale and, after lengthy discussions, Sylvie agreed to provide permission for disability services to arrange for a permanent placement for Dale that would provide him with the stability and care that he needed.

Dale, while not able to remain in the full-time care of his mother, has been placed in a stable placement that is suited to his needs and allows him to maintain regular contact with his mother and for her to continue to have a meaningful role in his life.

Child protection used a strengths-based approach to work collaboratively with the family and services to effectively secure a stable placement for Dale without the need for statutory intervention.

I believe that the positive outcome achieved was made possible due to the close working relationship between child protection and disability services. The partnership provided by the services allowed Sylvie to fully engage so she could make the decision to allow Dale to gain the support he requires. This, in turn, will provide him with greater opportunities to meet his potential.

## Max's story

**Author:** *Rosemary Malone, CEO, Gateways Support Services, Barwon*

Max is a young person with an intellectual disability, autism spectrum disorder and an anxiety disorder. He was reluctantly relinquished from his amazing grandmother's care at the time he began puberty because of his increasing needs.

The changes in Max's living arrangements were overwhelming for him and he was highly distressed. Max initially didn't sleep for days, and he cried uncontrollably. He was totally dependent on staff support and his distress saw him engaging in physically aggressive or self-harming behaviour, resulting in significant injury to himself and others.

Max arrived at his new home in a wheelchair, although he could walk, because every transition took him hours. Max also took hours to eat.

The staff brainstormed ideas and sought skilled professional advice. It all started with a simple question: What are Max's needs? On a day-to-day basis, Max needs to feel safe, eat, have his medication, go to the toilet and have a shower. So the initial supports were stripped back to a simple predictable routine.

Over time, Max became progressively calmer and had increasing moments of happiness and curiosity.

Reducing uncertainty led to Max feeling empowered to engage in activities on his terms, when he was ready and feeling safe to explore new opportunities.

Each new achievement was celebrated as Max started to walk, feed himself and model the language staff used with him. The day Max picked up the vacuum cleaner and started vacuuming was a thrill for all who had seen his struggles. Max now walks everywhere, attends school part-time, and does most self-care tasks. He enjoys community activities and expresses his needs using short phrases. Best of all, Max enjoys regular contact with his loving family.

Some key factors that led to such a positive outcome were:

- an initial focus on providing Max with a sense of safety and predictability
- empowerment of Max to control the pace of interventions and options available to him
- engagement with school and family
- the commitment of his team of workers that maintained hope and celebrated his success with him.



## The Curtis family

**Author:** Julie Knowles, Manager, Disability Services, Windermere Child and Family Services

Windermere is a multidisciplinary agency. Families with complex issues are referred to our Integrated Care team (ICT).

The ICT provides consumers experiencing complex issues with a multidisciplinary, collaborative and expert approach and access to resources in order to enhance outcomes. It provides a seamless service where one case manager provides all visible support while accessing the expertise and resources available through the ICT. The situation is reviewed and support continues until no further need for the ICT is apparent. The ICT comprises technical experts from disability services, housing services, the Victims Assistance and Counselling Program, counselling services and early childhood development services.

The Curtis family were referred to Windermere's integrated family services by child protection. Child protection had received reports of neglect, limited engagement with services and one of the children's high risk behaviours.

The family have four children ranging in age from infancy to teenagers. The parents, Sarah and Jack, are loving and dedicated to their children.

As a child, Sarah experienced sexual abuse and attended a special school for her learning difficulty. She has severe anxiety and demonstrates hoarding behaviour.

Jack is a devoted father and husband. He and Sarah are wary of service providers and fear having their children removed but they have developed a strong relationship with Rachel, their Integrated Family Support (IFS) case manager.

All four children exhibit intellectual disabilities, behavioural disorders and/or traits typical of autism spectrum or processing disorders. Sam has expressed suicidal ideation. All the children are incontinent at night and the nine-year-old soils himself during the day. Two of the children were sexually assaulted by an adult outside the family.

There were concerns regarding the cleanliness and safety of the family home due to Sarah's hoarding. There were broken windows, the bedding and mattresses smelt and caused the children to smell of urine.

Previously the family have been labelled 'difficult to engage' and this has also contributed to multiple referrals to child protection.

Building on the strengths of the family and their positive relationship with Rachel, the ICT has provided a one-stop shop, with access to specialised counselling, funding and specialist knowledge. All required paperwork has been completed 'back of house' with only Rachel and the relevant counsellors/psychologists having direct contact with the family. The family has not had to wait to access much-needed support. Supports have been well coordinated. Subsequent referrals to child protection have not resulted in investigation visits to the family as Windermere has been able to clarify the practical steps being taken to address the concerns and the family's strong engagement in the process.

Practical outcomes for the family have included obtaining funding through Early Childhood Intervention Packages and disability services packages. The funds were used to repair the windows, and purchase new waterproof mattresses and bedding. The family access Windermere's counselling services, which specialise in children affected by sexual abuse. Sarah prioritises counselling for her children.

There are plans for the family to access Windermere's Dry Nights program to assist the children to achieve night continence. Sarah agreed to attend specialised counselling for herself and is working through grief and loss and hoarding issues. She has managed to significantly clear one room of belongings, which enables her one-year-old to move around the floor and implement therapies recommended by their ECIS therapists. She and Jack have also decided to start working on the children's bedrooms. Sarah said, 'In the last month I've realised I've got a problem with hoarding so I need to fix it. So I've been cleaning the house. I've realised it's not good for the children. I'm still a good mum, but I need to give them a better place to play.'

The children have ceased expressing suicidal ideation and stopped showing 'fight' behaviours.

ICT continues to provide support including working closely with other service providers including schools and GPs.

Rachel and Sarah have agreed it is time to sit down together to make a new plan for what they will work on next.

Sarah and Jack have expressed several times their shock and delight over the support they are receiving asking, 'Why are people being so nice to us?' Their engagement with services is increasing as their confidence in being viewed as competent and loving parents grows. Despite her fear of service providers, Sarah agreed to have her story told so that other agencies could hear about this service.

Sarah says, 'We are taking little steps, but we are getting there ... I have never felt that feeling before.'

The model that enabled real change was strengths-based. It relies on and builds strong relationships both between the consumer and its 'active service' and regular review with 'back of house' services. It minimises the number of 'experts' with which a family must engage and ensures the effect of service silos and wait lists is not felt by consumers. Interventions are informed and reviewed by technical expertise in all fields including development, disability and trauma.

The model has allowed for a holistic, life-changing outcome to be achieved for this family. We have been able to be consistent, thoughtful and use our therapeutic engagement to build on the strengths of both Sarah and Jack.

The parents have formed a trusting relationship with Rachel, allowing professional assistance to enter their lives without overwhelming it. Having one 'key worker' involved enables the services system to be aware of and limit the number of demands being placed upon the family by various service providers, reducing the likelihood of unreasonable expectations.

## Giving Hannah a voice

**Author:** *Dr Erin Holloway, Senior Clinician, MacKillop Psychology Clinic*

The MacKillop Psychology Clinic provides trauma-focused and empirically based clinical assessments and therapeutic interventions for children and young people placed in care with MacKillop. The therapeutic interventions are grounded in the Sanctuary model, which is currently being implemented across MacKillop.

In March 2013 the MacKillop Psychology Clinic was established as a joint initiative between MacKillop Family Services and Cairnmillar Institute in Victoria.

This is the story of Hannah who is eight years old and has lived in home-based care, for the past five years.

Hannah goes to a local school for children with special needs. Hannah has poor social skills and her challenging behaviours made making friends difficult. Hannah has difficulty engaging others positively and expresses her frustration in destructive behaviours. Hannah was easily overwhelmed by simple tasks. She would scream, cry and remain in a heightened state for many hours.

Both her school and fostercare placements were under pressure and it was at this point that Sarah was referred to MacKillop's Psychology Clinic.

Hannah was introduced to equine therapy as a way of soothing and began to develop strategies to help her when she was feeling overwhelmed. However, it was the work with her foster carers and her teachers that had the most impact.

Using the strategies outlined in the Sanctuary model, the adults were able to gain a deeper understanding of the impact of previous trauma on Hannah. Sanctuary is a blueprint for clinical and organisational change, which at its core promotes safety and recovery from adversity through the active creation of a trauma-informed community.

Once Hannah's teachers and her carers understood her traumatic history, they realised she was not acting out in defiance but in fear. She was refusing to brush her teeth not because she didn't want to but because of other concerns playing in her mind that led her to feel overwhelmed.

The entire group began to rally around her, fully supporting her and changing their attitudes and reactions when she displayed concerning behaviours. Instead of punishing her, they gave her emotional support to help her to understand and process what she was feeling.

Now, a year on, Hannah's behaviours have significantly improved at school. She is now able to learn and has developed new friendships with some of the children.

Socialisation is a key goal for Hannah. Hannah is responding well to the boundaries and rules being put in place by her new teacher. She is no longer becoming emotional and distressed when she perceives a task to be too hard – she will now say, 'I can't do it' and when her teacher tells her she will come and help, Hannah waits and welcomes the assistance. She is beginning to learn that she has the skills to complete these tasks.

At home there have been other positive outcomes. Hannah now has her own pet galah, George, who she has taught to talk and who she runs out to visit every morning and after school. She is responsible for him and talks very affectionately about him. Hannah also has many budgies that she likes to talk to.

Hannah is delightful and continues to improve every day. There is a sense of care and understanding for Hannah that comes from everyone, replacing the previous feelings of frustration. The new-found understanding of Hannah's trauma history, provided by the MacKillop Psychology Clinic, has been key to this success. Hannah's foster carers, case workers and teacher are proud of her and thrilled at her progress.





## Michael and Tracey's story

**Author:** *Jo Smart, Team Leader, Child and Family Services, OzChild, Family Services Intensive Therapeutic Program, Frankston/Mornington Peninsula*

The OzChild Intensive Therapeutic Program is part of the Family Solutions Child FIRST suite of services. The program provides short-term intensive therapeutic support to children and families living in Frankston and on the Mornington Peninsula where there are concerns about child and family wellbeing. It requires a combination of in-home intensive therapeutic services and case management to help develop the parent-child relationship and to resolve entrenched issues impacting on the capacity to parent. The program prioritises interventions/supports to children aged 0–12 years where it has been assessed that the family is ready and able to engage in therapeutic change.

This is a story about, Bernadette, and her two children, Michael (aged four years) and Tracey (aged two). Bernadette referred herself to Child FIRST seeking support with her children as suggested by the early intervention service working with the children at the time. Michael has a diagnosis of autism spectrum disorder and Tracey has a developmental delay. There had been a significant history of family violence with the children's father and parental substance misuse.

Through the OzChild Intensive Therapeutic Family Support Program (ITFSP) a care-team approach was used to coordinate support and address the complexity of issues Bernadette and her children faced. Bernadette was open to accepting supports and fully engaged with the enhanced maternal child and health nurse, early parenting worker, early childhood intervention service, kindergarten, respite service, OzChild Volunteer Program and the ITFSP.

Bernadette attended regular care team meetings and common goals were set and reinforced by the complementing services. Bernadette was encouraged by all the services to work towards a daily routine for the children and sleeping habits were addressed, with each family member having their own bed and eventually all family members sleeping independently in their own beds in bedrooms.

The OzChild ITFSP worker facilitated psychological assessments for the children, which found autism spectrum disorder diagnoses for both. Michael was noted as having a mild intellectual disability and Tracey was diagnosed with a developmental delay. These formal diagnoses will enable the children to have further access to supports to address their ongoing needs.

Bernadette identified that the support she received to establish a routine for the children, had the flow-on effect that the children were getting adequate and regular sleep, which in turn lessened the frequency and intensity of the children's tantrums and difficult behaviours. Bernadette had greater confidence in her capacity to parent her children, setting appropriate boundaries and assisting the children to reach their developmental goals.

Developing a strong working partnership with the mother allowed us to empower her to take control of her situation and that of the children, which in turn allowed us to undertake trauma-informed work with Bernadette to develop her insight to the children's needs. It also allowed the ITFSP to develop Bernadette's understanding of child development in the context of the children's diagnoses.

# Family led decision making

## Maddie's story

**Author:** *Suzanne Ellingworth, Case Worker, Placement Prevention Program: Stronger Families Connections UnitingCare, Southern Region*

Stronger Families is a placement prevention and reunification program designed to provide coordinated services for children and families involved with child protection. Stronger Families works in partnership with services from the Queen Elizabeth Centre (QEC), Berry Street Take Two and Finding Solutions Plus. Stronger Families provides services for children, young people and their families who have identified complex needs by providing individual tailored case management and intensive direct service.

An example of the services provided by Stronger Families include:

- advocacy
- parenting strategies and role modelling
- family group conferences (FGC)
- case management
- liaising with other services
- connection with community, school and so on
- assessment and referrals to speciality services.

A referral from child protection stated that Maddie, a 15-year-old, had been absconding from the family home and was reportedly engaging in high risk behaviours such as substance use and criminal activity.

I met Maddie while she was staying in a secure residential unit. She presented as a thoughtful and engaging young woman who openly admitted that she had made decisions that she regretted.

Maddie said she believed that her relationship with her parents had deteriorated to the point where conflict had escalated and that she chose to abscond with friends as a way to escape the ongoing conflict. Maddie identified her aunt Beth and her partner as an alternative to living with her parents.

I met with Maddie's mother, Olive, and explored the option of Maddie living with Aunt Beth. Olive was against the idea because there was a history of conflict between them. Olive felt that one of her brothers might be a more responsible carer for Maddie, however, Maddie was determined to live with Aunt Beth.

A decision was made to hold a FGC, allowing family members to get together with supporting services to decide how best to support Maddie's identified goals, which were:

- Maddie's preference to live with Aunt Beth (Aunt Beth was agreeable to this)
- to maintain contact with her younger siblings (Billy and Tom) and her parents
- to continue with her education and sporting endeavours.

Finding Solutions Plus worked closely with Maddie to give her a voice and to help her understand the FGC processes. Maddie fully participated in the FGC and was able to articulate her hopes, fears and plans for the future. Through the involvement of Finding Solutions Plus Maddie was able to resume her education through TAFE and identified her goals for the future.

The extended family were contacted and I provided them with information on the FGC process and asked them to consider how they could support Maddie in achieving her goals. The extended family listened to Maddie and, given that Maddie felt she was unable to live with her parents at this time, considered that Aunt Beth's was the most appropriate place for her to stay while they supported her in rebuilding her relationship with her parents and siblings.

The following outcomes were achieved in this case:

- Maddie's voice was pivotal to the proceedings of the FGC.
- Maddie was supported by her extended family to stay with her aunt.
- Maddie was engaged in education through TAFE.
- Maddie was making responsible decisions regarding her peer friendship group.
- Maddie has developed goals for her future (education, sporting endeavours).
- The family set aside their differences and worked together to support Maddie.

At the time of Stronger Families closure Maddie was living with her Aunt Beth, attending TAFE and was planning to return to her old school to complete her education. There was still conflict between Maddie and her parents, but she was being supported by her extended family to maintain contact with her siblings.

A focus of this intervention was to support the voice of the young person and allow them to develop with the supports Maddie thought would make a difference. This requires trust in the relationship and process.



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### **South Eastern Centre Against Sexual Assault**

In particular, Project Artist, Anne Riggs.

We also acknowledge **Latrobe Valley Express** and **Nillumbik Shire Council** for the provision of photographs for use in this publication.

## Images

Cover *'Kandy Kane'*, Capri aged 5

1 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS

2 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS

3 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS

4 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS

5 *'Untitled'*, MacKillop Family Services

6 *'Untitled'*, MacKillop Family Services

7 *'The Aboriginal Butterfly'*, Carol aged 7

8 *'Untitled'*, MacKillop Family Services

9 *'Mosaic Heart'*, Eva aged 11

10 *'Under the Ocean'*, Imogen aged 10

11 *'The bird family taking care of me'*, Carol aged 7

12 *'Messing about'*, Carol aged 7

13 *'Untitled'*, MacKillop Family Services

14 *'Untitled'*, MacKillop Family Services

15 *'Untitled'*, MacKillop Family Services

16 *'Totem 1'*, Family project, South Eastern Centre Against Sexual Assault, photo by Project Artist, Anne Riggs

17 *'Totem 2'*, Family project, South Eastern Centre Against Sexual Assault, photo by Project Artist, Anne Riggs

18 *'Luna Park'*, Ronelle aged 12

19 *'Untitled'*, MacKillop Family Services



- 20 *'Ice-dream and orange juice'*, Carol aged 7
- 21 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS
- 22 *'Me'*, Carol aged 7
- 23 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS
- 24 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS
- 25 *'Bird's Nest'*, Imogen aged 10
- 26 *'Untitled'*, MacKillop Family Services
- 27 *'Untitled'*, young person previously in custody at Malmsbury Youth Justice Precinct, DHS
- 28 *'Bunny in the sun'*, Carol aged 7
- 29 *'Deb Ball'*, Latrobe Valley Express
- 30 *'Untitled'*, MacKillop Family Services
- 31 *'They couldn't get married'*, Ronelle aged 12
- 32 *'Nesting boxes'*, Photograph, Tim Anderson, Program Supervisor, Secure Services, DHS
- 33 *'Zoo exhibit 1'*, Photograph, Tim Anderson, Program Supervisor, Secure Services, DHS
- 34 *'Zoo exhibit 2'*, Photograph, Tim Anderson, Program Supervisor, Secure Services, DHS
- 35 *'Sensitive Santa'*, Nillumbik Shire Council
- 36 *'Sensitive Santa'*, Nillumbik Shire Council
- 37 *'Untitled'*, MacKillop Family Services
- 38 *'Me'*, Carol aged 7
- 39 *'I am looking at you'*, Carol aged 7
- 40 *'Me and myself'*, Breeanon aged 9
- 41 *'The disco'*, Ronelle aged 12





