MONASH University

# Good Practice in Reducing the Over-Representation of Care Leavers in the Youth Justice System

Leaving Care and Youth Justice: Phase Three Report

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| | |
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# Leaving Care and Youth Justice Phase Three report

*"... society has demonstrated an extreme reluctance to probe into how trauma and abuse fill our mental health units, our drug and alcohol detox services, our prisons and our medical wards.*

*The issues have little to do with science: there are many excellent studies which demonstrate the consistent high association between childhood trauma and these outcomes, and which describe in detail the abuse histories and clinical phenomenology of the many so abused.*

*The issue is much more about society's willingness to know, and our at times extraordinary need to believe something other than the unsettling truth."*

*– Professor Warwick Middleton*[1]

[1] (Kezelman & Stavropoulos, 2012, p. xiii)

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# Executive Summary

Despite a longstanding awareness of the over-representation of young people from out-of-home care backgrounds in the youth justice system there remains a lack of strategic will to interrupt this all too common trajectory. This report outlines suggestions for policy and practice which can inform future efforts to address this issue.

The good practice recommendations are based on the findings of a three year study investigating offending and youth justice involvement among young people leaving care in Victoria. The study included a review of the existing literature, interviews and focus groups conducted with 77 key stakeholders across Victoria and in-depth interviews with 15 care leavers who had experienced involvement with the Victorian youth justice system.

The findings of the study suggest that offending behaviour among young people in out-of-home care can be usefully conceptualised as a trauma-related outcome, taking in four main themes:

- Young people displayed challenging behaviours which constitute criminal offending, such as assault and property destruction.
- Young people sought to self-medicate symptoms of complex trauma through the use of alcohol and other drugs. This led to offending through lowered thresholds for challenging behaviour or offending to fund substance use.
- Young people were exposed to offending behaviour in others, including through family and social relationships, but also through placement in residential care units and in youth justice custodial environments, which may contribute to offending behaviour.
- Limited supports and resources in the post-care period appeared to be associated with increased risk of offending behaviour.

The findings point to the usefulness of a trauma-informed approach for preventing and addressing the over-representation of young people in and leaving care in the youth justice system. Such an approach is consistent with the understanding that experiences of complex trauma are pervasive in the lives of dual order young people, and seeks to minimise the potential for re-traumatisation and further disconnection, as well as promote opportunities for connection and healing. While an understanding of complex trauma and its impacts is improving across various sectors which commonly work with traumatised children and youth, this knowledge and approach is not yet ubiquitous across the broader community. This at times leads to policies and practices which can be unwittingly contrary to the principles of recovery from complex trauma.

The approach suggested therefore emphasises the need for a common understanding of the nature of complex trauma and its impacts, accompanied by policies and practices which are congruent with this growing body of knowledge. Additionally, it suggests the need for a shared responsibility across government and the broader community in working towards the healing and social inclusion of children and young people in and leaving out-of-home care, including those who are involved with the youth justice system.

The recommendations provided are underpinned by key principles relating to recovery from complex trauma, including:

- **Safety:** The maintenance of safety across all environments;
- **Stability:** Stability in environment and relationships, reducing the need for movement and disconnection;
- **Connection:** Supportive connections as a key tool for addressing trauma;
- **Understanding:** An understanding of trauma and its impact across all service systems (including universal services) and concurrent support for young people to understand their own experiences, needs and strengths;
- **Healing:** Access to evidence-supported therapeutic interventions, particularly those addressing the impact of complex trauma;
- **Continuous improvement:** Ongoing evaluation of outcomes of interventions and services.

The recommended strategies are aim to both prevent and address offending behaviour and youth justice system involvement among young people in and leaving care. These strategies are focused towards the various sectors or services which are commonly involved in the lives of dual order care leavers, including child and family welfare services and youth justice services, but also education, mental health and youth drug and alcohol services. Program and policy examples as well as suggested areas for future research are also included.

The dual order child protection and youth justice client group often present with complex needs which cannot be adequately addressed within a single service sector or at a single point in the life of a young person. The recommendations emphasise the growing evidence-base concerning more effective approaches with children and young people who are survivors of complex trauma. Such approaches should inform future policy and practice towards reducing the over-representation of young people leaving care in the youth justice system.

## Summary of Recommendations

**Family Services:**

- Increasing the provision of evidence-informed therapeutic family services

**Out-of-home Care Services:**

- Continue to prioritise strengthening the family relationships of young people
- Assessment of the impact of trauma and attachment related outcomes and provision of trauma-specific interventions
- Consistently looking for avenues to promote pro-social community connectedness

**Department of Human Services:**

- Formulate an agreed joint strategy for addressing the over-representation of young people from out-of-home care in the Victorian Youth Justice system
- Continue work towards ensuring all out-of-home care placements are therapeutic
- Incorporate outcomes relating to criminal justice system involvement into the out-of-home care outcomes framework

**Kinship Care Services:**

- Strengthening family interventions
- Providing information and support (both financial and non-financial) for kinship carers
- Assessment and early intervention with mental/emotional/ behavioural health issues, learning problems and disabilities
- Adequate funding models for kinship care case management and brokerage

**Foster Care Services:**

- Expand the availability of therapeutic professionalised foster care options
- Improve information and support (both financial and non-financial) for current foster carers
- Assessment and early intervention with mental/emotional/ behavioural health issues, learning problems and disabilities
- Adequate funding models for foster care case management and brokerage

**Residential Care Services:**

- Expand the availability of therapeutic professionalised residential care options
- Improve the quality of residential care through staff training and support in implementing trauma-informed care, as well as delivery of trauma-specific interventions
- Review policies for responding to challenging behaviour in residential care. Particularly consider the use of trauma-informed restorative approaches

- Future research considerations include:
    - Examination of police contact with residential care units to identify any opportunities for improved practice.
    - Evaluation of residential care models and practices to identify best practice

**Leaving care and post-care services:**

- Review the age of leaving care with a view to improving the flexibility required to cater to the diverse developmental needs of care leavers
- Improvement in leaving care planning and access to post-care accommodation, particularly for care leavers who have a high risk of poor outcomes
- Develop a strategy to identify care leavers at a high risk of poor outcomes in order to guide service delivery
- Investigating opportunities to deliver trauma-informed continuing care models from the same agency, rather than a separate service
- Develop better strategies to support care leavers who return to family post-care

**Youth Justice:**

- Provide training and support to deliver trauma-informed services across the youth justice sector, particularly where such information may not be generally available (e.g. Police and Court services)
- Embed screening/assessment of trauma into practice
- Improve advocacy for youth within the criminal justice system, particularly:
- During police interviewing
- Supportive adult present with young people at court
- Legislate for diversion options which are accessible and appropriate for the out-of-home care group
- Provide targeted community-based services for the out-of-home care group
- Improve the delivery of trauma-specific interventions within custodial youth justice settings
- Examine opportunities to deliver evidence-supported family-based interventions in youth justice services
- Future research considerations include investigation of the relative efficacy of current youth justice models with young people who are involved or not involved with child protection/out-of-home care services

**Education:**

- Provide training and support to deliver trauma-informed services across the education sector
- Enhance early intervention with conduct difficulties and learning problems within the education system
- Review the implementation Out-of-Home Care Education Commitment
- Expand alternative, trauma-informed education options

- Provide supported education and training options which include emotional and interpersonal skill-building

**Mental Health:**

- Continue to support the implementation of trauma-informed approach to mental health service provision
- Improve access to mental health services, including:
    - Services for young people with emerging or lower risk mental health symptoms (e.g. depression, anxiety, low-level self-harm)
    - Access to long-term non-crisis interventions
    - Services for young people in non-metropolitan locations
    - Funding to access specialist trauma-specific services
- Expand the available supported accommodation options for care leavers with behavioural and mental health difficulties
- Future research considerations include examining the barriers for access to or provision of mental health services for young people in and leaving out-of-home care

**Youth Drug and Alcohol Services:**

- Youth drug and alcohol services could routinely adopt a trauma-informed approach to service delivery and investigate options to integrate treatment of substance abuse disorders and complex trauma
- Expand the availability of youth alcohol and other drug withdrawal services
- Strengthen trauma-informed alcohol and drug interventions within Youth Justice custodial settings
- Future research considerations include strengthening the evidence base of effective treatment models for youth with co-occurring trauma history and drug and alcohol problems

## Report Overview

This is the third and final report of a study of young people leaving out-of-home care in Victoria who have also been in contact with the youth justice system, a group who are referred to as dual order clients, dual order young people or dual order care leavers for the purpose of this report. This final report outlines recommendations for good practice in reducing the over-representation of care leavers in the youth justice system, and is based on a trauma-informed approach to policy and practice.

While the term 'dual order' generally refers to young people who are concurrent clients of the Child Protection and Youth Justice systems, in the context of this report the reference to dual order clients may include young people who had previous Child Protection out-of-home care involvement and are current clients of Youth Justice. Overseas studies of dual order client populations also include young people who initially become clients of Youth Justice systems and are subsequently referred to Child Protection services due to welfare concerns (Herz, Lee, Lutz, Tuell, & Wiig, 2012). Victorian data indicate this is a rare phenomenon in the local system, with only one case occurring where the first Youth Justice supervision preceded the first Child Protection notification across the 1990-91 birth cohort (Australian Institute of Health and Welfare, 2012).

Additionally, the term youth justice is utilised throughout this report to refer to the range of services delivering a justice system response to children and young people, including police, courts and statutory Youth Justice services. When the term is capitalised (Youth Justice), it indicates a reference to statutory, departmental Youth Justice services, rather than the broader system.

**Chapter One** of this report provides an overview of the research process;

**Chapter Two** provides a brief outline of the findings of the earlier phases of this study in the context of previous research;

**Chapter Three** outlines the theoretical underpinnings of the recommendations, which are based upon contemporary understandings of the impact of disrupted childhood attachment experiences and experiences of complex trauma on young peoples' development; and

**Chapter Four** presents recommendations for good practice in reducing the over-representation of young people in and leaving out-of-home care in the youth justice system.

# Chapter 1: Project Overview

This study was conducted in partnership with the Victorian Commission for Children and Young People and a consortium of non-government organisations delivering services in the out-of-home care and Youth Justice systems in Victoria (Berry Street, Jesuit Social Services, OzChild, The Salvation Army Westcare, The Youth Support and Advocacy Service and Whitelion). The study was funded by a grant from the Helen McPherson Smith Trust, together with cash and in-kind contributions from the seven partner agencies. Ethics approval for the conduct of the project was obtained from the Monash University Human Research Ethics Committee.

The research was overseen by an Advisory Committee comprised of representatives from the partner organisations together with representatives from the Department of Human Services (out-of-home care and Youth Justice branches), and the Centre of Excellence in Child and Family Welfare. The Advisory Committee oversaw all three phases of the research process, including having input into, and providing feedback concerning data collection procedures and data collection instruments, as well as interim and final reports.

The following sections outline the three major phases of the project.

## Phase One – Key Stakeholder Consultations

**Aims:** Phase One of this study aimed to access the perspectives of key stakeholders to generate a in depth understanding of:

- The reasons why care leavers are over-represented in the youth justice system;
- The ongoing support provided by child protection services to dual order care leavers;
- The role of leaving care plans in addressing involvement with youth justice;
- The nature of collaboration and consultations between child protection and youth justice services during the leave care period;
- Actions taken by youth justice organisations to address the needs of care leavers; and
- Best practice social and educational programs for this group of care leavers.

**Sample and recruitment:** The study was advertised to partner agencies who invited staff contributions to the research by way of individual interviews or focus groups. Participants were self-selecting (i.e. a non-probability sample) from the project partner agencies and other organisations. In some instances, individuals were approached directly based on their expertise in the study area, or as a result of snowball sampling from previous participants.

**Data collection:** Semi-structured focus groups and interviews were conducted with key stakeholders. Data were gathered around six key issues identified in the aims above. These topics were developed based on a review of the existing literature and consultation with policy and practice experts. Focus groups have been established as an effective method for qualitative data collection in social work research (Linhorst, 2002). This methodology was aimed at stimulating discussion between agency staff around the key issues, in order to generate responses which may have not have been previously considered by individual participants (Alston & Bowles, 2003). Where focus groups were impractical or not possible, individual interviews were conducted, generating in-depth reflections and case examples from respondents regarding their experiences and views around the key issues. The use of multi-method approaches is also widely accepted in social work research (Linhorst, 2002). Combining focus group and individual interview methods allows for the uncovering of both broad macro concepts and micro-level individual experiences, generating a more complete understanding of the issues being examined.

**Data Analysis:** All interviews and focus groups were audio-taped and transcribed and the data was then entered into NVivo9 for coding. Thematic analysis was conducted by categorising recurring ideas within the transcript data (specifically where a response or concept was raised on three or more occasions) in order to identify the key findings. Multiple coding of a selection of transcripts by two members of the research team was utilised to check inter-rater reliability of the coded themes. This method has been suggested as useful for enhancing rigour in qualitative data analysis (Barbour, 2001; Mays & Pope, 1995).

**Sample**: A total of 77 individuals participated in interviews or focus groups in this initial phase of the study. Respondents were self-selecting from the agencies where the study was advertised, and were recruited from a range of fields including the out-of-home care system, the Youth Justice system, youth drug and alcohol services and legal services, as shown in Table 1 below.

| Respondent source | Interviews | Focus Groups | Total participants | Victorian Department of Human Services (DHS) Regions* |
|---|---|---|---|---|
| Agency1 | | 2 | 20 | Southern Metropolitan & Gippsland |
| Agency2 | | 1 | 9 | North & West Metropolitan |
| Agency3 | 1 | 3 | 8 | Southern Metropolitan |
| Agency4 | | 3 | 9 | North & West Metropolitan |
| Agency5 | | 1 | 8 | North & West Metropolitan |
| Agency6 | 4 | 2 | 10 | Southern & Eastern Metropolitan |
| Other (Ex-Child Protection/Youth Justice/Out-of-home care/Leaving care) | 4 | 1 | 10 | Grampians & Southern Metropolitan |
| Other (Legal) | 2 | | 3 | State-wide |
| Total | **11** | **13** | **77** | |

**Table 1. Phase One Data Collection. *Note that DHS Regions are described as per 2011 regional divisions when data collection occurred.**

## Phase Two – Interviews with Dual Order Care Leavers

**Aims:** Phase Two of this study aimed to access the perspectives of young care leavers to generate a more in depth understanding of:

- The reasons why some young people who have been in out-of-home care become involved in the Youth Justice system;
- How Child Protection and Youth Justice work together, particularly understanding what happens when a young person who is involved in Youth Justice leaves out–of-home care;
- The backgrounds of care leavers in the Youth Justice system, and what happens to this group of young people after they leave out-of-home care;
- Social or educational programs which have helped or could help this group of young people.

**Sample and recruitment:** The study was advertised to the partner agencies including:

- Berry Street
- Jesuit Social Services
- OzChild
- The Salvation Army Westcare
- The Youth Support and Advocacy Service
- Whitelion

Agency staff identified young people who met the following eligibility criteria, and who were currently or previously accessing the agency:

- Aged 18 to 26 years;
- Previous involvement in out-of-home care (at least 6 months in kinship care, foster care or residential care placements); and
- Previous involvement in the Youth Justice system (either community-based or custodial youth justice involvement).

Convenience (non-probability) sampling was utilised given the difficulty of locating young people within the target group. Interview location and time was either arranged by agency staff or by the research assistant contacting the young person.

**Data collection:** Semi-structured in-depth interviews were conducted with the young people covering a range of topics, including out-of-home care history and experiences of out-of-home care,

education history and experience, leaving care experience, post-care experience, early offending history and Youth Justice history and experience. Young people also completed a short demographic questionnaire with the interviewer at the conclusion of the interview.

**Data Analysis:** All interviews were audio-recorded and transcribed. Thematic analysis was then conducted using the data from interview transcripts with NVivo9 software. Quantitative data was entered into SPSS software for analysis.

**Sample:** The final sample comprised 15 young people aged 18 to 26 years (average age = 20.4 years) who were interviewed between February 2012 and May 2013. Interviews ranged in length from 20 to 98 minutes, and the mean interview length was 44 minutes. Visual timelines tracking events such as entry into care, changes in placement and schools, leaving care and youth justice involvement were created with each young person using paper and pencil during the interviews. The young people were able to refer to the timeline to describe temporal relationships between events.

The sample group's demographic characteristics were largely reflective of the Victorian leaving care population in terms of Indigenous status and the proportion who had first been placed in out-of-home care after the age of 12 years. However, compared to care leavers in general, females were under-represented, and young people who had been in care for more than two years were over-represented in the sample. While most of the sample had been placed in out-of-home care in metropolitan locations (12/15), three had resided in regional locations. Finally, while most of the young people had been born in Australia (13/15), two were born in New Zealand. Other demographic characteristics of the study sample are shown in Table 2 below.

| Demographic Characteristic | Study sample (n=15) | Victorian Care Leavers (2009-10) (n=590)[2] |
|---|---|---|
| Male | 67% | 46% |
| Indigenous | 13% | 13% |
| First out-of-home care placement after 12 years | 53% | 67% |
| In care for more than 2 years | 87% | 50% |

**Table 2. Selected out-of-home care and demographic characteristics of study sample and general Victorian care leavers**

The young people in the study sample presented with similar characteristics of social disadvantage as have been documented among both leaving care and Youth Justice custodial populations more broadly, including high rates of school exclusion, mental health issues, issues with intellectual functioning, substance abuse problems and early parenthood (Courtney & Dworsky, 2006; Indig et al., 2011; Mendes, Johnson, & Moslehuddin 2011; Summerfield, 2011; The Youth Parole Board and Youth Residential Board of Victoria, 2013). Table 3 below compares selected characteristics of the study sample with the results of a snapshot survey of young Victorians in Youth Justice custody in

[2] Source: Cummins, P., Scott, D., & Scales, B. (2012). The Report of the Protecting Victoria's Vulnerable Children Inquiry. Melbourne: State Government of Victoria, p. 264.

2012 (The Youth Parole Board and Youth Residential Board of Victoria, 2013). Though less than half of the study sample had actually entered custodial Youth Justice, overall they presented with a higher prevalence of each measure of social disadvantage than the Youth Justice custodial sample.

| Characteristic | Study sample (n=15) | Young people in Youth Justice custody (n=172)[3] |
|---|---|---|
| Male | 67% | 94% |
| Experience of school suspension or expulsion | 80% | 67% |
| Presented with mental health issues | 67% | 35% |
| Presented with issues concerning their intellectual functioning | 33% | 27% |
| Drug users | 93% | 88% |
| Early parenthood | 33% | 13% |

**Table 3. Selected characteristics of the study sample and young people in Youth Justice custody in 2012**

## Phase Three – Development of Good Practice Recommendations

**Aims:** Phase Three of this study aimed to develop good practice recommendations for reducing the over-representation of care leavers in the youth justice system. The recommendations were to be based on findings from the first two phases of the study, and were generated in light of previous research in this area.

**Procedure**: An outline of the recommendations was drafted which incorporated findings from phases one and two of the present study together with previous research. The outline was presented to representatives of partner agencies for feedback regarding content and structure, in both individual agency consultations and at the level of the project Advisory Committee. This feedback then informed a draft final report, which was subsequently presented to the project advisory committee for further feedback prior to completion.

**Study Limitations:** This study has various limitations which should be outlined. Firstly, it is based primarily on data which were largely qualitative in nature. In the key stakeholder consultations, certain sectors were over-represented among the respondents (namely the non-government out-of-home care sector and the youth alcohol and other drugs sector), while others were under-represented (the education, mental health, and statutory Child Protection and Youth Justice sectors). It should be noted that the study did not receive permission to speak with current Child Protection or Youth Justice staff, therefore some of this under-representation was unfortunately unavoidable.

In the second phase of the study (interviews with care leavers), again the data collected was largely qualitative in nature. It was not possible to either gain a larger sample of care leavers, nor to

[3] The results of a snapshot survey of 162 males and 10 females in custody on 12 September 2012 carried out by the Department of Human Services (The Youth Parole Board and Youth Residential Board of Victoria, 2013).

ascertain the representativeness of the sample, given the lack of aggregate state-wide data concerning dual order care leavers. Additionally, the sample of care leavers was aged 18 to 26 years at the time of the interviews; therefore some experiences described may not necessarily reflect recent policy and practice. Due to the use of agencies as a sampling frame for locating care leavers, the results are likely to be more reflective of the experiences of young people who remain connected to services and supports after leaving care. This may under-represent certain groups of care leavers, particularly those who may have remained involved with Youth Justice[4] and those who were detained in the adult custodial justice system at the time of the study. Conversely, young people who may have had previous involvement with Youth Justice services but were no longer connected to services post-care may also be under-represented in the findings. In the case of the dual order care leavers, the study findings relied on retrospective self-report. Such recollections are subject to issues concerning participant recall and bias, as well as the impact of trauma upon memory storage and retrieval (Anda et al., 2006). As Taylor (2006, pp. 69-70) explains, *"the memories of care leavers may be further complicated by the often traumatic nature of their earlier experiences and by the fragmented picture that they may have as a result of movement and change".*

Finally, this final report adopts a generic approach which effectively considers dual order care leavers as a homogenous group. It is acknowledged that such an approach does not have the scope to consider the specific needs of particular groups of dual order care leavers, including:

- Dual order Aboriginal and Torres Strait Islander care leavers (Australian Institute of Health and Welfare, 2014)
- Dual order female care leavers
- Dual order care leavers from culturally and linguistically diverse groups
- Dual order care leavers who also present with a disability
- Dual order care leavers who are young parents
- Dual order care leavers residing in non-metropolitan areas

It is envisaged that the major points covered by the recommendations will also be pertinent to these groups. At the same time, further consideration should be given to identify and address the specific needs, in terms of prevention, intervention and supports, which may be helpful for these particular groups of dual order care leavers.

[4] The researchers did not receive permission to interview care leavers (aged 18-21 years) who were under a current Youth Justice order in Victoria.

# Chapter 2: Overview of previous literature and study findings

This section will review the findings of phases one and two of the study in light of the previous research concerning offending among young people in and leaving out-of-home care.

## Over-representation of children and young people with child protection and out-of-home care backgrounds across youth justice services

The cross-over between the Victorian Child Protection and Youth Justice populations is significant, particularly among young people in custodial Youth Justice settings. However, this phenomenon is by no means a recent one, nor is it confined to Victorian or Australian jurisdictions (Blades, Hart, Lea, & Willmott, 2011; Community Services Commission, 1999; Cusick, Courtney, Havlicek, & Hess, 2010; Hart, 2006; Jacobson, Bhardwa, Gyateng, Hunter, & Hough, 2010; Summerfield, 2011; Taylor, 2006; West & Farrington, 1973). Though there is dearth of national data which adequately describes the extent of this issue, an overview of statistical information provided in various Australian studies and reports is shown in the figures on pages 17 and 18. These studies highlight the over-representation of children and young people who have been subject to Child Protection notifications or placed in out-of-home care among those who come before the youth justice system (including police and court involvement). Furthermore, these studies point to the fact that this over-representation is most pronounced at the more restrictive end of the Youth Justice system (i.e. greater over-representation in custodial populations compared to community-based Youth Justice populations).

An additional feature of Australian youth justice systems is the significant over-representation of Indigenous children and young people (Australian Institute of Health and Welfare, 2013b). Victorian data indicates that Indigenous children and young people who are involved with the Youth Justice system are more likely to have had previous (unsubstantiated and substantiated) Child Protection notifications than their non-Indigenous counterparts (Australian Institute of Health and Welfare, 2012).

Additionally, the dual order Child Protection/Youth Justice client group appears to be at high risk of becoming involved in the adult criminal justice system (Lynch, Buckman, & Krenske, 2003). A Queensland study found that 91 per cent of youth justice clients who had at least one care and protection order progressed to the adult corrections system (Lynch et al., 2003). A detailed review of research regarding offending behaviour in out-of-home care populations can be found in the Phase One and Two reports of this study (see Mendes, Snow, & Baidawi, 2012; 2013).

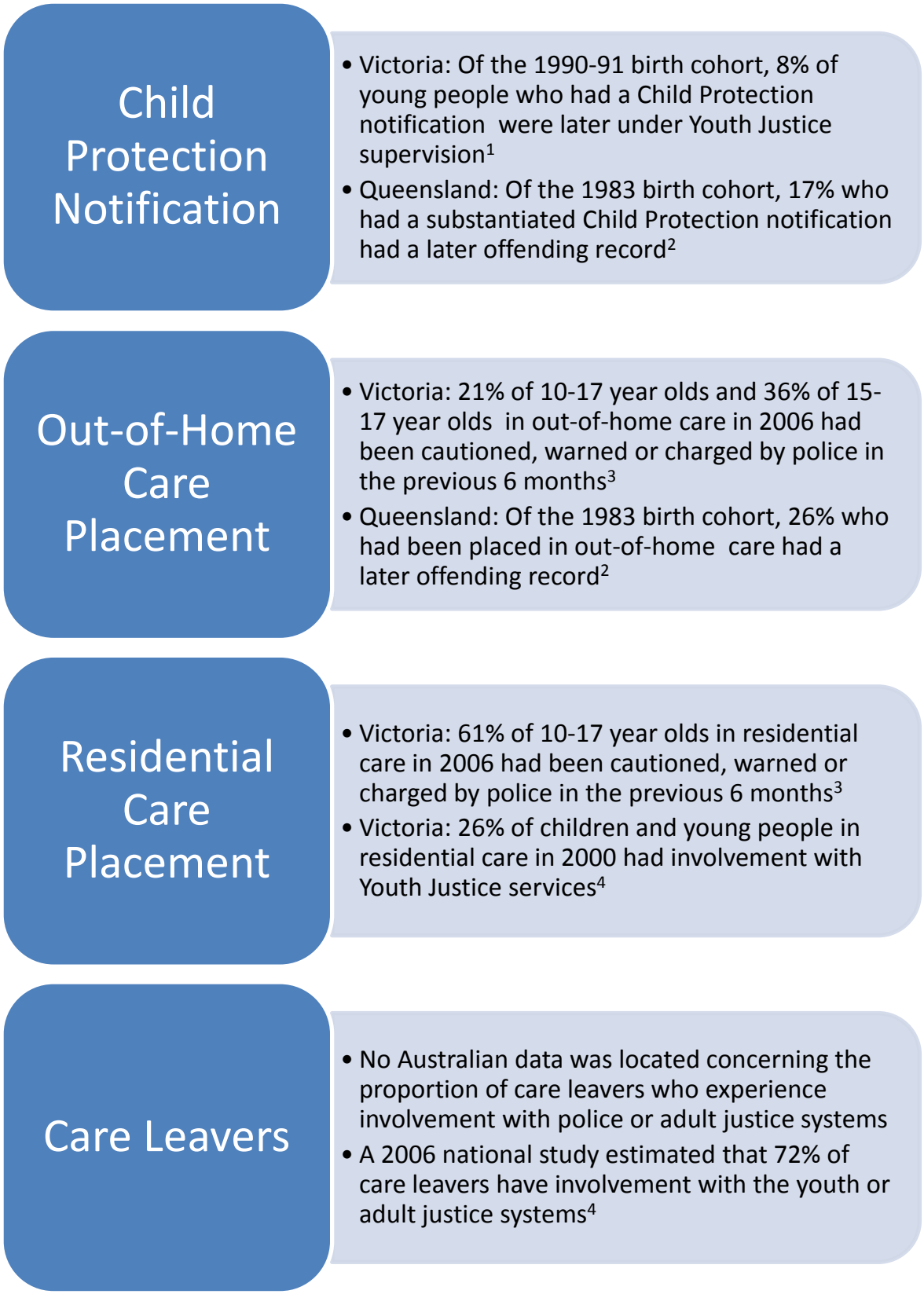


**Figure 1. Disproportionately high involvement of Child Protection clients in Australian youth justice systems 1. Australian Institute of Health and Welfare (AIHW) (2012) 2. Stewart, Dennison & Waterson (2002) 3. Wise & Egger (2008) 4. DHS (2002) 4. Morgan Disney & Associates & Applied Economics (2006)**

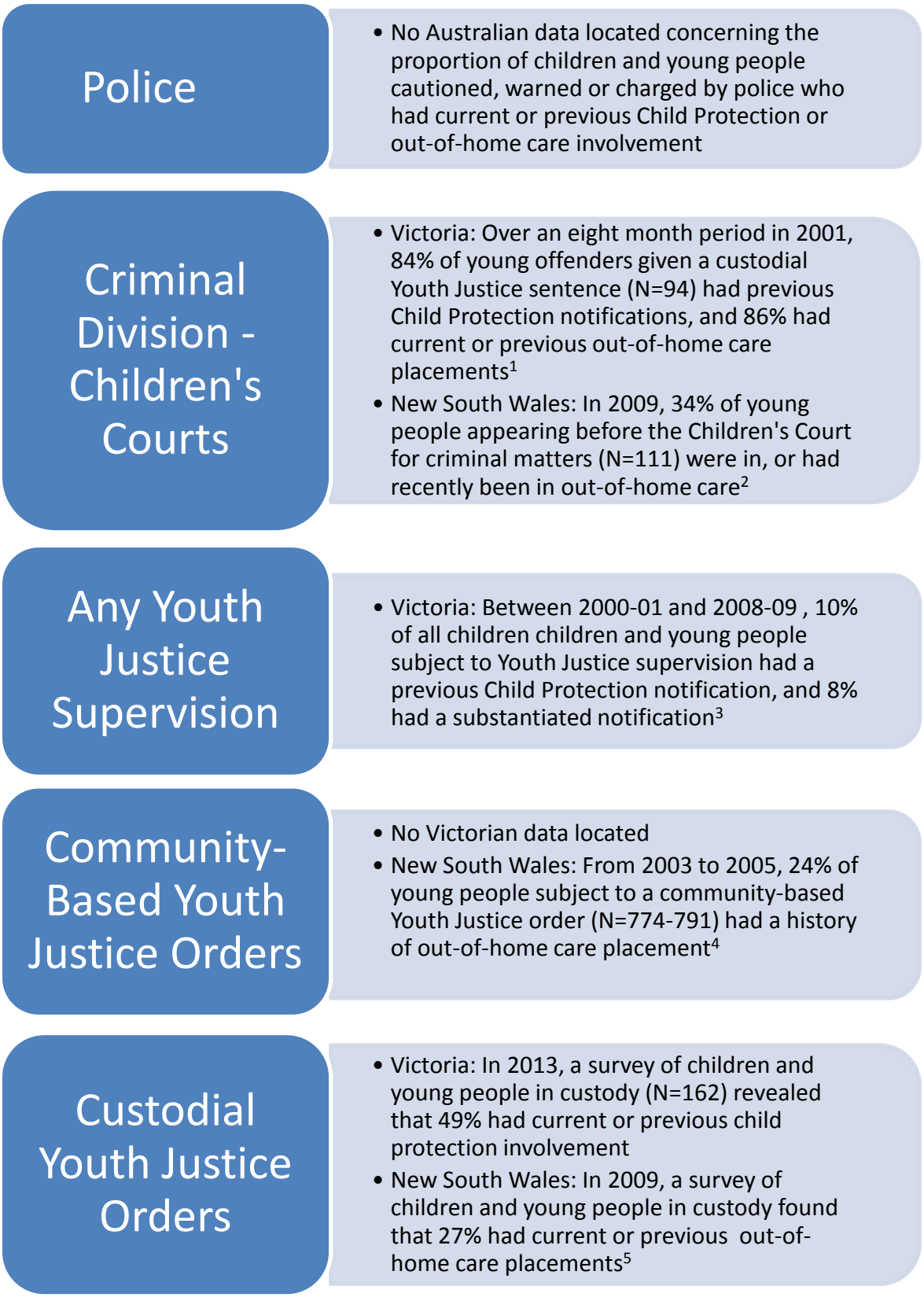


**Figure 2. Over-representation of Child Protection clients in Australian youth justice systems 1. DHS (2002) 2. McFarlane (2010) 3. AIHW (2012) 4. Kenny & Nelson (2008) 5.Indig et al. (2011)**

## Adverse childhood events and offending behaviour

**The over-representation of young people from out-of-home care in youth justice systems is understood to arise from the greater exposure of this group to various factors increasing the risk of offending** behaviour, including an array of biological, environmental and social factors at the individual, family, community and social levels (Schofield et al., 2012)**.** In particular, young people in state care evidence high levels of childhood adversity, including exposure to abuse and neglect, domestic violence, parental abandonment, illness, substance abuse and criminal behaviour, and death of family members.

The increased risk of offending among young people who have been exposed to maltreatment, including among those not placed in out-of-home care, has also been established (Ryan, Williams, & Courtney, 2013; Stewart et al., 2002; Widom & White 1997). Among maltreated children and young people, research suggests that increased risk of offending is related to the type, duration, timing and severity of maltreatment in addition to the exposure to other risk and resilience factors. Specifically:

- Research suggests a positive relationship between the *chronicity* of maltreatment and the risk of offending, as well as the *severity* of maltreatment and risk of offending (Stewart et al., 2002; Verrecchia, Fetzer, Lemmon, & Austin, 2011);
- There is some evidence to suggest that exposure to physical abuse and neglect are somewhat more predictive of offending (particularly violent offending) than exposure to sexual or emotional abuse (Stewart et al., 2002; Verrecchia et al., 2011; Widom & Maxfield 2001), though this may be due to the greater likelihood of victims of childhood sexual abuse being female, and reflective of the generally lower level of offending by females; and
- Maltreatment extending into or occurring in adolescence is associated with a greater risk of offending behaviour compared to maltreatment which is contained to childhood (Smith, Ireland, & Thornberry, 2005; Stewart et al., 2002; Thornberry, Ireland, & Smith, 2001).

## Offending behaviour and out-of-home care – specific risks

Some research has sought to examine offending among out-of-home care populations with a view to determining specific factors associated with risk of offending in this population. **There is evidence to suggest an increased risk of offending among young people who:**

- experience maltreatment and are placed in out-of-home care (as opposed to maltreated young people who remain with the family) (Ryan & Testa, 2005; Stewart et al., 2002);
- enter care as a result of behavioural difficulties such as violent behaviour (Ryan, 2012; Vinnerljung & Sallnäs, 2008);
- enter care at an older age (Ryan, 2012; Schofield et al., 2012);
- experience greater placement instability (for males only) (Ryan & Testa, 2005); and
- experience residential/congregate care placements (Ryan, Hong, Herz, & Hernandez, 2010; Ryan, Marshall, Herz, & Hernandez, 2008; Wise & Egger, 2008).

In seeking to explain the relationship between these factors and offending behaviour, three specific arguments have been outlined. First, it has been proposed that many of these factors are simply indicative of **increased severity, recurrence or chronicity of maltreatment,** which is in fact the main factor driving the increased risk of offending (Stewart et al., 2002). Other complementary explanations exist concerning the higher risk of involvement in youth justice systems among young people placed in residential care environments, where **there is some concern about criminalisation of challenging behaviour** such as property destruction and assaults (McFarlane, 2010; Ryan et al., 2008; Schofield et al., 2012; Taylor, 2006). These explanations include the often highly troubled backgrounds of young people entering residential care environments (including emerging or established patterns of challenging and/or offending behaviour), but also peer contagion effects, the characteristics and dynamics of particular residential units and staff, and residential care policies regarding the contact of police (Ryan et al., 2008; Shaw, 2012). Finally, there is some data which suggests **that limited financial and emotional resources available to care leavers** following the cessation of their out-of-home care order may be related to post-care offending (Mendes et al., 2013; Schofield et al., 2012; Taylor, 2006).

While greater numbers of dual order clients are male, there is some Australian evidence suggesting that **females and young Indigenous people are proportionally over-represented subgroups of the out-of-home care population in the youth justice system** (Indig et al., 2011; Kenny & Nelson, 2008). That is, a higher proportion of females involved in the youth justice system tend to come from out-of-home care backgrounds compared to males, and a higher proportion of Indigenous young people come from out-of-home care backgrounds, compared to non-Indigenous young people involved in youth justice systems.

## Youth Justice populations and disadvantage

Previous research has established that **youth justice populations are characterised by a high degree of disadvantage and complex needs across a number of domains**. In particular, **the level of abuse, neglect and other traumatic exposure of this group is disproportionately high**, as are diagnosed trauma-related mental health conditions (Abram et al., 2004; Indig et al., 2011; Kenny & Nelson, 2008; Kinner et al., 2014). For example, New South Wales research surveying a community-based Youth Justice sample has found that 74 per cent (n=796) reported some form of abuse or neglect (Kenny & Nelson, 2008). Among the New South Wales custodial Youth Justice population, 60 per cent reported abuse and neglect experiences, including 80.5 per cent of young women surveyed (Indig et al., 2011).

Additionally, minimising and denial of abuse and neglect among youth justice populations was common in both studies, particularly among males, those with an intellectual disability, a lower IQ or those from culturally and linguistically diverse backgrounds (Indig et al., 2011; Kenny & Nelson, 2008). This indicates that the figures are likely to be an underestimate of the true extent of abuse and neglect experienced. A recent Victorian study has surveyed community and custodial Youth Justice populations; unfortunately this research did not inquire about Child Protection or out-of-

home care involvement or employ any rigorous measures of childhood abuse, neglect or symptoms of complex traumatic stress (Kinner et al., 2014).

The limited available research in Australia, including the present study, points towards the likelihood that **young people who have been involved in the youth justice system who have current or previous Child Protection involvement constitute a group with greater disadvantage, more complex needs and potentially poorer outcomes than the overall youth justice population.** For instance, Lynch and colleagues (2003) found that young people involved in the Queensland youth justice system who had been subject to a Care and Protection Order were more likely to progress to the adult justice system than those who had not been subject to such an order (91 per cent vs 77 per cent), and were also more likely to have served a term of adult imprisonment (67 per cent vs 47 percent).

This finding echoes research from the US which also found greater levels of disadvantage among young people who were dually involved with youth justice and child welfare services, compared to those who were only involved with youth justice services (Ryan et al., 2013). This research found that compared with youth justice only clients, dual order young people:

- had lower levels of family support, family income, supervision, and more inappropriate use of punishment by parents;
- had higher levels of physical violence and parental drug and alcohol use;
- were more likely to have school behavioural problems, and were perceived by probation officers to be less likely to finish school;
- had fewer prosocial peers;
- were more likely to have a mental health problem, to report impulsivity, and to believe that physical aggression was an appropriate response to resolve disagreements; and
- were less likely to report being able to control antisocial behaviour, to believe prosocial rules apply to them and to report a sense of optimism.

Similarly, research examining the community based Youth Justice population in New South Wales has found that compared to Youth Justice clients who had not been placed in out-of-home care, those who had experienced out-of-home care placements were significantly more likely to:

- have received special education (49% vs 36%);
- have relative(s) who had been in prison (69% vs 60%);
- have experienced a physical injury requiring medical treatment (37% vs 28%);
- report having no close friends (11% vs 6%);
- be living in unsettled accommodation at the time of the survey (23% vs 8%);
- report having treatment for substance abuse (25% vs 17%);
- and to have experienced unwanted sex (14% vs 6%).

## Phase One Findings - Key Themes

Phase One consultations with key stakeholders primarily focused upon:

- The factors that appeared to contribute to offending among young people in and leaving care
- The factors or responses which promoted positive outcomes in relation to offending among this group
- Community and systemic factors which may impede or assist in addressing the risks of offending behaviour among young people in and leaving out-of-home care

A detailed outline of the findings is contained in the Phase One Final Report (Mendes, Snow, & Baidawi, 2012). Akin to other research, the respondents framed **offending behaviour as a "trauma-related outcome".** In particular, it was argued that young peoples' adverse childhood experiences generated difficulties in physical, mental, emotional and behavioural regulation, which in turn created barriers to establishing and maintaining supportive relationships and connections (for example with family, carers, peers and schools). Delayed maturity resulting from the impact of trauma upon young peoples' development was seen to result in impaired decision-making, limited consequential thinking, low emotional maturity and high levels of risk-taking behaviour.

**Key mediators between maltreatment and offending** among young people in out-of-home care were identified including **educational disengagement, substance use and association with antisocial peers**. A number of other factors which appeared to increase the potential for offending behaviour were also identified including the involvement of the young person's family in the criminal justice system and exposure to further traumatic experiences (for example, resulting from attempts at reunification, bullying or exposure to violence, abuse or neglect from peers, caregivers or others).

**Relationships and positive social connections to peers and the wider community** were understood to be critical for reducing the problematic impacts of previous adverse experiences and enhancing resilience among young people in out-of-home care. Yet respondents explained the great difficulties faced in attempting to provide young people with the safety and stability required for positive attachments to occur and for therapeutic processes to be implemented. Some examples included:

- **Placement breakdowns:** Young people with the most difficult behaviours often have multiple placement breakdowns which prevent the formation of relationships necessary to address trauma and other risks.
- **Difficulty accessing specialist support**: There are limited specialist supports able to be accessed which specifically address trauma, mental health issues and learning difficulties.
- **Further traumatic exposure**: Some children and young people are also exposed to further trauma after entering the out-of-home care and Youth Justice systems, whether due to adverse experiences during reunification attempts, abuse and neglect at the hands of caregivers, other young people in these systems or from people outside the system (e.g. romantic partners, bullying at school)**.**
- **Co-location of young people in both residential care and Youth Justice environments:** Congregation of high risk young people potentially raises their exposure to behavior and attitudes (e.g. substance use, offending, educational disengagement) which increase the

likelihood of offending behavior emerging or escalating. Congregate care placements were not thought to be the ideal placement for all young people, but were sometimes utilised due to a lack of alternative options.

- **Legislated age of leaving care:** Out-of-home care is a time-limited response. While some care leavers may be ready for independence at 18 years, many are not developmentally mature enough to cope on their own with limited resources; this may lead to an escalation or emergence of offending behaviour. The challenge of responding to young people entering care in their teenage years, with limited time to address relatively long-standing needs, is particularly difficult.
- **Limitations in post-care and post-Youth Justice service structures:** Further complicating the voluntary service delivery model is the fact that many services are regionally-based, requiring young people to engage with new workers in an unfamiliar space. Young people with the least interpersonal skills and the highest level of risk are likely to struggle with accessing support through such a model. Given the limited resources available in such programs, there is a risk of care leavers with more complex needs missing out on these resources.

Some **aspects of the Youth Justice system** were also seen to be unsuited to needs of young people in out-of-home care, for example:

- **Lengthy times for court processes:** At times, key stakeholders observed significant periods of time between young people being charged and court processes being completed. Respondents observed that this scenario compounded the young peoples' difficulties connecting their offending with court processes and outcomes, and can add disruption to leaving care planning processes;
- **Limited court support**, for example, to assist with understanding and emotional support;
- **Limited state wide diversion options;**
- Variable understanding of community and custodial Youth Justice staff concerning the impacts of complex trauma and attachment difficulties and how to effectively engage with care leavers;
- **Limited trauma-specific therapeutic interventions** available in custodial Youth Justice settings, and potential for re-traumatisation through exposure to violence, bullying and strip searching.

Overall, there was much variability among the professionals' views of the appropriate approach to addressing offending behaviour among young people in and leaving out-of-home care. The respondents identified the need for addressing offending behaviour and its underlying drivers, however there were concurrent concerns regarding the need to avoid criminalising young peoples' behaviour and entrenching their involvement in the justice system.

## Phase Two Findings - Key Themes

The interviews conducted with 15 dual order care leavers in Phase Two of the study provided an opportunity to enhance our understanding of the experiences of this group of young people. The results were in accord with the themes raised in the Phase One consultations with key stakeholders, and consistent with previous research regarding dual order populations. A brief summary of findings is presented, however more detail is available in the Phase Two final report (Mendes et al., 2013).

The findings of the study suggested that offending behaviour among young people in out-of-home care can be usefully conceptualised as a trauma-related outcome, which followed four main themes:

- Young people displayed challenging behaviours which constitute criminal offending, such as assaultive behaviour and property destruction.
- Young people sought to self-medicate symptoms of complex trauma through the use of alcohol and other drugs. This lead to offending through lowered thresholds for challenging behaviour or offending to fund substance use.
- Young people were exposed to offending behaviour in others, including through family and social relationships, but also through placement in residential care units and in youth justice custodial environments, which may contribute to offending behaviour.
- Limited supports and resources in the post-care period appeared to be associated with increased offending behaviour.

### Entry into out-of-home care

The young people had entered care for diverse reasons and at a variety of ages. Around one half had entered care in adolescence either due to behavioural issues (specifically violence and substance abuse problems), family conflict and running away from home, rather than as a direct result of abuse and neglect. This is consistent with previous research, which has noted that young people entering care as a result of behavioural issues are at heightened risk for involvement in offending behaviour (Ryan, 2012). All of the young people had eventually experienced placements in residential care, echoing previous research which has identified this group being at a higher risk for offending (Ryan et al., 2008).

### Leaving care and post-care experiences

The transitions from care for this group tended to be chaotic, and were often associated with escalating substance use and/or offending behaviour immediately preceding, during or soon after the transition from care. This finding accords with key stakeholder consultations, which indicated that there was an often great difficulty engaging high risk young people in leaving care processes. Overall, there were fairly negative outcomes in relation to many life domains – over one half of the young people had experienced homelessness since leaving care, few had experiences of ongoing involvement in education or employment, two were pregnant at the time of the interview, and four young people had one or more children of their own.

## Educational experiences

The respondents' educational experiences were fairly reflective of the out-of-home care and Youth Justice populations more broadly (Cashmore & Paxman, 2007). None of the young people had completed high school, one third had described specific learning difficulties and/or intellectual disabilities, and more than three quarters of the young people had experiences of school suspension and/or expulsion. Young people often regretted their loss of educational attainment and while many blamed themselves for these unrealised dreams, others expressed disappointment in the care system which they believed had allowed them to disengage from education too easily (Cashmore & Paxman, 2007; Jackson, 2001; Mendes et al., 2011; Taylor, 2006). Additionally, as has been noted in previous Australian research (Stewart, Livingstone, & Dennison, 2008), the transition from primary to secondary education appeared to be a high risk time for educational exclusion and/or disengagement, as did the time of entry into residential care.

A number of issues contributed to eventual educational disengagement for the young people, including bullying, interpersonal conflicts with peers, teachers and principals, learning difficulties, substance use and offending, and transience associated with placement changes and detention in Youth Justice custody. The importance of educational disengagement as a predictor of future offending among care leavers has been identified in previous international research, which suggested that education appeared more significant than substance abuse issues as a factor associated with post-care offending among males (Ryan, Hernandez, & Herz, 2007). Positively, around half of the young people managed to re-engage in alternative education with the support of workers, and the majority had engaged in further education courses and programs by the time of the interview. At the same time, translating training and education into employment opportunities proved difficult for this group, and only a minority of the young people had any work experience over their lives.

## Offending behaviour

For nearly two thirds of the young people, offending behaviour commenced at the age of 12 to 13 years. Assault, theft, substance use and property damage were the main types of initial offences described by the young people, however most described multiple offence types emerging fairly simultaneously. The three main social contexts described in relation to young peoples' initial offending included:

- Socially-based offending (with friends, peers in residential care and partners);
- Lone offending (generally consisting of thefts or offending in residential care contexts, for example assaults and property destruction); or
- Family–based offending (with immediate or extended family members).

There was consistency between the factors which young people described as being associated with their offending, and those described in the Phase One key stakeholder consultations, namely:

- Substance use – including being substance affected at the time of committing offences as well as a minority of respondents who reported offending to fund substance use.

- Social pressure – this came from peers in residential care, friends outside of the care system, partners and family members.

### Youth and Adult Justice system involvement

Involvement in the out-of-home care system tended to precede involvement in the Youth Justice system, which occurred at an average age of 14 years (between 10 and 16 years). One of the most noteworthy themes was the general lack of knowledge and recall of many young people concerning the precise reasons they were involved with Youth Justice, or the orders which they had been placed under. Potentially the chaotic nature of young peoples' lives and offending resulted in difficulties connecting their own behaviour and the various judicial consequences experienced. Both positive and negative appraisals of Youth Justice community and custodial programs were described, however many young people believed these interventions made little difference to their offending behaviour.

Nearly one half of the young people had also experienced involvement with the adult criminal justice system. All of these participants were male, six had spent time in adult custody since leaving care, and four had further charges pending. These participants tended to have entered care at a later age (after 10 years), either due to behavioural issues or family conflict. Post-care factors which were more common among the young people who proceeded to the adult justice system included:

- having no support from a post-care worker at the time of leaving care;
- experiencing homelessness since leaving care; and
- having no non-professional post-care supports (i.e. only being connected to voluntary or involuntary services or workers since leaving care).

Positively, two thirds of the young people had either desisted or greatly reduced their offending behaviour by the time of the interview. Becoming a parent and dealing with substance abuse issues were each described as key factors which precipitated a reduction in offending behaviour. The young people who had reduced their offending frequency and/or severity had often described a shift in their attitudes based on a level of care for themselves and others which had not previously dominated their decision-making, including wanting a better life, not wanting to lose children and realising the impact of their offending.

The four young people in the study who continued offending at the time of the interview were all young males, aged between 19 and 25 years, who were currently on adult criminal justice orders (bail and parole). Three of these young people had further court cases pending. Extensive family involvement in the criminal justice system, later age of entry to care, problematic alcohol use and estrangement from family characterised this group of young people. Additionally, these young people appeared to have no significant connection to adults in their lives other than various agency workers.

## Case Studies

The following section presents two case studies which draw upon the experiences and reflections of the young people who participated in the study. Names and other specific details have been changed, however the case studies aim to illustrate the key themes generated by the interviews with dual order care leavers.

### *Case study 1: Sarah*

Sarah's involvement with the Child Protection system began at a young age. She had first been placed in respite care at 18 months of age; however she was eventually removed from home at the age of eight following a psychiatric hospitalisation in which she disclosed sexual abuse by her step-father and neglect within the home. Sarah then entered a foster care arrangement which broke down after one week following an incident where she had broken some windows in the foster carer's home. She then entered residential care as there was no suitable alternative placement option available. Sarah continued to attend the same primary school as her siblings, who had remained in the family home. However, she described ongoing bullying towards her and her siblings at school which revolved around her placement in care, and her younger brother's disability.

One day at school, Sarah's younger brother was being bullied. Sarah attempted to get assistance from teachers, who were unresponsive to her concerns. Sarah and her older brother then severely assaulted the student who had bullied their younger brother, and then assaulted the teacher who attempted to come to the child's aid. Sarah was then expelled from this school at age nine and entered another primary school. In secondary school, she had ongoing experiences of bullying and eventually disengaged from education by age 16.

Sarah also experienced multiple movements in her residential care placements as a result of conflict with staff and other young people, which generally culminated in assaults and property destruction. Overall, she estimates having 15 to 20 placements in out-of-home care. Police call-outs to the units were a regular occurrence. At the age of nine or 10, Sarah says that she began to consume alcohol and use marijuana with other young people in the residential care units where she was placed.

Sarah experienced great difficulty in her interpersonal relationships with staff and other residents, as well as experiences of further maltreatment from both other young people and caregivers. Over the years, various placement options were trialled for Sarah, including a kinship placement with her grandfather as well as a therapeutic residential care placement which lasted for one week. She had many admissions to secure welfare placements in addition to intermittent admissions to child and adolescent psychiatric hospital units.

Sarah was first arrested at age 10 following an incident involving property destruction and staff assault within her residential care unit. Between the ages of 12 and 16 years Sarah was remanded into Youth Justice custody nine times, generally for between three and six weeks, due to incidents involving physical aggression, threats and often property destruction. She recalls positive experiences of Youth Justice custody, *"It was good... I liked it. They treat you nice. They let you do your own thing, so long as you follow the rules."* She also remembers staff from the residential care units visiting her in custody, and engaging in education during this time. Sarah had received many

psychiatric and other diagnoses over the years, including post-traumatic stress disorder, auditory processing disorder and borderline personality disorder. Although long suspected, she was eventually diagnosed with an intellectual disability via a Youth Justice assessment.

At the age of 16, Sarah became pregnant by her first boyfriend. Although she was terrified of being pregnant, she was determined to have the child. Her final time in Youth Justice custody was at the age of 16, while pregnant. She had been warned by a magistrate that if she were to enter custody again, she would more than likely lose custody of her child:

> ***"The [Magistrate] turned around and said, 'next time I'm sentencing you, and you will be having [your baby] in there, and you won't see her. You'll get to spend 5 minutes with her, and she will be taken off you"***

Sarah has been able to avoid re-entering custody since this time. While further incidents have led to court appearances, the frequency of these events has reduced. Now 19 years old, Sarah still experiences fairly regular interpersonal conflicts, which were involved in the breakdown of both her lead tenant placement and public housing situation. She now resides in transitional housing with her boyfriend, and has a disability worker, as well as a leaving care mentor. Sarah's boyfriend has encouraged her to cease using marijuana, which she has managed with his support. While her relationships with family members are not as caring as she would like, she is in phone contact with her mother on an infrequent basis. Sarah's child was removed from her care at birth, however she is still involved with Child Protection and hoping to regain custody in the future.

### *Case Study 2: Chris*

Chris entered out-of-home care in adolescence. Prior to this time he was residing with his mother and younger siblings at home. Chris revealed that he had been a victim of and witness to domestic violence from a young age, at the hands of his mother's boyfriends. Additionally, Chris had experienced behavioural difficulties since he was young; he was diagnosed with Attention Deficit Hyperactivity Disorder and Oppositional Defiance Disorder and had been prescribed psychiatric medication since the age of six. While primary school was difficult, he managed to stay engaged with the support of his mother and a helpful teacher, who both advocated for him and provided support. In his early teens, Chris began experimenting with marijuana. His behaviour at school and at home became more difficult and he began to be involved in aggressive confrontations with his mother. He had a few respite stays in out-of-home care, but each time would return home with the same patterns repeating:

> ***"I had issues. I would trash the house and I would push my mother around … it would've been a couple of weeks and then I was back in another residential unit."***

Eventually Chris' mother could no longer manage his care and due to concerns for his younger siblings, Chris formally entered out-of-home care at the age of 13. The same behaviour continued in the context of residential care units, and over time the repetitive police involvement saw him remanded into Youth Justice custody and then placed on a community-based order. Chris had remained in school until Year 9, however a confrontation with the principal which occurred after he

was caught smoking marijuana at school saw him expelled. Chris revealed that being caught had triggered in him feelings of shame, which quickly turned to anger, which he directed at the principal:

> ***"I was just full of anger and full of rage and I was a bit...not embarrassed but I'd just been caught smoking bongs and so I was a bit...I don't know, not embarrassed. I'd just been caught out so I was reactive to whatever they were saying to me".***

Chris continued to cycle between Youth Justice custody and various residential care units. By the age of 15, he had begun to use heroin intravenously. He often spent significant periods of time away from out-of-home care placements using drugs and connecting with the network of young people he had met through his time in residential care or Youth Justice custody. At the time of leaving care, Chris planned to return home to his mother. This rapidly broke down, and he became homeless, and spent the next few years either couch surfing between acquaintances or in the custodial adult criminal justice system.

Now in his mid-twenties, Chris has managed to address his substance abuse issues through a long-term residential treatment program which involved professional support as well as a therapeutic community model of accommodation. He has gained experience in employment and is currently engaged in further education. Today he has a positive relationship with his mother, who he says never gave up on him. He says of his time in out-of-home care and Youth Justice:

> ***"I think it served no purpose whatsoever. It did serve a purpose as in it kept my Mum safe because I wasn't at home, but as far as transitional stuff to try and get me back to my Mum's, there was no process in place, it was just "put him here because he can't live at home". I just think that all the stuff that went on in those years, I just think it could've been avoided. Me doing a lot of time in [Youth Justice custody] because I didn't like the resi unit I was in so I would trash it, that could've been avoided if there was a different system in place... I ended up on hard drugs because of, I'm not saying it's their fault, but because of the scenery that I was placed in, I adapted to that and I ended up using the stuff that was around me".***

As the study findings and case studies illustrate, the dual order child protection and youth justice client group present with complex needs which cannot be adequately addressed within a single service sector. The study adds to the limited body of qualitative research examining the experiences of care leavers who have been involved in both the out-of-home care and youth justice systems. Findings point to various interventions that may prove helpful to reducing offending behaviour among young people in and leaving care, which have been integrated into the proposed good practice recommendations (Mendes et al., 2013).

The next section will describe the theoretical underpinnings of the recommendations, which are based in an attachment and trauma-informed approach to preventing, understanding and addressing challenging and offending behaviour among young people in out-of-home care. Given the significant likelihood of experiences of childhood trauma and disrupted attachments in the dual order client group, framing our approach in this way is both rational and meaningful.

# Chapter 3: An attachment and trauma-informed approach to preventing and addressing offending behaviour in young people in out-of-home care

This section aims to offer a basic understanding of the theoretical base underpinning the recommended approach, which is based upon contemporary understandings of the impact of childhood attachment experiences and experiences of trauma upon young peoples' development.

## Attachment theory

Attachment theory developed from the work of British psychiatrist John Bowlby and Canadian-American developmental psychologist Mary Ainsworth (Ainsworth & Bowlby, 1991). It describes the instinctive need of infants to form intimate emotional bonds, or attachments, with a primary caregiver (or attachment figure) as a function of psychological and biological survival. Attachment behaviours, such as crying and seeking, aim to attain or maintain proximity to an attachment figure, who is conceived as being to provide protection, support and care (Bowlby, 1988).

A child's internal sense of security is fostered not only by the physical presence of a caregiver, but their emotional availability and sensitivity to the child. By this we mean the caregiver's ability to perceive, interpret and respond to the child's needs consistently and sensitively (Bowlby, 1969). The experiences of infants in response to these attempts to seek proximity and care gradually develop into "working models" or internal understandings of themselves and what to expect from caregivers and their environment (Ainsworth, 1989).

Different modes or styles of attachment have been identified which develop in the context of various qualities of caregiving, including 'secure', 'avoidant', 'ambivalent' and 'disorganised' styles. Children who develop a secure attachment style have generally received available, sensitive and responsive caring, which has a fundamental impact on their healthy emotional, psychological, social and spiritual development. As a result of these secure attachment experiences, children begin to develop:

- a sense of trust in the world and a belief that their needs will be met;
- an understanding of their emotions and ability to process and regulate feelings;
- a sense of their worth in the eyes of another;
- the capacity to regulate bodily functions such as eating and sleeping;
- a biological framework for responding to stress;
- a framework for socialisation or boundaries for acceptable and unacceptable behaviour.

On the other hand, the absence of secure attachment may result in:

- a lack of trust in the world – for example, experiencing others as unavailable, rejecting, abusive or hostile;

- difficulties recognising and managing emotional states and understanding the emotions of others;
- an over-developed or under-developed sense of shame
- difficulty regulating bodily functions such as eating and sleeping;
- lowered resilience in coping with stress;
- difficulties in understanding appropriate social boundaries and behaviours.

These relational patterns tend to influence our styles of relating in childhood, adolescence and adulthood, and are thought to be self-perpetuating, for example:

> *A secure child is a happier and more rewarding child to care for and also is less demanding than an anxious one. An anxious ambivalent child is apt to be whiny and clinging; whilst an anxious avoidant child keeps his distance and is prone to bully other children. In both of these last cases the child's behaviour is likely to elicit an unfavourable response from the parent so that vicious circles develop* (Bowlby, 1988, pp. 125-126).

Additionally, in many cases these attachment styles tend to persist inter-generationally; meaning that a child who forms a secure attachment with their caregivers tends to become a secure adult, who raises securely attached children of their own (van Ijzendoorn, 1992). While it was previously thought that attachment styles were fixed at a young age, research now shows that our current experiences, including in relationships with others and our wider environment, continue to alter our brain structure and function throughout life.

## Complex trauma theory

Generally speaking, trauma refers to the experiencing of incidents (stressors) that are overwhelmingly threatening or frightening to the individual. Almost everyone will experience a traumatic incident at some point in their lives, such as being involved in a serious car accident, the unexpected death of a loved one or friend, or being involved in a natural disaster. In a simplistic sense, the human body reacts to these incidents through various physiological responses which intend to promote survival (van der Kolk, McFarlane, & Weisaeth, 1996). The main types of responses seen in response to traumatic stressors are *hyperarousal* responses (commonly known as 'fight or flight' responses) and *dissociation* responses ('freeze' or 'surrender' responses) (Perry, Pollard, Blaicley, Baker, & Vigilante, 1995). Once the stressor is no longer present, the body then activates a calming response to return to its normal physiological state.

In contrast to simple trauma, Courtois and Ford (2009, p. 1) define complex trauma as "***involving traumatic stressors which are:***

> ***(1) repetitive or prolonged;***

***(2) involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults;***

***(3) occur at developmentally vulnerable times in the victim's life, such as early childhood; and***

***(4) have great potential to compromise severely a child's development".***

While all people may experience various traumatic incidents across the lifespan, what distinguishes the experience of complex trauma is its chronic and relational nature, as well as the key developmental periods which are affected. Complex trauma can occur in the context of abuse, neglect or exposure to other traumatic experiences in the household or wider environment, as shown by the examples in Table 4 (adapted from Kezelman and Stavropoulos (2012, p. 42)).

| Abuse of Child | Traumatic Stressors in Child's Environment | Neglect of Child |
|---|---|---|
| • Physical abuse<br>• Sexual abuse<br>• Psychological or emotional abuse | • Mentally ill or substance abusing household member<br>• Exposure to family or community violence (including experiences of war)<br>• Parental imprisonment or death | • Abandonment<br>• Child's basic physical and/or emotional needs unmet |

**Table 4. Examples of traumatic experiences which contribute towards complex trauma**

The experience of these traumatic events repeatedly activates the child's stress system, or internal alarm, and the body is overwhelmed in its ability to return to a normal resting state. This results in **a "sensitised" hyperarousal or dissociative response** where the brain becomes stuck in a highly sensitive state, and can respond to everyday stressors in an exaggerated manner (Perry et al., 1995).

The person may internally react to future reminders of the trauma or similar threats as if they were experiencing the original traumatic event(s). Importantly, these responses may not originate from the cortical or "conscious thinking" parts of the brain, particularly if the young person feels stressed or threatened (physically or emotionally) but rather originate from much more reflexive and automatic (pre-cortical) elements (Perry, 2006). For these reasons, **traumatised adolescents will find it difficult to modify their behaviours or responses by use of reason or logic, or through the imposition of external consequences** (Barton, Gonzalez, & Tomlinson, 2012). The impacts of neglect are in some ways similar to that of abusive experiences in that a prolonged fear response may be triggered. Additionally, experiences of physical and emotional neglect can compromise development in various other ways, depending on the type, timing and duration of neglect in relation to the child or young person's development, due to the omission of critical experiences and needs.

Understanding these issues has implications both for the way we regard the behaviour and reactions of young people who have survived experiences of abuse and neglect, as well as how we construct suitable systems and interventions to respond to young peoples' needs.

### *The multiple impacts of complex trauma*

The impact of childhood and adolescent abuse, neglect and exposure to other traumatic events is multifaceted, and varies between individuals. Many factors influence how each individual is impacted by experiences of complex trauma, including the timing, severity and duration of exposure to traumatic events, as well as the individual, family, environmental, social and cultural risk and protective factors present (Cloitre et al., 2009; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinnazzola, 2005). **One of the reasons maltreatment can have such profound, multifaceted and enduring impacts on the development and functioning of children and young people is that it occurs during the highly sensitive periods prior to adulthood, during which the very structure and chemistry of the mature brain is in the process of being established**. As Perry (2009, p. 245) explains:

> *"[the] same neurodevelopmental sensitivity that allows amazing developmental advances in response to predictable, nurturing, repetitive, and enriching experiences makes the developing child vulnerable to adverse experiences… While experience may alter the behavior (sic) of an adult, experience literally provides the organizing framework for an infant and child".*

Researchers in the area of complex trauma have identified **seven primary domains which may be affected in survivors of complex trauma, including attachment, biology, affect (feelings and emotions) regulation, dissociation (alterations in consciousness), behavioural regulation, cognition (thinking) and self-concept**, as shown in Table 5 (adapted from Cook et al. (2005, p. 392)). Conversely, inverse factors are linked to children's resilience in the face of stress, including positive attachment and connections to emotionally supportive and competent adults within a child's family or community, the development of cognitive and self-regulation abilities, positive beliefs about oneself, as well as motivation to act effectively in one's environment (Cook et al., 2005).

| Domains of impairment in children exposed to complex trauma | |
|---|---|
| **I. Attachment** | Problems with boundaries<br>Distrust and suspiciousness<br>Social isolation<br>Interpersonal difficulties<br>Difficulty attuning to other people's emotional states<br>Difficulty with perspective taking (including empathy) |
| **II. Biology** | Sensorimotor developmental problems<br>Analgesia (impacts on the body systems which regulate pain)<br>Problems with coordination, balance, body tone<br>Somatisation (experiencing physical symptoms e.g. chronic pain, digestive problems, increased resting heart rate)<br>Increased medical problems across a wide span |
| **III. Affect regulation** | Difficulty with emotional self-regulation<br>Difficulty labelling and expressing feelings<br>Problems knowing and describing internal states<br>Difficulty communicating wishes and needs |
| **IV. Dissociation** | Distinct alterations in states of consciousness<br>Amnesia<br>Depersonalisation and derealisation |

| | |
|---|---|
| | Two or more distinct states of consciousness<br>Impaired memory for state-based events |
| **V. Behavioural control** | Poor modulation of impulses<br>Self-destructive behaviour<br>Aggression towards others<br>Pathological self-soothing behaviours<br>Sleep disturbances<br>Eating disorders<br>Substance abuse<br>Excessive compliance<br>Oppositional behaviour<br>Difficulty understanding and complying with rules<br>Re-enactment of trauma in behaviour or play (e.g. sexual, aggressive) |
| **VI. Cognition** | Difficulties in attention regulation and executive functioning<br>Lack of sustained curiosity<br>Problems with processing new information<br>Problems focusing on and completing tasks<br>Problems with object constancy<br>Difficulty planning and anticipating<br>Problems with understanding responsibility<br>Learning difficulties<br>Problems with language development<br>Problems with orientation in time and space |
| **VII. Self-concept** | Lack of a continuous, predictable sense of self<br>Poor sense of separateness<br>Disturbances of body image<br>Low self-esteem<br>Shame and guilt |

**Table 5. Potential domains of impairment in children exposed to complex trauma**

It is important to understand that **children and young people who have experienced complex trauma may function well in some domains, while facing difficulty in others** (Luthar, Cicchetti, & Becker, 2000). This again reflects the influence of the nature of the traumatic events experienced as well as other risk and resilience factors present.

### *What is 'Intergenerational Trauma'?*

Intergenerational trauma, sometimes referred to as 'transgenerational trauma' is a type of secondary, historical trauma, which is transferred from a generation which was initially exposed to the trauma, to future generations (Atkinson, Nelson, & Atkinson, 2010). It has been defined as "*the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes*" (Atkinson et al., 2010, p. 138). In the context of both the out-of-home care system and the Youth Justice system, **the effects of intergenerational trauma may be particularly evident in the lives of Aboriginal and Torres Strait Islander children and young people**, as a result of historical policies relating to forced colonisation and The Stolen Generations (Atkinson, 2013).

### *Trauma and offending*

> *"When exposed to coercion, cruelty, violence, neglect, or rejection, a child may cope with indifference, defiance of rules and authority, or aggression as a self-protective counterreaction. These defensive attempts to overcome or resist the helplessness and isolation caused by victimization often are motivated by the desire to regain the ability to feel safe and in control rather than by the callous indifference often assumed to be driving delinquency. Thus, traumatic stress, if not addressed in juvenile justice services, may contribute to a downward spiral of increasingly deviant and risky behavior (sic), retraumatization (sic), and chronic juvenile (and adult criminal) justice involvement"* (Ko et al., 2008, p. 400).

Not all children and young people who have experienced complex trauma will offend or become involved in youth justice systems. However, young people in out-of-home care present a high risk group for involvement in offending behaviour and the youth justice system for a number of reasons:

- First, **adolescence is the peak risk time for offending behaviour** from a life course perspective. This risk is generally observed to decline in early adulthood in the general population as well as for most adolescent offenders (Hirschi & Gottfredson, 1983; Piquero, Diamond, Jennings, & Reingle, 2013);
- As stated previously, **adverse childhood experiences increase this already heightened risk** of offending and youth justice system involvement throughout adolescence;
- Finally, **placement in residential care carries an increased risk** of criminal justice system involvement for youth placed in out-of-home care (Ryan et al., 2008).

Table 6 provides an overview of the risk and protective factors associated with youth offending (adapted from Shader (2003)).

| | Risk Factor | | Protective Factor |
|---|---|---|---|
| **Domain** | **Early onset (ages 6-11)** | **Late onset (ages 12-14)** | |
| **Individual** | General offenses<br>Substance use<br>Being male<br>Aggression**<br>Hyperactivity<br>Problem (antisocial) behaviour<br>Exposure to television violence<br>Medical, physical problems<br>Low IQ<br>Antisocial attitudes, beliefs<br>Dishonesty** | General offenses<br>Restlessness<br>Difficulty concentrating**<br>Risk taking<br>Aggression**<br>Being male<br>Physical violence<br>Antisocial attitudes, beliefs<br>Crimes against persons<br>Problem (antisocial) behaviour<br>Low IQ<br>Substance use | Intolerant attitude toward deviance<br>High IQ<br>Being female<br>Positive social orientation<br>Perceived sanctions for transgressions |

| | | | |
|---|---|---|---|
| **Family** | Low socioeconomic status /poverty<br>Antisocial parents<br>Poor parent-child relationship<br>Harsh, lax, or inconsistent discipline<br>Broken home<br>Separation from parents<br>Abusive parents<br>Neglect | Poor parent-child relationship<br>Harsh or lax discipline<br>Poor monitoring, supervision<br>Low parental involvement<br>Antisocial parents<br>Broken home<br>Low socioeconomic status/poverty<br>Abusive parents<br>Family conflict** | Warm, supportive relationships with parents or other adults<br>Parents' positive evaluation of peers<br>Parental monitoring |
| **School** | Poor attitude, performance | Poor attitude, performance<br>Academic failure | Commitment to school<br>Recognition for involvement in conventional activities |
| **Peer Group** | Weak social ties<br>Antisocial peers | Weak social ties<br>Antisocial, delinquent peers<br>Gang membership | Friends who engage in conventional behaviour |
| **Community** | | Neighbourhood crime, drugs<br>Neighbourhood disorganization | |
| *** Age of onset unknown**<br>**** Males only** | | | |

**Table 6. Risk and protective factors associated with youth offending**

When we adopt a trauma-informed lens, we are able to see how the impact of adverse childhood experiences can increase the risk of involvement in offending behaviour for young people in out-of-home care, for example:

- **A number of the issues which drive entry into out-of-home care (including experiences of abuse and neglect), are also risk factors for offending;**
- **Numerous identified risk factors for offending are also trauma-related outcomes** (e.g. restlessness, difficulty concentrating), including internally developed strategies for avoiding further victimisation or managing the impacts of previous victimisation (e.g. aggression, substance use, oppositional behaviour). For example, research has identified a direct association between the cumulative severity of adverse childhood experiences and various offending-related outcomes including substance abuse, anger control and aggression (Anda et al., 2006; Wood, Foy, Layne, Pynoos, & James, 2002);
- **Trauma-related outcomes, if left unaddressed, are likely to impact young peoples' school experiences**, both academic and social; Poor school experiences are in turn a key risk factor for involvement in offending behaviour;
- Entry into out-of-home care settings as a result of childhood maltreatment experiences may **increase the exposure of young people to antisocial or offending peers**.

### *Recovery from complex trauma*

> *"Just as damaging experiences change the brain in ways that are negative for subsequent functioning, new, different and positive experiences also change the brain in ways that are conducive to health"* (Kezelman & Stavropoulos, 2012, p. 64).

Understanding some of the potential impacts of disrupted attachment experiences and other adverse childhood experiences, including abuse and neglect can paint a disheartening picture as to young peoples' prospects. However, contemporary research indicates **that recovery and repair can and do occur in the context of safety and healing relationships** (Courtois & Ford, 2009; Herman, 1997; Perry & Szalavitz, 2006). Additionally, various specific treatment models have been developed for children, adolescents and adults which include individual, systems (e.g. family systems, child-caregiver systems) and group-based programs and interventions (Cook et al., 2005; Courtois & Ford, 2009; de Arellano, Ko, Danielson, & Sprague, 2008; Perry, 2009). A review of these various treatment programs is beyond the scope of this report; however the availability of evidence-supported interventions is mentioned to illustrate that effective treatment models are known.

## Trauma-related terminology

The term "trauma-informed" is increasingly used in various aspects of human services delivery, as well as other terms including "trauma-informed care", "trauma-informed approaches" and "trauma-specific services". These terms are often used interchangeably, however in actuality they refer to fairly distinct concepts, which will now be explored further (Substance Abuse and Mental Health Services Administration, 2012).

### *What does 'Trauma-Informed' mean?*

***A trauma-informed service is one which is aware of and sensitive to the dynamics and impacts of trauma, and alert to the possibility of the existence of trauma in the lives of those accessing the service, irrespective of whether it is known to exist in individual cases*** (Jennings, 2008; Kezelman & Stavropoulos, 2012).

**Trauma-informed services are not intended to treat trauma** per se, but rather operate in an organisational culture which is informed by trauma theory, and is underpinned by key principles such as safety, trustworthiness, choice, collaboration and empowerment (Harris & Fallot, 2001). Such foundations recognise the potential vulnerabilities of trauma survivors, and seek to minimise the risk of re-traumatisation while at the same time maximising the capacity of trauma survivors to access and make use of services (Harris & Fallot, 2001; Jennings, 2008).

The term "trauma-informed care" (sometimes abbreviated to TIC) is similar to the concept of a trauma-informed approach or service, however since some services or sectors do not strictly deliver 'care' these sectors (e.g. health, juvenile justice, education etc.) tend to use the terms "trauma-informed approach" or "trauma-informed service" (Substance Abuse and Mental Health

Services Administration, 2012). A summary of the basic aspects of trauma-informed services is presented in Table 7 below.

| Trauma-Informed Services | |
|---|---|
| **Realise the prevalence of trauma** | • Are aware of trauma theory<br>• Review education and training to incorporate trauma-informed principles<br>• Are aware that traumatic experiences may be common amongst clients/service users/ consumers regardless of whether a specific diagnosis is present |
| **Recognise the impacts of trauma** | • Recognise some of the basic signs of trauma and vicarious trauma among service users and staff |
| **Respond by embedding knowledge into practice** | • Organisational culture, policy and procedures are underpinned by trauma-informed principles, such as safety, trustworthiness, choice, collaboration and empowerment<br>• Engage in routine screening for exposure trauma and symptoms of traumatic stress among service users<br>• Make resources available to service users and service providers concerning trauma exposure, its impact and treatment<br>• Engage in efforts to strengthen the resilience and protective factors of those impacted by and vulnerable to trauma<br>• Minimise the potential for re-traumatisation of clients/service users and staff<br>• Emphasise continuity of care/service delivery and collaboration across service systems<br>• Maintains an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience<br>• Maximise consumer/service user involvement and collaboration |

**Table 7. Principles of trauma-informed services. Adapted from Harris and Fallot (2001), Jennnings (2008), Kezelman and Stavropoulos (2012), the National Child Traumatic Stress Network (2014) and the Substance Abuse and Mental Health Services Administration (2012).**

### *What does 'Trauma-Specific' mean?*

In contrast to trauma-informed services, ***trauma-specific interventions or services are those which directly aim to address the impacts of trauma on individuals, families and communities*** (Kezelman & Stavropoulos, 2012; Substance Abuse and Mental Health Services Administration, 2012). This might refer to an individual program or approach, or a service which delivers a variety of interventions or programs tailored to assessing and addressing the consequences of trauma (Harris

& Fallot, 2001). As outlined previously, it is beyond the scope of this report to review trauma-specific interventions; however an Australian review of the evidence-base for interventions targeting trauma-related outcomes among children and young people exposed to abuse and neglect has recently been published by The Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre[5]. Examples of trauma-specific interventions include:

- Trauma—Focused Cognitive Behavioural Therapy (TF-CBT)
- Cognitive Behavioural Interventions for Trauma in Schools (CBITS)
- Seeking Safety
- Trauma Affect Regulation: Guide for Education and Treatment (TARGET)
- Sanctuary Model for Children in Residential Settings

As described by Kezelman & Stavropoulos (2012), trauma-specific services are `consistent' in emphasising:

- Client and worker safety, both physical and emotional
- The importance of respect for clients, provision of information, possibilities for connection and instillation of hope
- Recognition of symptoms as adaptive rather than pathological
- The need for collaborative work with clients which is affirming of their strengths and resources

### *What is 'Therapeutic Care'?*

There is no consistent definition of therapeutic care available. Broadly, this concept refers to a type of intensive out-of-home care placement (currently operating in some foster and residential care settings in Victoria), which is responsive to the complex impacts of abuse, neglect and separation from family. Therapeutic care aims to create positive, safe, healing relationships with children and young people, within a safe, consistent environment of care (Barton et al., 2012; McClung, 2007; McLean, Price-Robertson, & Robinson, 2011). The care environment aims not just to provide a placement, but rather to generate a therapeutic environment and relationships within which some of the impacts of earlier traumatic experience can begin to be healed.

Some of the key elements which differentiate therapeutic care from standard out-of-home care include:

- A sound understanding of trauma, damaged attachment and developmental needs are integrated into the environment and caregiving
- Thorough specialised assessment and consideration of the child or young person's individual needs

[5] (The Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre, 2014). The review can be accessed at http://acpmh.unimelb.edu.au/resources/index.html.

- Caregivers have received specialist training, and are often reimbursed at a higher rate than standard foster or residential carers, in recognition of the generally higher level of complexity of the children and young people for whom they care
- Involvement of one or more therapeutic specialists, who either provide therapeutic interventions to the child or young person, and/or secondary consultation to the direct caregiver(s), case manager or within the care team

### *What is 'Vicarious Trauma'?*

Vicarious trauma[6], also referred to as secondary trauma/traumatic stress, has been described as "the negative transformation in the helper that results from empathic engagement with trauma survivors and their trauma material, combined with a commitment or responsibility to help them" (Courtois & Ford, 2009, pp. 202-203). Vicarious trauma therefore refers to a cumulative process, rather than a discrete event. Examples of secondary or vicarious sources of trauma which relate to the out-of-home care and Youth Justice fields include (McNamara, 2010):

- Witnessing aftermath of self-harm or suicide attempts
- Witnessing violence between clients or between clients and staff
- Being exposed to stories of abuse and neglect, particularly without sufficient debriefing or recovery time

According to Courtois and Ford (2009, pp. 206-207), there are a number of contributing factors to vicarious trauma, including aspects of the work (e.g. traumatic exposure and organisational/systemic factors), aspects of the individual helper (e.g. personal history and current stressors) and factors relating to the sociocultural context (e.g. social realities such as poverty and racism). Vicarious trauma can lead to a range of responses, which generally resemble the symptoms of post-traumatic stress (Bloom & Farragher, 2010; Courtois & Ford, 2009). Additional impacts have also been described, including "changes in frame of reference, identity, sense of safety, ability to trust, self-esteem, intimacy, and sense of control" (Bloom & Farragher, 2010, p. 346). Prevention and management of vicarious trauma requires both personal, professional and environmental strategies, as outlined in Bloom (2003).

### *A trauma-informed approach to preventing and responding to offending behaviour among young people in and leaving care*

The information presented in this Chapter points towards the usefulness of a trauma-informed approach to preventing and responding to offending behaviour among young people in out-of-home care. Such an approach is useful for multiple reasons, for example:

[6] For further information concerning the differences between vicarious trauma, countertransference, burnout and compassion fatigue, see Courtois and Ford (2009, pp. 204) and Bloom (2003).

**Experiences of complex trauma are pervasive in the lives of dual order clients.** The young people in the present study reported multiple, persistent experiences of relational trauma and conflict over much of their childhood, adolescence and early adulthood. Incidents of childhood physical abuse, child and adolescent sexual abuse, neglect, parental abandonment, parental substance abuse, incarceration and death were described as well as bullying, abuse and rejection from peers, other adults (e.g. teachers, principals, police) and care givers. Data examining Youth Justice populations locally, nationally and internationally reveals similarly high levels of exposure to traumatic events.

**There remains a lack of consensus as to how to conceptualise these trauma-related outcomes, leading to divergent goals across services.** The group of young people who form the focus of the current study are generally in contact with numerous services over the course of their adolescence and early adulthood. This might include general child and family welfare, Child Protection, out-of-home care, leaving care and post-care services, police, courts, Youth Justice, education, mental health, drug and alcohol, homelessness and disability services.

Trauma-based behaviour among young people in out-of-home care is viewed and conceptualised in numerous ways by the variety of systems young people may encounter over the course of their childhood and adolescence – for example "disruptive behaviour", "challenging behaviour", "psychopathology", "conduct disorder", "personality disorder", "pain-based behaviour", "attention-seeking behaviour", "low self-esteem", "immaturity", "self-medication", "low impulse control", "acting out", "criminal conduct", and so on. A trauma-informed approach has the potential to provide an overarching framework which can offer a shared understanding between systems. This includes having a common language and mutual goals, which can in turn enhance collaboration across systems.

**Children and young people exposed to complex trauma are not just those in the out-of-home care system.** A further argument for adopting a trauma-informed approach extends beyond the needs of the dual order care leaver group who form the focus of the current study. Systems that serve children and youth should all recognise that a proportion of young people will have experienced single event and complex trauma (as indeed will those adults who work within these systems). Within certain systems or services, the proportion of such children and young people who have experienced traumatic stress would be anticipated to be *significantly higher* (for example, within Child Protection services, Youth Justice services (including youth who are apprehended by police and those who come before the Criminal Division of the Children's Court), youth mental health services and youth homelessness services) compared to others (e.g. mainstream education and health services). However, as Ko and colleagues (2008) assert, each of these systems has the common goal of improving outcomes for children and seeks to maintain high standards of care, practice and service delivery.

**Lack of a trauma-informed approach risks wasting resources, re-traumatisation of young people, and poor outcomes for professionals and the wider community.** Failure to understand and adequately respond to the impacts of complex trauma results in significant costs to individual young people, their families, the broader community and future generations (Kezelman & Stavropoulos, 2012). When services and interventions are structured in a way which are not responsive to or informed of impacts of complex trauma, efforts and funds may be ineffective and wasted. This also

create risks for those employed in services which come into contact with traumatised youth, and other community members and service users who are involved with these systems. The young people in the study gave numerous examples of how adults (including teachers, carers and other service providers) at times responded to their trauma-based reactions with anger, aggression and attempts to control, which tended to escalate the situation.

**A trauma-informed approach provides an understanding of the context of children and young peoples' behaviour.** Where young people have developed in the context of complex trauma, they may develop a range of responses which can be best understood as adaptive coping mechanisms, or survival responses (Barton et al., 2012; Kezelman & Stavropoulos, 2012). On such a basis, we are able to move away from pathologising or stigmatising the young person, and towards an understanding of the resourcefulness of many trauma-based responses, including aggression, dissociative responses (supplemented by behaviours such as self-harm and substance use), and avoidance behaviours. Applying this understanding is not intended to excuse or suggest tolerance towards such behaviours, but may create space for a more considered response to how best to approach the issue of offending among young people in care.

**A trauma-informed approach provides a theoretical basis to guide responses to traumatised children and young people in out-of-home care and other settings.** We can make use of theory to more easily delineate policy and practice which is helpful, unhelpful or likely to produce little change in terms of assisting in recovery from complex trauma. This allows for the most efficient use of the limited time and resources available to assist in recovery and social inclusion of dual order young people, and to avoid any further harm. At the most basic level, helpful actions and responses are those which assist young people to move *towards* safety, connection, healing and empowerment (Child Safety Commissioner, 2009), as illustrated in Table 8 below.

| Helpful | Unhelpful |
|---|---|
| Establishing physical, psychological safety | Exposure to potentially re-traumatising experiences, including use of force, physical and verbal aggression, bullying, discrimination, humiliation, abuse, neglect and abandonment |
| Connection to relationships, community and culture | Instability in relationships, disconnection from community and culture (e.g. due to movement, eviction, expulsion and service system structures) |
| A clear theoretical basis for understanding and responding to trauma-based behaviour | Punitive consequences, blaming, shaming, or stigmatising trauma-based behaviour |
| Providing a sense of hope and empowerment | Reinforcing a sense of hopelessness and disempowerment |

**Table 8. Potentially helpful and unhelpful actions in response to complex trauma**

### *What are the potential concerns with a trauma-informed approach?*

It may be helpful at this stage to address some potential concerns regarding the adoption of a trauma-informed approach towards addressing offending among young people in care, as shown in the table below.

| Argument | Discussion |
|---|---|
| **Being trauma-informed is about being soft on crime.** | Being "tough on crime" entails preventing and addressing the causes of offending. The impacts of trauma not only increase the risk of offending, but can create barriers to desisting from offending. For example, where the capacity to navigate interpersonal relationships is compromised, there may be difficulties accessing formal and informal supports or other potentially beneficial experiences such as education, training, pro-social relationships and employment. A trauma-informed approach is therefore, paradoxically, a tough on crime approach. |
| **We need to punish young people for crimes to show them a community response.** | There does not appear to be any evidence that punishment is an effective deterrent, nor is it shown to reduce recidivism among young people, particularly those from backgrounds of complex trauma. In fact, research in criminal justice indicates that more punitive interventions generally lead to poorer outcomes in terms of offending and reoffending (Lipsey, Howell, Kelly, Chapman, & Carver, 2010).<br><br>While punishment is unlikely to be effective, supporting young people to a point where they are able to manage and take responsibility for behaviour would be an ultimate goal of many services working with children and young people. Research demonstrates that the most effective interventions for young people displaying offending behaviour are therapeutic (Lipsey et al., 2010). |
| **It is not the job of education, police, courts, youth justice and other sectors to treat complex trauma.** | True - adopting a trauma-informed approach is not about addressing the impacts of traumatic injury. Rather such an approach entails having sufficient information to be strategic in the design and delivery of programs and services which involve dealing with young people with a history of complex trauma. This will enable the creation of better relationships between agencies and service users, avoid re-traumatising experiences, and hopefully lead to better outcomes.<br><br>Furthermore, a trauma-informed approach would also be anticipated to generate better experiences for those working and living with young people whose lives have been impacted by complex trauma, through a reduction in difficult incidents and vicarious traumatisation. |

### *How might a trauma-informed response to preventing and addressing offending behaviour be conceptualised?*

The term 'trauma' originates from 17th century Greek, and literally means 'wound'. A trauma-informed approach is one which seeks to prevent further wounding, as well as provide the conditions under which healing can occur. The diagram below helps to illustrate that healing from trauma is a process which is underpinned by safety as the primary condition. Addressing the need within each successive circle is dependent on the needs of the previous circle being fulfilled. For example, connection cannot occur without stability needs being met, and stability is unlikely to occur until safety needs are met. The diagram also shows that safety in itself is not enough to facilitate healing.


Figure 3. Healing Circles concept

1. **Safety:** This principle is derived from the understanding that recovery from the impacts of traumatic stress and facilitating secure attachment experiences cannot occur as long as the survivor is unsafe, either physically, emotionally, psychologically or culturally. For young people in out-of-home care, this implies safety in their living environment, at school, within the other services they access and within the broader community. Safety not only refers to being protected from abuse and neglect, but also feeling emotionally, psychologically and culturally safe.

2. **Stability:** providing external stability to young people allows the opportunity for secure attachment experiences to occur. From an out-of-home care perspective, stability is often seen to refer to minimising changes in placements. However, stability means more than this. It also signifies consistency in relationships and responsiveness, as well as stability in the other forums with which young people are involved, such as schools and hobbies.

3. **Connection:** Healthy relationships are the key tool for addressing previous trauma and attachment difficulties. Facilitating connection implies improving the number and quality of the social connections in young people's lives. This includes direct care relationships (with family, carers or workers), other family and peer relationships, and connections to others (e.g. mentors, other service providers). Enhancing the quality of relationships in the lives of care leavers is important for promoting a sense of 'felt security', resilience and more positive post-care outcomes (Cashmore & Paxman, 2006). As indicated previously, the presence of safety and stability are key requirements for young people to be able to move towards a sense of connectedness. The need for connection in order to heal from the impacts of complex trauma underpins the necessity of restorative and welfare-based approaches to responding to challenging and offending behaviour throughout the recommendations.

4. **Understanding:** Ideally, a trauma-informed approach would be universal across all systems involved with dual order care leavers, including out-of-home care services, education, mental health, alcohol and drug services, police, courts and youth justice services. This entails provision of training and support to staff and carers across these agencies and services. Such an approach maximises the opportunity for relationships (e.g. with school, carers etc.) to continue in the presence of trauma-related symptoms (thereby facilitating connection), and minimises re-traumatisation for both young people and service providers. Understanding also implies sharing this understanding with young people, where appropriate, providing them with opportunities to share their story, and helping them to gain an appreciation of the links between their past and current experiences. This implies a shift away from an illness or symptom-based model, to a trauma-informed injury model – 'a shift from asking the question, "What's wrong with you?" to "what happened to you?"' (Jennings, 2004, p. 60).

5. **Healing:** Young people in out-of-home care are likely to require therapeutic intervention to address outcomes related to the impact of complex trauma and disrupted attachment, as well as other developmental or neurological difficulties such as learning disabilities. This encompasses the provision of therapeutic care, as well as trauma-specific interventions as required. Given that adolescent trauma-specific interventions are still in the relatively early days of being developed, evaluation of these interventions is needed to continue to strengthen the evidence base around what works, for whom (e.g. females, different cultural groups) and when (e.g. in earlier or later adolescence).

6. **Ongoing research:** Further research is necessary to strengthen the evidence-base in relation to offending behaviour and youth justice involvement among young people in and leaving out-of-home care. Despite the issue of cross-over between Child Protection and Youth Justice clients being long-standing, there remains a lack of local systematic data collection in Australia which can improve our understanding of the needs of this group. Such data will assist policymakers in gaining an empirical understanding of the nature and scope of these issues, and also to identify the impacts of various prevention and intervention strategies. It is also important that ongoing efforts to evaluate the impacts of interventions are embedded in service delivery in order to

strengthen the evidence base regarding best practice with challenging and offending behaviour among young people in and leaving out-of-home care.

Given these underpinning principles, the recommendations provided in the next section constitute strategies which aim to promote:

- The maintenance of safety across all environments;
- Stability in environment and relationships, reducing the need for movement and disconnection;
- Supportive connections as a key tool for addressing trauma;
- An understanding of trauma and its impact across all service systems (including universal services) and concurrent support of young people to understand their own experiences, needs and strengths;
- Access to evidence-supported therapeutic interventions and ongoing evaluation of outcomes.

# Chapter 4: Towards good practice in preventing and addressing offending behaviour among young people in and leaving out-of-home care

> *"They are our children; we will all reap the benefits or the deficits of their future behavior (sic). This is a major shift in perspective, a deliberate move away from viewing children as the individual property of their parents and towards a community-based understanding of parenting as a mutual responsibility"* (Bloom, 1995, p. 6).

The dual order Child Protection and Youth Justice client group often present with complex needs which cannot be adequately addressed within a single service sector or at a single point in the developmental trajectory. This approach therefore emphasises the need for a **common understanding of the nature of vulnerability** and **a shared responsibility across government and the broader community** towards supporting children and young people in and leaving out-of-home care, in accord with the Victorian Government's framework and strategic goals towards protecting vulnerable children (DHS, 2013b).

The recommended strategies are targeted towards preventing and addressing offending behaviour and youth justice system involvement among young people in and leaving care. These strategies consider alternative or complementary approaches across sectors or services which are commonly involved at various points in the lives of dual order care leavers. Each of these sectors already demonstrates significant dedication towards improving the wellbeing of Victorian young people, families and/or the wider community. The work across these sectors, including at departmental levels, occurs in the context of finite resources, within highly complex environments and with young people and families who sometimes face great challenges. Current and previous work in these sectors has made significant progress within education, out-of-home care, youth drug and alcohol and mental health and youth justice services. The proposed strategies hope to strengthen these efforts, particularly in relation to young people in out-of-home care who are at risk of offending or are involved with the Youth Justice system.

It is important to note at the outset that the recommendations focus on re-examining current approaches at the individual, family and service level. They inherently target service delivery, rather than addressing some of the structural factors (e.g. socio-economic disadvantage and presence of child abuse and neglect in society) which also contribute to the over-representation of care leavers in youth justice systems.

Intervention at the earliest point possible in the lives of young people and their families is a broad principle which applies to any of the suggested strategies. This is informed by current understandings of neurological development, which teaches us that the brain is most receptive to change earlier in life and therefore *"early identification and aggressive early interventions are more effective than reactive services"* (Perry, 2009, p. 245). This implies not only intervening early in life, but early in the pathway of offending (Cashmore, 2011).

Finally, the recommendations suggest implementing a trauma-informed approach across a number of sectors. This would necessitate, in many cases, provision of education and training to implement such an approach. Cross-sector joint training opportunities may prove beneficial in promoting a common framework of understanding.

## Family services

Analysis of the young peoples' self-reported reasons for entry to care revealed that around half of the sample had entered out-of-home care in adolescence as a result of behavioural issues (including substance use, violence and other offending), family conflict or running away from home. In some cases, the young people stated that their entry into out-of-home care was a result of their parent(s) lacking adequate resources and strategies to be able to adequately care for them, as well as protect themselves or younger siblings from the adolescent's behaviours. All of these young people then entered residential care placements, presumably due to an absence of suitable kinship or foster care placement options. Key stakeholders similarly noted the rise of adolescent entrants to out-of-home care, often directly entering residential care environments. The contribution of such scenarios to adolescent entry into out-of-home care has been described in other Victorian research examining adolescent violence in the home (Howard & Abbott, 2013).

This suggests the potential usefulness of **increasing the provision of evidence-informed therapeutic family services**, particularly therapeutic programs capable of working with issues of historical and current family violence and conflict, mental health, behavioural issues and substance use, in order to avoid adolescent placement in out-of-home care.

Currently the Department of Human Services funds a range of family services which provide case-managed interventions (with the potential for specialist therapeutic intervention) to either the young person or young person/family (e.g. Stronger Families, Finding Solutions, Youth Support Services) (DHS, 2012b, 2012c). However, no evaluation or program outcomes data could be located which could assist with evaluating the effectiveness of these programs with respect to impacting involvement in out-of-home care and Youth Justice systems.

As suggested regarding other secondary service provision (e.g. alcohol and other drug services, mental health services) it is recommended that family intervention programs be both evidence-informed and trauma-informed. Examples of evidence-supported family interventions are shown below.

**Multi-Systemic Therapy (Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010)**

According to the California Evidence-Based Clearinghouse for Child Welfare (2014), Multi-systemic Therapy (MST) is well-supported by evidence. The target group for MST is adolescents aged 12-17 years with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviours and/or youth involved with the juvenile justice system (The California Evidence-Based Clearinghouse for Child Welfare, 2014).

A derivative of MST, known as MST-CAN (Multi-Systemic Therapy for Child Abuse and Neglect), is both a trauma-informed and trauma-specific and is targeted towards young people aged 10-17 years and their families (The Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre, 2014). The primary goals of MST are to reduce offending behaviour and out-of-home care placement. The features of MST include: (a) integration of empirically based treatment approaches to address a comprehensive range of risk factors across family, peer, school, and community contexts; (b) promotion of behaviour change in the youth's natural environment, with the overriding goal of empowering caregivers; and (c) rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behaviour change (The California Evidence-Based Clearinghouse for Child Welfare, 2014).

Results of a randomized effectiveness child found that MST-CAN had better outcomes than standard service provision in reducing youth mental health symptoms (including post-traumatic stress disorder symptoms), parent emotional distress, parenting behaviours associated with maltreatment, youth out-of-home placements, and changes in youth placement (Swenson et al., 2010). It should be noted that intervention in this case was for between two and 12 months, and the final follow-up was completed at 16 months (Swenson et al., 2010).

Other evidence-supported approaches include Multi-Dimensional Family Therapy (Well-supported) and Functional Family Therapy (FFT) (Supported) (The California Evidence-Based Clearinghouse for Child Welfare, 2014).

## Step-Up Program (Routt & Anderson, 2011)

This evidence-supported program originated in Seattle in response to increasing youth family violence cases in the courts, and uses a diversionary strategy to engage adolescents who display violent behaviours in the home. The intervention involves participation by both adolescents and parents in 20 weeks of group work coupled with intensive family case management which targets other contributing issues (e.g. substance use). The group program, which is focused on skill-building, also aims to improve the level of empathy between family members, based on the premise that family connection will best support adolescents.

Evaluations have found positive outcomes associated with this program (Howard, 2011; Routt & Anderson, 2011), including reductions in use of violence and abusive behaviours and lower recidivism rates among completers. Additional benefits such as family reunification, re-engagement in education and positive outcomes in relation to substance use and mental health issues have been described.

Currently demonstration programs targeting adolescent violence in the home are being established in Victoria (Adolescent Family Violence Initiative) which incorporate similar components, including intensive family case management and group work, coupled with a specialist response for Aboriginal families (DHS, 2014a; 2014b).

## Out-of-Home Care Services

This section contains recommendations for the out-of-home care sector which aim to reduce the over-representation of young people from out-of-home care in the youth justice system. It contains broad recommendations for the system, as well as specific suggestions with regards to kinship, foster, residential care services, leaving care and post-care systems.

Firstly, the following broad recommendations for the out-of-home care system are applicable regardless of the placement type:

- **Continue to prioritise strengthening the family relationships of young people**, where suitable. Clearly this recommendation may be unsuitable in some circumstances, for example where there may be continued maltreatment or where the young person does not wish to pursue relationships. At the same time, relationships with family members (including siblings, aunts and uncles, and grandparents), continued to be important in the lives of the young people interviewed, particularly in the leaving care period. Young people who lacked any contact with family appeared to be particularly vulnerable to ongoing youth and adult justice system involvement.

- **Assessment of the impact of trauma and attachment related outcomes** is necessary to inform service delivery, and provide access to trauma-specific interventions to address identified issues. In particular, trauma-informed interventions which aim to improve emotional regulation and interpersonal skills could be offered to young people.

- **Consistently looking for avenues to promote pro-social community connectedness** for young people through hobbies, mentoring, and supporting relationships with school and pro-social family members.

### *Department of Human Services*

Care leavers have historically been understood to be at a higher risk of experiencing poor outcomes across a number of life domains, including health, mental health, education and housing outcomes (Mendes et al., 2011; Stein, 2012). In many instances, specific policies, programs and strategies (either within the out-of-home care service sector, within other services, or cross-sector agreements) have been implemented in Victoria with a view to ameliorating these issues, for example in the areas of health (DHS, 2013b, 2014b), mental health (Department of Health, 2011), and education

(Department of Education and Early Childhood Development and the Department of Human Services, 2011).

In contrast, despite the long-standing over-representation of young people in and leaving out-of-home care in the Youth Justice system, there remains an absence of strategic responses towards preventing and addressing this issue. This oversight is problematic, given the high risk of dual order care leavers progressing to the adult criminal justice system, with associated costs for the individual, the community and state resources. We therefore recommend:

- **That the Department of Human Services, together with key stakeholders, formulate an agreed joint strategy for addressing the over-representation of young people from out-of-home care in the Victorian Youth Justice system.**

Any strategy should specifically consider the circumstances of adolescent entrants to the out-of-home care system, as well as children and young people placed in out-of-home care primarily due to behavioural needs. These are two groups of young people who may be at a particularly high risk of youth justice system involvement (Coleman & Jenson, 2000; Jonson-Reid, 2002; Ryan, 2012; Schofield et al., 2012; Widom, 1991).

Many of the other recommendations for the out-of-home care sector which arose from this study have been articulated as strategic goals in the recently released five year plan for out-of-home care services in Victoria (DHS, 2014b). In particular**, the need for all out-of-home care placements to be therapeutic in nature** – that is, specifically intending to address the impacts of previous trauma on children and young people.

The five year plan proposes to introduce a framework for monitoring outcomes relating to children and young people in care (DHS, 2014b). There is a historical and contemporary absence of data relating to criminal justice outcomes for young people in out-of-home care. Subsequently, there is an inability to monitor the impact of various interventions or systemic changes on the risk of Youth Justice system involvement for young people in out-of-home care. We therefore recommend:

- **That outcomes relating to criminal justice system involvement be incorporated into the out-of-home care outcomes framework** (e.g. percentage of young people being arrested or having Youth Justice involvement).

### *Kinship Care Services*

There is an increasing use of kinship care placements in the Victorian out-of-home care system, which comprise over 40 per cent of statutory out-of-home care placements (Cummins, Scott, & Scales, 2012). Five of the fifteen young people in the current study had experienced these placements during their time in out-of-home care, however these were often short term placements. It was unclear from the young peoples' accounts why these placements were unsuccessful, or what services and supports were established to support these arrangements.

Feedback from key stakeholders suggested that the increased use of kinship care placements in the out-of-home care system necessitates an adequate level of assessment and support (including brokerage) to be given for the management of these placements, and for consistent state-wide

practice in this area. As indicated in other reports, consultations determined that children and young people in kinship care placements often present with challenging issues, and the added complexity of family dynamics present in these arrangements can result in an equivalent or increased level of support being required compared to standard foster care placements (Cummins et al., 2012). Overall, in line with other recent Victorian reports, the study findings suggest a need for a more supported and therapeutic approach to kinship care placements (Cummins et al., 2012; Kiraly & Humphreys, 2012; McConachy, 2008), specifically:

- **Strengthening family interventions**, for example informal mediation and counselling, in kinship care practice has been suggested as a potentially beneficial strategy.

- Providing **information and support (both financial and non-financial) for kinship carers**, particularly concerning trauma and trauma-informed care. Suggestions have included provision of formal training programs, strengthening peer (other kinship carers) and other support networks of kinship carers, and the use of online systems for support and training.

- The need for **assessment and early intervention** with a range of needs was identified, including:
  - Mental/emotional/behavioural health issues
  - Learning problems and disabilities

- Provision of adequate services for kinship carers necessitates **adequate funding models for case management and brokerage** to enable access to case management support and therapeutic services. Key stakeholders emphasised that funding needs to be sufficient not only to provide a safe and stable placement, but also to begin to address some of the impacts of previous traumatic experiences. Flexible funding packages which enable access to early intervention and prevention services, as well as responding to other established needs, were perceived as a potentially beneficial strategy.

- Finally, a **need for adequate leaving care and post-care support** is still evident where young people are leaving care from kinship placements, yet professionals described a high level of difficulty accessing post-care supports for young people in kinship care placements. This issue is described in further detail in the section pertaining to leaving care and post-care service provision (see pp. 60-64).

### *Foster care services*

In contrast to kinship care, there has been a declining use of foster care placements in the Victorian out-of-home care system (Cummins et al., 2012; DHS, 2014b). Few of the young people in the current study described experiences of foster care placements which were sustained for any significant period. Key stakeholder consultations similarly revealed that traditional foster care placements are generally unsuitable for older children or adolescents with challenging behaviours, including early offending or substance misuse, due to an absence of suitably trained or experienced foster carers. The lack of capacity in the foster care system to respond to the increasingly complex

needs of the out-of-home care population, particularly adolescents, was seen to drive the use of residential care placements with this group of young people.

Recommendations in the area of foster care services which may serve to reduce the involvement of care leavers in the youth justice system include:

- **Expanding the availability of therapeutic professionalised foster care options** in Victoria, which are capable of catering for the complex needs of many children and adolescents in out-of-home care. Multiple approaches are possible, including:

    - Broadly moving towards **professionalised foster care** (Cummins et al., 2012; McHugh & Pell, 2013).
    - Expanding the number of therapeutic foster care placements, particularly for adolescents with challenging behaviour, in order to prevent progression to the youth justice system.

- In the absence of more intensive foster care options, there is also a need to improve **information and support (both financial and non-financial) for current foster carers**, particularly concerning trauma and trauma-informed care. Similar to those pertaining to kinship care, suggestions have included providing better reimbursement to foster carers, provision of formal training programs, strengthening peer support networks with other foster carers, and the use of online systems for support and training.

- The need for **assessment and early intervention** with a range of needs was again identified, including:

    - Mental/emotional/behavioural health issues
    - Learning problems and disabilities

- **Adequate funding models for case management and brokerage** to support foster care placements are also needed. Current funding structures result in the majority of foster care placements only receiving a low level of case management support which key stakeholders indicate is not commensurate with the level of complexity of young people in foster care. As with kinship care, flexible funding packages which enable access to early intervention and prevention services, as well as responding to other established needs, were perceived as a potentially beneficial strategy.

### *Residential Care Services*

In the Victorian context, the use of residential care placements has been steadily declining since the 1950s, and now comprises less than 10 per cent of out-of-home care placements (AIHW, 2013a; 2014; DHS, 2014b). At the same time, the complexity of need among children and young people in residential care placements appears to be greater than that which standard models of residential care were designed to meet (Cummins et al., 2012).

Two specific issues identified in residential care settings with respect to offending behaviour were **the criminalisation of challenging behaviours** and potential for **peer contagion effects**. The profiles of young people generally placed in residential care (e.g. their age, the likelihood of a history of trauma accompanied by challenging behaviour, and co-location with similar peers) necessitate well-structured and concerted efforts towards preventing and managing offending and challenging behaviour in these environments if young peoples' progression towards the Youth Justice system is to be averted. Where residential care environments are not specifically designed to prevent and manage challenging and offending behaviour, progression to Youth Justice services appears, in many cases, largely predictable.

**Criminalisation of challenging behaviour**

> ***"We need to have the conversation about young people in residential care offending in the unit or against the staff and then ending up in custodial services. So they're living in the system, offend against the system and then move into another system. Is there a way for young people who are under the custody of the Secretary who offend within the service - I'm not talking about stealing cars in the community or offending in the community, but offend in the service - is there a different way that we can work with them to prevent them going into Youth Justice custodial services?"***
>
> *- Key stakeholder interview*

The issue of criminalisation of challenging behaviour in residential care environments was raised both by young people and key stakeholders in the current study, as well as in previous local and international research (Hayden, 2010; Home Office Research Development and Statistics Department, 2004; McFarlane, 2010; NACRO, 2012; Ryan et al., 2008; Shaw, 2012). Two of the fifteen young people interviewed stated that their only contact with the justice system had been in response to challenging behaviour in residential care placements.

This introduces questions regarding the relative consistency or variability in:

- The threshold for initiating police contact in response to challenging behaviour in residential care; and
- Residential care staff training and support to implement strategies which can potentially reduce the need for police involvement (e.g. trauma-informed prevention and de-escalation strategies).

Current state policy requires community services organisations delivering residential care services to *"have written policies and practices in place that outline appropriate trauma-informed intervention and support in response to challenging behaviour by children in residential care",* including prevention and de-escalation strategies, and strategies to support self-regulation by children who are faced with challenging and stressful situations and triggers (DHS, 2014c, p. 12). While the policy endorses the avoidance of using physically intrusive or restrictive practices, it does not mention the use of police contact in relation to behaviour management or response in residential care settings.

**Peer contagion effects**

The potential for young people to increase offending following exposure to offending peers in residential care placements (as well as custodial youth justice environments) was also raised in both Phases of the study. Peer contagion suggests that aggregation of young people in a closed social environment where some or all of the young people are offending, such as residential care or custodial youth justice environments, may lead to escalation in offending behaviour due to social modelling and social reinforcement processes (Lee & Thompson, 2009). The narratives of many of the dual order care leavers who participated in the study leant evidence towards their vulnerability to social influences (including peers, older siblings, family members, and partners), with regards to offending, including substance use, for example:

> ***"First time I got into trouble with the law, I was stealing. I had come down to [suburb], then we went down the street with a friend and she was stealing and so was I and so yeah, that was the first time I ever got in trouble with the law"***
>
> ***"It's just I'm a follower. I like following in people's footsteps. So whatever they like doing I like doing that"***
>
> ***"I avoided most of the people I knew for 18 months and didn't get in trouble. Whenever I start hanging out with them again I get in trouble"***
>
> ***"If they do something [criminal], you have to do something or they bag you out for the rest of the day. It's more peer pressure"***
>
> ***"It's the people they're around. If they hung around people that didn't want to do that stuff, they wouldn't do it. They'd be good too, like my sister. She's - when she's by herself, she's fine; when she's with me and my friends, we just stay home and be good, she's good. She doesn't do anything. But when she's with certain people, that's when she'll do anything, like she doesn't care."***

Research suggests that effective residential care is characterised by (Clough, 2008; McLean et al., 2011):

(a) A clearly thought-out philosophy of treatment or care;

(b) Child-centred practice, in which service provision is matched and responsive to the child's need, rather than the child's needs being subordinate to the service model. Such an approach sees residential care as a potential avenue for concentrating therapeutic interventions based on a young person's assessed needs;

(c) Service-wide commitment to staff support and continuous learning. In particular, research suggests a need for residential care staff to be trained and supported in implementing trauma-informed practice.

Research on the effectiveness of different residential care models remains in the early stages (James, 2011; Mclean et al, 2011). A structured review of research evidence initiated and guided by The California Evidence-Based Clearinghouse for Child Welfare (James, 2011) determined that the following residential care models were either supported by research evidence, or promising in relation to effectiveness in improving outcomes for children and young people:

- The Sanctuary Model
- The Stop-Gap Model
- The Teaching Family Model and
- Positive Peer Culture Model

The following section outlines suggestions which research indicates may reduce the proportion of young people coming into contact with police and youth justice whilst in residential care placements.

**Continue to expand the availability of therapeutic placement options:** Research suggests that even after controlling for a variety of risk factors, placement in group homes increases the risk of arrest (Lee & Thompson, 2009; Ryan et al., 2008). It is therefore suggested that the use of standard residential care as a placement option be minimised, particularly for adolescents with challenging behaviours. At the same time, there is a need to expand the availability of alternative placement options which may be better able to cater for the needs of this group of young people.

The limited research to date indicates that therapeutic foster care and residential care models are promising in comparison to standard foster care and residential care approaches in relation to improving a range of outcomes for children and young people (McClung, 2007; McLean et al., 2011; Sullivan et al., 2011). In accordance with the stated strategic direction of out-of-home care in Victoria, this research has identified a need to move towards therapeutic care options in order to reduce the over-representation of young people from out-of-home care in the Youth Justice system (DHS, 2014b).

**Improving the quality of residential care:** Expanding therapeutic care models in the out-of-home care sector is likely to be a long-term endeavour, and there is room to continue improvements in the quality of residential care in Victoria in the meantime. In relation to offending behaviour, this includes ongoing delivery of **staff training and support in implementing trauma-informed practices of care**, as well as **identifying and delivering therapeutic interventions** for young people in residential care.

The findings pointed to the value of smaller residential care units, lower staff numbers and staff turnover in residential care, and more one to one time for young people in residential care environments, echoing suggestions from international studies concerning offending amongst care populations (Ryan et al., 2008; Taylor, 2006). Additionally, consultations identified that the presence of a highly supportive team, organisation and processes which in turn provide support to residential care staff is crucial for carrying out often highly difficult work. There is a need to ensure that the

level of support given to residential care staff organisationally, educationally and financially is commensurate with the at times exceedingly difficult nature of the task that they are expected to perform.

**Policies for responding to challenging behaviour in residential care:** State policy requires that trauma-informed approaches be implemented to support young people in residential out-of-home care exhibiting challenging behaviour; however it is at the discretion of individual community service agencies how such policy is interpreted and implemented. As stated above, the policy does not mention the use of police to contain or respond to challenging behaviour.

We recommend that the state government provide guidance concerning the use of police responses to manage challenging behaviour in residential care. It is also recommended that community service organisations review policies regarding responding to challenging behaviour in residential care, and ensure adequate training and support is provided to residential care staff to implement these (Schofield et al., 2012).

There is some evidence from the UK which suggests the implementation of specific protocols concerning police contact in residential care settings can improve outcomes for both residents and staff, as well as reduce the need for police contact (Home office, 2004; Schofield, 2012).

**Good Practice - Residential care policies outlining appropriate use of police responses**

Some jurisdictions provide specific guidance to community agencies delivering residential care services concerning the use of police responses to challenging behaviour, for example:

The residential care policy Western Australia explicitly specifies that, "The police should not be used as a means of dealing with or controlling disruptive behaviour" (Department for Child Protection, 2011, p. 70).

In the UK, The National Minimum Standards for Children's Homes specifies that, "The home's approach to care minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily. The home follows procedures and guidance on police involvement in the home, which have been agreed with local police" (Department for Education, 2011, p. 12).

**Policy Example – Formal Protocol**

Also in the UK, one Local Authority developed a formal protocol between the social service department and police, regarding police responses in residential care (Home Office Research Development and Statistics Department, 2004, pp. 11-13). The policy specifies that staff "*should expect to manage problematic situations unless so severe that immediate police*

*involvement is essential to avoid physical assault or excessive damage"*. It then describes three categories of seriousness:

- Serious incidents – incidents of violence requiring an immediate police response, where there is risk of serious physical harm, substantial damage, or significant disorder.
- Not serious incidents – where no immediate police response is required, such as minor assaults, minor damage or minor theft. Incidents are referred to home managers to identify an appropriate course of action – and while the unnecessary reporting of incidents should be avoided, police involvement may take place in liaison meetings with local police that the child's social worker may attend.
- Internal incidents – relatively minor incidents such as misbehaviour and refusing to go to bed, where police intervention is not appropriate.

Implementation of the protocol saw a *"dramatic decrease in the numbers of incidents reported",* particularly in relation to minor property damage – The proportion of offences by children in out-of-home care in the jurisdiction dropped from 25 per cent in 1999 to 11 per cent in 2001 following the implementation of the protocol. Other perceived benefits included:

- Change in staff views on reporting, increased focus on outcomes for young people and prevention of criminalisation; a more reflective, consistent, considered and preventative approach;
- A confirmation of the responsibilities of the residential care homes for the behaviour of their residents;
- More consistent responses to incidents, and different options being considered, including restorative approaches;
- Development of stronger links between homes, particularly networks for ongoing exchange of ideas and good practice;
- Stronger relationships between the local authority, police and youth offending prevention teams, leading to collaborative activities.

**Trauma-informed, restorative approaches for responding to challenging behaviour in residential care:** Young people entering residential care during adolescence who display challenging behaviours constitute a high risk group for involvement in the youth justice system. There is a need to investigate and implement effective practices which reduce the need for police involvement in response to challenging behaviours in residential care. This requires not only training and substantial support for caregivers, but also evaluation of outcomes in response to implemented strategies.

Young peoples' accounts in the current study indicated that their difficult behaviours were, at times, ignored or tolerated, while at other times they were managed by containment through external services (e.g. psychiatric, secure welfare or police responses). There may be benefit in moving towards an approach which strives for young peoples' learning and development outcomes to be met, as well as behaviour management goals.

**Training Example**

The Victorian Residential Care Learning and Development Strategy, currently managed by the Centre for Excellence in Child and Family Welfare, delivers sector-wide training for residential care services. This includes Therapeutic Crisis Intervention Training, which aims to:

- Prevent crises from occurring
- De-escalate potential crises
- Effectively manage acute crises
- Reduce potential and actual injury to children and staff
- Improve learning of constructive ways to handle stressful situations
- Develop a learning circle within the organization

Evaluations of this intervention strategy indicate positive outcomes in terms of a reduction in critical incidents, most notably aggression (Nunno, Holden, & Leidy, 2003), however the need for organisational leadership in implementing the strategy has been identified (Family Life Development Centre, 2010).

Authors of trauma-informed practice generally stress common points in relation to responding to and managing challenging behaviour (Gonzalez, Cameron, & Klendo, 2012; Office of the Child Safety Commissioner, 2007; Perry & Szalavitz, 2006), including:

- Establishing safety
- Maintaining self-regulation
- Calming the young person (different strategies for different young people)
- Taking the opportunity to listen, learn and understand with the young person
- Helping the young person take responsibility
- Applying natural, logical consequences (e.g. asking the young person to assist in cleaning up or repairing damaged property), which may be restorative in nature, as opposed to punitive
- Speaking to other young people involved
- Staff or caregiver debriefing and critical reflection

Trauma-informed, restorative approaches emphasise that challenging behaviours or incidents present key opportunities for learning and skill development. After establishing safety and regulation, the emphasis is on understanding and relating with the young person. As Perry (2006, pp. 243-244) states, a trauma-informed approach relies on:

> *"the sometimes counterintuitive response of first figuring out what drives misbehavior (sic), then dealing with it, rather than acting first… Unfortunately, many of the treatment programs and other interventions aimed at them get it backwards: they take a punitive approach and hope to lure children into good behaviour by restoring love and safety only if the children first start acting "better"".*

Aside from having limited effectiveness with young people who have experienced abuse and neglect, punitive or restrictive practices cannot support the learning and development of the young person. As Barton and colleagues suggest (Gonzalez et al., 2012, pp. 104-105), "*Rather than encourage the development of concern towards others, it actually reinforces a concern for oneself and how to avoid punishment".*

**Practice Example – Restorative Approaches in Residential Care**

A recent UK study evaluated the implementation of restorative approaches in residential care (Littlechild & Sender, 2010). In the residential care context, such approaches are *"less about formal perpetrator-victim meetings, and more about enabling a young person to reflect on and face up to the consequences of their behaviour, as well as offering some pathway for reparation"* (Schofield et al., 2012, p. 84).

Restorative approaches can include formal perpetrator-victim meetings, mediation, and other conflict resolution strategies. The evaluation found that three out of the four children's homes which had implemented restorative justice approaches achieved a reduction in police call-outs. Other positive benefits were reported by both staff and children and young people who participated in the evaluation. At the same time, the evaluation acknowledged that the restorative justice approaches were generally less useful with certain young people (e.g. young people who had attachment disorder or attention and communication difficulties), and with certain types of conflict (particularly bullying) (Littlechild & Sender, 2010).

The difficulties utilising restorative justice approaches with young people with communication problems have been previously documented (Snow, 2013). One innovative approach to restorative justice which is being utilised by Juvenile Justice in New South Wales is the 'Art Apology Project'. This program partners young people with an emerging Aboriginal artist to create artwork as an apology to the victim of their offence, circumventing the issues traditionally associated with verbal and written communication problems (NSW Department of Attorney General and Justice, 2012).

**Future research:** There is a dearth of empirical research examining the use of police contact in response to challenging behaviour in residential out-of-home care. Further research examining police contact with residential units as a result of challenging behaviours and exploring and evaluating alternative processes may be of benefit in identifying approaches which prevent and minimise the need for criminal justice responses.

Additionally, ongoing investment in research and evaluation to expand the evidence base concerning effective models of, and practices within residential care, particularly in working with challenging behaviour, would be of benefit for informing service design. It is recommended that evaluation

strategies be embedded throughout the roll-out of therapeutic residential care placements in Victoria.

### *Leaving Care and Post-Care Services*

Consultations with both care leavers and key stakeholders revealed that the leaving care period from age 16 to 21 is a particularly difficult time in the lives of many care leavers. The adequacy of current systems to support care leavers, particularly those who are at a high risk of social exclusion and poor outcomes, appears lacking.

Findings from this and other research suggested various groups of care leavers may be having difficulties accessing or maintaining engagement with either specific post-care services or mainstream supports, particularly:

- **Care leavers with complex needs** relating to offending, behavioural difficulties, substance abuse problems, disability and/or mental health difficulties (Mendes & Snow, 2014; Whyte, 2011)
- **Care leavers who enter care during adolescence** may be less likely to access lead tenant programs (Mendes et al., 2013)
- **Care leavers with no family** to whom they can turn post-care also appear at risk for poor housing outcomes post-care
- **Care leavers who are in foster and kinship** placements who may be perceived as less in need of supports than more complex or higher risk young people
- **Care leavers in non-metropolitan areas** appear to be at high risk due to limited post-care supports and services (particularly accommodation), and a lack of other opportunities in the case of a negative outcome (e.g. eviction from a youth refuge)

The majority of the young people in the present study did not appear to be developmentally ready to transition to independence at the age of 18 years, and a number stated that they did not want to leave care at this time. This lack of developmental readiness is highlighted by the substantial proportion who looked to family, partners and other adults to support them past 18 years. Of the 15 dual order care leavers interviewed, eight had been homeless at some time since leaving care. Although the sample was small and unrepresentative, the findings suggest that the dual order care leavers who experienced homelessness and who lacked post-care support were more likely to become involved with the adult justice system (Mendes et al., 2013). Other studies have similarly identified that the time around leaving care is a high risk period for escalation of offending (Schofield et al., 2012). Appropriate, safe and affordable housing, combined with the presence of pro-social, supportive adults at the time of leaving care and in the post-care period was necessary for young people to desist or reduce offending.

This section suggests strategies for strengthening leaving care and post-care processes and support which the findings indicate may reduce the over-representation of care leavers in the youth and adult justice systems.

**Flexibility in the age of leaving care:** Feedback from key stakeholders and care leavers presented a general consensus that the maximum age of leaving care (18 years) is not in keeping with the developmental readiness of many young people in out-of-home care, and is at odds with expectations of young people in the general community. This issue has been regularly raised in past leaving care research (Lee, Courtney, & Tajima, 2014; Mendes et al., 2011; Packard, Delgado, Fellmeth, & McCready, 2008; Schofield et al., 2012; Stein, 2006). Current legislation results in care leavers being expected to transition to independence, and losing the majority of support at the same developmental period when the risk of offending is at its peak (Cusick et al., 2010). It is recommended that **the age of leaving care be reviewed with a view to improving the flexibility required to cater to the diverse developmental needs of care leavers.**

**Good Practice: Flexibility in the age of leaving care**

In 2014, Scotland announced plans to introduce legislative amendments which raise the age of leaving care to 21 years, with aftercare support to be provided until age 26 (The Scottish Government, 2014). There is a longer-term ambition to introduce reforms which will allow young people who have left care the possibility of returning to care until the age of 21, if required.

In the USA, courts in the state of Illinois allow young people to remain under child welfare supervision until the age of 21 (Courtney & Dworsky, 2006), and similarly the "Staying Put" pilot program in the UK provides the opportunity for young people with established familial relationships with foster carers to remain in these placements until the age of 21 (Munro, Lushey, Maskell-Graham, Ward, & Holmes, 2012). Both sets of research indicate positive outcomes for the young people who were afforded a more gradual and delayed transition from care.

**Trauma-informed continuing care models:** Currently, the post-care service system requires young people to voluntarily seek services often from a new agency. While many care leavers have the capacity to meet these requirements, some do not. From an attachment and trauma-informed perspective, such a system effectively asks young people to deal with the loss of a system of support, while re-engaging with a new system, which again provides a time-limited intervention.

Ideally **continuing care could be delivered from the same agency which has recently supported the young person** in out-of-home care, given the pre-established relationship with the young person and any carers. Consultations with agencies revealed young people leaving care commonly return to the agency for post-care support, and these services are being delivered without funding in many instances.

This suggests the need for flexible continuing care models which are able to sustain practical and emotional support to young people beyond the age of 18 years, where required, as a preventative approach to further involvement in the youth and adult justice systems. Various guidelines and

models of trauma-informed leaving care models are emerging (Gonzalez et al., 2012; The Chadwick Trauma-Informed Systems Project, 2013). Further research should continue to expand the evidence base comparing the longer-term outcomes of various leaving care models.

**Good Practice – Lighthouse Foundation Therapeutic Family Model of Care™ (TFMC)**

Integrated into the Lighthouse Foundation TFMC is a trauma-informed approach to leaving care planning and implementation. Key elements include:

- Psychological Wellness Team: A team of psychologists providing psycho-therapeutic/educational support to young people. The team plays a crucial role in the transition process by providing a significant relationship which can continue beyond 'moving out', providing a sense of security, continuity and a secure base.
- Community Committee: A group of local people who live or work near the home who provide a vital connection to the wider community, as well as practical support to carers and young people.
- Individual Development Plan: Holistic transition planning which pays attention to developmental needs through measurable outcomes. Structured transition process which involves the young person and begins early.
- Life Membership: Individualised support is provided to young people who are moving out, including the possibility of returning for respite stays, or to celebrate special occasions.
- After Care and Outreach Program: Ongoing case management after leaving available for six or more months.

**Improving leaving care planning for dual order care leavers:** Findings from key stakeholders indicate some improvements in leaving care planning have occurred recently (e.g. referrals to leaving care and post-care supports are being received earlier). However, there appear to be inconsistencies in the level of leaving care planning, including variable access to Commonwealth and state funded brokerage for care leavers. One particular challenge which has also been noted in other states (Beauchamp, 2014), is the situation where young people are involved in the custodial Youth Justice system at the time their Child Protection order expires. There is no specific reference to leaving care planning or leaving care services for care leavers who are in custody at the time of leaving care in the updated protocol between Victorian Child Protection and Youth Justice services (DHS, 2013a).

Leaving care planning should seek to involve the range of agencies and individuals that may be supporting dual order young people post-care, including family members, post-care, youth justice, drug and alcohol, disability and mental health services. We note that addressing the variable levels of leaving care planning has been identified as an area for improvement in the current five year plan for out-of-home care services in Victoria (DHS, 2014b).

**Policy Example - Leaving Care and Youth and Adult Justice System Involvement in the UK**

The Care Leavers (England) Regulations (2010) and the Children's Act 1989 Guidance and Regulations (Department for Education, 2014) make specific reference to the case of care leavers who are detained. The Act and Regulations make explicit the requirements in relation to care leavers in custody, including:

- The need for ongoing pathway planning (similar to leaving care planning);
- The expectation that the young person is visited in custody on a regular basis by child welfare services;
- The expectation that ongoing emotional, practical and financial support is received by care leavers in custody, and articulation of this responsibility as laying with child welfare services, rather than youth justice services;
- The expectation that child welfare services contribute to the sentence planning process, particularly the release plan, ensuring that it is suitable for the child's abilities and needs;
- The expectation that a personal advisor is allocated to each young person leaving care, and continues to support the young person until at least age 21 (Department for Education, 2014; Hart, 2006).

The Youth Justice Board (YJB) in the UK also funds dedicated social workers in all youth justice custodial centres to specifically meet the needs of children and young people who are in out-of-home care or who have left care (Her Majesty's Government, 2013).

The UK National Offender Management Services (NOMS) has also issued practice guidance for adult justice services which provide information on working with care leavers, including outlining the services available to care leavers and the obligations of local authorities towards care leavers aged 18 to 24 years (National Offender Management Services, 2013).

**Tailored leaving care and post-care service options:** Whilst the out-of-home care systems recognises the need for a range of different service options for young people (including placement type, intensity of case management support etc.), this recognition is not translated into the post-care system structure. It may be useful to replicate this service structure and delineate various leaving care and post-care service responses based on the needs or risk level of the care leaver, as well as the type of placement from which they are exiting care. For example, supporting kinship care leavers may require a different strategy (including skill sets, training of workers and service delivery models) compared to supporting young people exiting care from residential placements.

**Improving access to post-care accommodation:** There is a need for improved availability of post-care accommodation options which are safe, affordable and suited to the needs of dual order care

leavers in Victoria. There remains a critical accommodation gap for young people transitioning from care who have significant mental health and behavioural difficulties, including those with current or previous involvement in Youth Justice services. We note that this issue has been raised as a priority area in the five year plan for out-of-home care services in Victoria (DHS, 2014b). There is no single accommodation strategy which is likely to suit the needs of all care leavers, hence a range of options should be available which couple the provision of housing and support which is able to be tailored to the needs of the young person (Barnardo's, 2014).

**Support for young people who return to family:** Returning to family post-care appeared to be relatively common amongst the young people who participated in the study, often due to a lack of alternative accommodation options. At the same time, there were limited strategies in place to support this outcome to be as successful as possible. This issue has been noted in previous studies which similarly identified the care leavers' need for support in re-negotiating family relationships, whether or not they returned to family post-care (Cashmore & Paxman, 1996; Mendes, Johnson, & Moslehuddin, 2012; Whyte, 2011). Approaches to support those care leavers who return to their families could be investigated further, for example engaging family-based services in preparation for reunification and support in the post-reunification period. Brief intervention models involving family problem solving may be of benefit.

## Youth Justice

Key stakeholders in the Phase One consultations reported that Children's Courts and Youth Justice services were able to identify the difficulties faced by young people. However the extent to which responses (e.g. service provision, referral) were available to address these difficulties was considered to be limited. Various aspects of the Youth Justice system were seen as unsuited to the needs of young people in out-of-home care backgrounds, as follows:

- The level of advocacy present for young people at court was sometimes low and this was seen to impact on court outcomes;
- There were concerns regarding young peoples' capacity to understand youth justice processes (including arrest, court procedures, and Youth Justice orders), as well as to understand the link between offending and the court consequences, given the significant time that can elapse between the two events;
- The absence of a state-wide diversion program or any programs targeted towards the needs of young people in out-of-home care was identified as problematic;
- Variable levels of understanding of youth justice staff (both community and custodial) regarding the potential impact of abuse, neglect and other traumatic exposure; and
- The minimal psychological interventions offered in custodial Youth Justice were also considered problematic.

It should be noted that Youth Justice services (particularly custodial services) have undergone significant changes since the time of data collection in 2011-12, and that these comments therefore may not necessarily represent the current situation.

The young people who participated in the study also commented on their experiences of Youth Justice involvement. While both positive and negative accounts were provided, many responses indicated that young people were confused about Youth Justice processes and their own involvement in the system. There was little recall or understanding regarding what had transpired and why, with respect to police, courts and youth justice orders. Additionally, a number of comments revealed aspects of the youth justice system that carried a high potential to be triggering of prior trauma or re-traumatising, including:

- **Police contact.** Police contact carries a high potential to be triggering for young people, including due to the use of authority, restraint or aggression and in some cases negative police demeanour towards young people:

  ***"The residential care unit called the police one day and they came and charged me. And then they threw me in the back of the divvy van. They pepper sprayed me. And then when I got out of the car, the copper, or the police man turned around and said, 'ha ha you little bitch, you're finally old enough to be charged now'"***

- **Court processes.** Examples were given, of both young people being present as victims and alleged offenders, which indicated that these experiences were overwhelming, frightening and potentially traumatic for young people:

  ***"Going to court was the worst, yeah? Because everyone was there. And you had to say, like to detail, you know?... So yeah that was bad, that kind of… yeah. Yeah that fucked with my head a bit… but I ended up telling them, like I didn't want to be in the court room. So they put me in just like a little room and that, and her barrister was like… you know, the ones that wear wigs and shit yeah? You know, they don't piss around. They just, they attack you, you know? So… a little kid up against all of that shit there"***

Some of the reactions described by young people during court could be perceived as being uncaring or rude, however from a trauma-informed perspective it would appear that some young people are attempting to take themselves mentally away from the situation (i.e. dissociating) as a means of coping.

- **Community Youth Justice worker-client interactions**. Where workers are not adequately supported or informed regarding issues relating to trauma and attachment issues, these experiences were seen as problematic for workers and young people.

- **Custodial Youth Justice.** Youth Justice custodial settings carry an inherently high risk of re-traumatization due to the use of strip-searching and the exposure to other high-risk adolescents. These issues were reflected in the young peoples' comments in Phase Two of the study:

*"They strip search you too much. They did it three times. When I got there, twice in the cells and then another time when I got there. I'm like, 'Who would have anything?', 'Why do you keep doing this?' I felt so uncomfortable."*

*"Kids were in there and a lot of them were a lot bigger than me, some of them were older than me and it's pretty rough at times because those kids have got something to prove; they're young and they all want to prove that they're tough. So I probably got hit a few times but then I hit other people as well. But yeah, it was a rough time. I was definitely out of my league there. It was definitely a rude awakening for sure but it didn't stop me from going back though".*

*"… when shit hits the fan they hit the duress alarm and then all of the other workers from all the other units come to where the unit where the duress is going off and they just swamp you. They just come in and if you're in an altercation or whatever they'll just grab you, throw you on the floor, restrain you and drag you to the slot which is the isolation room which is just four concrete walls, not very big and cold and you'd stay in there for hours until you calmed down or whatever".*

There were also some indications that experiences of Youth Justice custody lead to worsening or ongoing offending for some young people, due to a perceived need for peer approval, or in order to protect themselves, for example:

*"I used to sprint out of court and I'll literally run past the security guards out the front, straight down to Myer and steal in front of everyone. I was stealing just to get back in. I wanted to be in there [Youth Justice custody centre]. I used to punch on with the jacks[7] because if you go in with just a theft everyone just bags you so I'd go in for assault and everyone loves you"*

*"I hated it. I got bashed every day… because I was little lazy then… [The staff] didn't really know. It was more just when you went to our cell to clean it or whatever. People would just run in on you to bash you for fun. It was crazy"*

The Victorian Youth Justice system overall has a strong focus on diversion and rehabilitation, as well as having the lowest rate of detention of children and young people in Australia (AIHW, 2013b; Sentencing Advisory Council, 2012). Other innovative strengths of the system (Sentencing Advisory Council, 2012; Victorian Ombudsman, 2013), include:

- Early intervention and diversion programs including the Youth Support Service (DHS, 2012a) and the Right Step Program (Youth Connect, 2014) which target young people at risk of, or in

[7] "The Jacks" is a colloquial reference to police officers.

the early stages of involvement with the youth justice system, offering case managed interventions to holistically address young peoples' needs on relation to offending behaviour;

- The Children's Koori Court providing a more culturally appropriate process for young Koori people;
- The Group Conferencing Program which offers a restorative justice option for suitable young offenders at the pre-sentencing stage;
- The "dual track" system which enables young people aged 17 to 20 years appearing before the adult courts to be assessed as potentially suitable to serve any custodial sentences in a Youth Justice facility, in order to prevent (or at least delay) entry into the adult corrections system;
- The roll-out of a trauma-informed practice approach across custodial and community based Youth Justice services (Steering Committee for the Review of Government Service Provision, 2014; The Youth Parole Board and Youth Residential Board of Victoria, 2013). While no information could be located detailing the elements of this approach with regard to community-based Youth Justice services in Victoria, elements in the custodial Youth Justice services include:
    - The Intensive Therapeutic Service available within the Parkville Youth Justice precinct (Victorian Ombudsman, 2013), comprising an Intensive Therapeutic Unit and Intensive Therapeutic outreach to the precinct.
    - A comprehensive training and education program delivered to Youth Justice centre staff.

This section outlines various recommendations for youth justice services, to assist with a further shift towards a trauma-informed approach to custody and care. In relation to this section, youth justice refers to the whole system response to offending among young people in out-of-home care, including police, courts and departmental Youth Justice services. Each of these services faces the difficulty of balancing the competing tasks of upholding the law, enhancing community safety, examining the welfare needs of the young people who come into contact with the agency, and holding young people accountable for their actions.

**Implementation of trauma-informed practice approaches throughout the Youth Justice system:** It is reasonable to assert that the work entailed in policing, Children's Court administration and the statutory Youth Justice system is fundamentally trauma-based work. Each of these services frequently deals with traumatic situations and traumatised people. A lack of staff education, training and support concerning complex trauma risks poor outcomes for those that work within these systems, the young people who come into contact with them, and the wider community.

We acknowledge the policy directions of Youth Justice in Victoria which indicate an intention to continue progress towards trauma-informed practice approaches, and recommend that this be complemented by expanding this approach (at a minimum through education and training) across police services and Children's Courts. In relation to Victorian Courts, the need for training focusing on child and adolescent development, complex trauma and its impacts is particularly pronounced in non-metropolitan areas, where non-specialist courts may be primarily engaged with adult offenders, and there may be less experience engaging with adolescents. The examples below outline education

initiatives seeking to improve the understanding of trauma in United States courts; the creation of these resources has been driven by professionals in the area of trauma, but also by the justice system itself (Howard & Tenner, 2008).

**Good practice – Trauma-Informed Children's Courts**

In the US, the Department of Justice has funded research to create information for Juvenile Court judges concerning trauma and its relationship to youth offending. This project involved a partnership between the National Child Traumatic Stress Network, The Office of Juvenile Justice and Delinquency Prevention and the National Council of Juvenile and Family Court Judges. The resulting publication 'Ten things every Juvenile Court Judge should know about trauma and delinquency' provides accessible and relevant information regarding trauma, its impacts and effective responses (Buffington, Dierkhising, & Marsh, 2010).

Also in the US, the National Centre for Trauma-Informed Care has produced the publication 'What every judge needs to know about trauma' (Substance Abuse and Mental Health Services Administration, 2013). The publication provides information concerning trauma and its impacts, and also outlines specific examples of how to implement trauma-informed practice with regard to communication, court processes and procedures and the courtroom environment. While this publication is targeted towards Judges in adult courts, an adapted publication could be created for Children's Courts. The table below shows examples adapted from this document for moving towards a trauma-informed approach in court settings (Substance Abuse and Mental Health Services Administration, 2013, pp. 4,6,8).

| | Perception of trauma survivor | Trauma-informed approach |
|---|---|---|
| **Courtroom Communication** | | |
| "Your drug screen is dirty" | "*I'm dirty.* There is something wrong with me." | "Your drug screen shows the presence of drugs." |
| **Courtroom Experience** | | |
| A court officer handcuffs a participant without warning to remand him or her to jail | Anxiety about being restrained; fear about what is going to happen. | Tell the court officer and the individual you intend to remand them. Explain why. Explain what is going to happen and when. (The court officer will walk behind you; you will be handcuffed, etc.). |
| **Courtroom Environment** | | |
| The judge sits behind a desk (or "bench"), and participants sit at a table some distance from the bench. | Feeling separate; isolated; unworthy; afraid. | In some treatment courts, the Judge comes out from behind the bench and sits at a table in front. |

**Trauma screening and/or assessments:** It is recommend that, at a minimum, systematic screening for traumatic exposure should be implemented within the youth justice sector. For example, such screening or assessments could be conducted by Children's Courts where this may not be already embedded in practice. Ideally a comprehensive evaluation relating to trauma-exposure and symptoms of traumatic stress would be implemented as this would enable identification of any difficulties and referral to appropriate services. In contrast to assessment, screening for trauma-exposure does not require specialised mental health training and can potentially be carried out by Youth Justice staff, enabling appropriate referrals to be offered to young people (Kerig, 2013).

Compared to instruments which assess complex trauma in adults, those designed for use with children and adolescents are less developed (Courtois & Ford, 2009); there is not yet a gold standard test for disorders associated with exposure to complex trauma in children and adolescents (Kerig, 2013). Experts in child traumatic stress recommend that different combinations of tests be used to evaluate symptoms of traumatic stress in children (e.g. Child Behaviour Check List (CBCL), Trauma Symptom Checklist for Young Children, and the Trauma Symptom Checklist for Children), and adolescents (e.g. youth and caregiver–report versions of the CBCL, the Behaviour Assessment System for Children-2 (BASC-2), the Trauma Symptom Inventory and the Minnesota Multiphasic Personality Inventory) (Courtois & Ford, 2009, p. 110).

**Improve advocacy for youth with criminal justice processes:** Young people in out-of-home care require an informed adult advocate to be present during police interviews and during court hearings. It is preferable that this person is someone known to and supportive towards the young person so that young people are not disadvantaged simply due to their out-of-home care status. Current programs and policies which aim to provide young people with support and advocacy during their interactions with the criminal justice system could be strengthened. For example, we note that there is no absolute legislative requirement for young people in out-of-home care to be supported by an adult during police questioning, at Children's Court hearings, or before the Youth Parole and Residential Boards. The provision of support for young people in navigating the criminal justice system could be improved, for example:

- **Police interviewing:** Legislation underpinning the requirement for a parent, guardian or independent person to be present during police questioning of a young person (Crimes Act, S.464(E)) could be strengthened, as recommended by the Victorian Law Reform Commission (Victorian Law Reform Commission, 2010). In particular, providing legislative clarity on the expected presence, role and training of the independent person, as well as the consequences of failing to provide an appropriately trained independent person is important.

  Alongside providing information on police processes and the rights of young people, training for independent persons should also emphasise how to effectively communicate with the broad range of young people who may require support in the context of police interviews, including those with language and communication difficulties.

The absence of such safeguards is likely to have a disproportionately negative impact on young people in out-of-home care. Access to a suitably trained and supportive independent person is vital for young people in out-of-home care in the context of police interviews given:

- The high likelihood of the unavailability of a parent or guardian, particularly for those in out-of-home care;
- The potential that the guardian or carer is the person against whom the young person is alleged to have offended;
- The high proportion of this group who have diagnosed and undiagnosed difficulties with cognitive or intellectual functioning and communication, in particular oral language competence required in police interviews (Snow & Powell, 2011).

- **Court:** We note the improvements to the revised protocol between Child Protection and Youth Justice services in Victoria (DHS, 2013a, p. 8), which specifies, *"Where the young person is subject to a Custody, Guardianship or Long Term Guardianship Order, the young person's case manager (either Child Protection or case contracted case manager) must attend court hearings for criminal matters, unless there are good reasons not to".*

  While Youth Justice case managers and legal practitioners are usually present at court, it may be the case that they have had little historical involvement in the life of the young person. In situations where it is either inappropriate or not possible for the case manager to attend, we recommend that another supportive adult be present, (or offers to be present) to provide assistance with emotional support, understanding court processes and decisions, communicating with others (e.g. legal representative), and de-briefing after the court appearance.

**Accessible and appropriate diversion options:** Diversion (either pre-court, pre-sentencing or post-sentencing) from the youth justice system is a desirable strategy where suitable, and is an articulated principle underpinning the current Victorian Youth Justice system (Sentencing Advisory Council, 2012). In line with current Victorian policy, research indicates that custodial Youth Justice services should be utilised as a last resort. Aside from the expense of this response, there are a number of problematic issues associated with custodial interventions, particularly for the dual order client group, including:

- The potential for disrupting any connection which was present to placement, other relationships (e.g. siblings) and community (including school);
- Increased risk of exposure to traumatic triggers, including unavoidable triggers such as frequent discipline from authority figures, closed environments and strip searches;
- Increased exposure to other young people who are offending, which risks undermining the impacts of interventions due to peer contagion effects (Dodge, Dishion, & Lansford, 2007).

There are few diversion options in Victoria which are consistently available to young people in out-of-home care across the state, and available options are often at the discretion of police (Jordan & Farrell, 2013). While somewhat available in principle, it appears that certain diversion options are

unsuited to the needs of the out-of-home care group, or inaccessible to this group of young people due to their out-of-home care status or the unavailability of programs in the relevant region, for example:

- The Right Step diversion program is currently only available to youth residing in the Bayside, Glen Eira and Kingston regions of Victoria;
- The Youth Support Service (YSS) is not available to young people residing in out-of-home care;
- Youth Justice Group Conferencing may be unsuited to the needs of young people with symptoms related to complex trauma, as well as those with oral language difficulties and other neurodevelopmental disabilities (Snow, 2013; Snow & Sanger, 2011).

We recommend that a state-wide diversion scheme for young people be legislated for, and that trauma-informed and culturally appropriate diversionary options which are accessible and suited to the needs of young people in out-of-home care are implemented. Diversion to evidence-based therapeutic options should be explored. Under the current system, young people must generally engage in repeated offending before targeted therapeutic interventions are implemented. While this avoids potential net-widening for the majority of young people who are likely to desist without intervention, it also misses potential opportunities for earlier intervention with high-risk young people.

We recommend that diversion options be collaboratively developed with input from a range of relevant professionals and key stakeholders, including the Department of Human Services, Children's Court, police, therapeutic services and researchers in the area of developmental trauma, disability, out-of-home care and youth justice. Diversion options targeting young people in out-of-home care could be developed taking into account the specific needs of this group, including:

- The high likelihood of previous and/or current traumatic experiences and traumatic stress and other diagnosed mental health issues;
- The likelihood of difficulties with therapeutic engagement;
- The possibility of intellectual, language and/or other communication difficulties; and
- Specific needs associated with gender and culture.

The recommendation for improved state-wide diversion options for children and youth has been previously raised by the Victorian Sentencing Advisory Council, by researchers and by other peak bodies (Jordan & Farrell, 2013; Sentencing Advisory Council, 2012; Smart Justice, 2013). Additionally, research and policy submissions have also emphasised the need for diversion options which are both targeted to and tailored for young people with current or previous child protection involvement, as an identified high risk group for Youth Justice involvement (Berry Street, 2012; Halemba, Siegel, Lord, & Zawacki, 2004).

**Program Example – Right Step Program (Wilson & Schwarz, 2012)**

Right Step is a pilot diversionary program operating only from the Moorabbin Children's Court. Referrals are received through the court or police, and services are delivered through Youth Connect, a community organisation. The program involves an 8-week intervention delivered by Youth Connect staff (case management, counselling and referrals) and targets young people (aged 10-18 years) who have been formally charged with offenses in the Bayside, Kingston or Glen Eira areas. The diversion program has demonstrated beneficial outcomes in relation to re-offending (over three quarters of young people had not re-offended in the next 6 months), and a reduction in the severity of re-offending. Other positive outcomes relating to emotional self-regulation, engagement with counselling, education and vocational programs were also reported.

**Targeted community-based Youth Justice services:** The significant over-representation of young people from out-of-home care backgrounds in custodial youth justice populations may be an indication that community-based youth justice interventions are less successful with the current or former out-of-home care group. While similar information is not available for Victoria, in New South Wales, data indicate that females and Indigenous young people from out-of-home care backgrounds are the most drastically over-represented groups in custodial Youth Justice systems (Indig et al., 2011; Kenny & Nelson, 2008).

This may indicate that a different approach is required with young people from out-of-home care backgrounds if they are to be successfully diverted from further involvement in the youth justice system. One reason why community-based youth justice approaches may be less successful with this group is that that these programs largely rely on cognitive behavioural interventions which target beliefs and attitudes, and may rely on specific skills which may be under-developed among the out-of-home care group (including emotional recognition and expression, metacognition or the ability to 'think about thinking', and well developed communication skills). Such an approach might benefit from being tailored in the case of young people with complex trauma, for example:

- These models are contingent on the therapeutic alliance between the young person and Youth Justice worker. Given past experiences, young people from out-of-home care backgrounds may have extreme levels of distrust or fear of adults, making engagement and establishment of a therapeutic alliance difficult. Trauma-informed engagement strategies may be beneficial.
- The effects of exposure to traumatic experiences may negatively impact on cognitive capacity, attention, memory, language and emotional recognition and regulation, thereby rendering cognitive behavioural approaches inappropriate. For example, research has demonstrated a clear impact of childhood trauma exposure upon the hippocampus – a brain region which is part of the limbic system and assists in memory storage and retrieval.

- The dual order client group may present with other unique needs (either related or unrelated to trauma), for example difficulties with cognitive functioning or communication, which may impact on the effectiveness of interventions for this group.

Given their significantly higher risk of custodial system involvement, the specific effectiveness of current community-based Youth Justice interventions with the out-of-home care group should be evaluated. Other authors have similarly argued for the development of tailored strategies to address the needs of the dual order client group (Cashmore, 2011; McFarlane, 2010). Such an approach may include:

- Adopting a trauma-informed approach to engagement (for example, initially having regular, short appointments (in order for young people to become familiar with the presence of the worker), may be beneficial.

- Having Youth Justice staff who specialise in working with the out-of-home care group. Targeted streams of workers is a common practice within the adult justice system with respect to community-based supervision (e.g. supervisors of female offenders or sex offenders), but does not appear to be utilised as often within the Youth Justice system.

- Incorporation of evidence-informed trauma-specific interventions (e.g. interventions targeting emotional regulation, separate trauma-specific counselling or therapy) alongside other approaches.

- Targeting of other specific difficulties for therapeutic intervention – for example expressive and receptive oral difficulties, to promote improved prosocial communication skills and engagement in therapeutic programs that are verbally mediated (e.g. counselling).

**Trauma-informed custodial Youth Justice services:** This research has suggested the need for and potential benefits of a trauma-informed approach to service delivery within custodial Youth Justice facilities. Since this study commenced, Victorian custodial Youth Justice services have begun moving towards a trauma-informed practice model (The Youth Parole Board and Youth Residential Board of Victoria, 2013). Given the significant change in culture generally required, the implementation of such an approach is often a long-term process, requiring ongoing education, reflection and review on the part of staff and the service itself.

**Trauma-specific interventions within custodial Youth Justice:** Alongside this shift in service delivery approach, there is clearly a potential utility for trauma-specific interventions in Youth Justice facilities. Such programs may be almost universally beneficial to the custodial Youth Justice population, particularly young females, given the high incidence of exposure to traumatic events and high levels of traumatic stress reactions in this population. As other authors have indicated, youth justice systems *"typically focus on reduction of negative behaviours, rather than increasing youth competency"* (Ford & Blaustein, 2013, pp. 668-669). It is recommended that interventions should seek to understand and work towards addressing core difficulties (for example, in emotional regulation) by facilitating skill development, rather than focusing solely on behavioural outcomes

(e.g. substance use, violence etc.) (Ford & Blaustein, 2013; Snow, 2013). In delivering trauma-specific interventions, particular consideration could be given to the programming needs of young people aged 10 to 14 years, young Indigenous people and young females, as three groups who may be more likely to have current or previous Child Protection involvement (AIHW, 2012; Ryan et al., 2013).

- It is recommended that dual order young people aged 10 to 14 years in Youth Justice custody form a priority group for therapeutic intervention. This is based on the potential for earlier intervention with this group as compared with older age groups. Additionally, there is some evidence which indicates that this group may be more likely to have substantiated Child Protection notifications (AIHW, 2012).
- Researchers have also emphasised the need for gender-specific responses, given some of the established differences in the traumatic histories of young males and females in custody (Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004; Wood et al., 2002).
- Attention to the cultural appropriateness of trauma-specific approaches for Indigenous young people is important. Program examples are emerging and should be evaluated for their effectiveness with the Youth Justice population (Atkinson, 2013).

While documents indicate that an Intensive Therapeutic Service is available in the custodial Youth Justice system, it is unclear what this service provides, and to whom. International examples of residential intervention models which focus on recovery from the impacts of traumatic stress (Ford & Blaustein, 2013) include:

- The Attachment, Self-Regulation, and Competency (ARC) framework (Blaustein & Kinniburgh, 2010; Kinniburgh, Blaustein, Spinazzola, & van der Kolk, 2005)
- The Sanctuary Model (Bloom, 1997; Rivard, Bloom, McCorkle, & Abramovitz, 2005)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) (Habib, Labruna, & Newman, 2013)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET) (Ford & Russo, 2006)
- Trauma Systems Therapy (TST) (Brown, McCauley, Navalta, & Saxe, 2013)

A recent study investigated the impact of introducing trauma-informed practice coupled with psycho-educational training groups for young people across three youth justice facilities in the US. Results documented significant reductions in disciplinary incidents and the use of disciplinary seclusion, suggesting that delivery of this program to staff and young people was associated with more pro-social behaviour and a safer environment (Ford & Hawke, 2012).

**Incorporating evidence-supported family interventions in Youth Justice:** Strengthening family relationships has been identified as one of the overarching aims of these recommendations. This and other research indicates that most care leavers will continue to be involved with families during their time in out-of-home care and post-care. Findings of the current study suggested that young people who were able to maintain any relationship with a parent appeared to fare better than those who

were estranged from both parents, though further investigation would be needed to confirm these suggestions.

Clearly such approaches will not be suitable under all circumstances, however there is a growing evidence-base supporting family-based interventions, particularly for young people with offending behaviours or those who are involved in the Youth Justice system (Andrews & Bonta, 2003; Farrington & Welsh, 2003; Knorth, Harder, Zandberg, & Kendrick, 2008; Murphy, McGinness, Balmaks, McDermott, & Corriea, 2010). It is recommended that Youth Justice services investigate where family-based or family-inclusive approaches could be enhanced, where suitable and possible, particularly for young people with current or previous Child Protection involvement (Ryan et al., 2013). Evidence-informed options should be implemented and evaluated, as per the example in the box below.

**Program Example - Family Interventions: Intensive Supervision Program (NSW) (NSW Department of Attorney General and Justice, 2012)**

The Intensive Supervision Program (ISP) in NSW has been in operation since May 2008, and is based on the multi-systemic therapy model (MST). It has been established in two locations in the state (Newcastle and Western Sydney).

The program works with young people involved with serious or repeat offending as well as their families. The program works holistically with young people, their caregivers and other community stakeholders (including school teachers, principals and the police force) to address a range of issues including aggression, substance abuse, financial problems, housing needs, family conflict and negative peer pressure. The ISP team consists of trained clinicians, a clinical supervisor and an Aboriginal team adviser who work with young people on an individual, family and community level.

In 2010/11, 37 (85%) of the 44 families enrolled had successfully completed the ISP, including Aboriginal families and families from Pacific Islander, New Zealand, Asian, South American and European backgrounds. An internal review of outcomes indicated that 74% of caregivers had parenting skills necessary to handle future problems, 80% had improved family relations and 76% had an improved network of supports. The program is currently being evaluated by BOCSAR (Bureau of Crime Statistics and Research) in New South Wales.

**Future research:** Research from the US which examined outcomes of a Youth Justice program found higher recidivism levels among young people who had experienced substantiated maltreatment compared to those who had not experienced substantiated maltreatment (Ryan, 2006). No similar Australian research could be located which examines the outcomes of Youth Justice interventions relative to current or former out-of-home care status or maltreatment history. Yet the high proportion of young people from Child Protection and out-of-home care backgrounds who are involved with the Youth Justice system suggests the likelihood that Youth Justice interventions may be less successful with this subgroup.

We recommend that future research examines the effectiveness of Youth Justice interventions with a view to determining whether there are differences in outcomes between young people currently and/or formerly in out-of-home care, and those not in contact with out-of-home care in terms of:

- The proportion who are judged to successfully complete Youth Justice orders
- The proportion of young people who breach community based orders (and reasons for breaching, e.g. technical breach vs reoffending)
- The proportion of young people who are judged to successfully complete Youth Justice orders but subsequently reoffend

If current interventions are found to be significantly less effective for the current and/or former out-of-home care group, alternatives which are targeted towards the needs of such young people could be investigated and implemented.

## Education

Both the key stakeholder consultations and interviews with dual order care leavers revealed the often limited and disrupted educational experiences of dual order care leavers. This outcome was seen to emerge in the context of significant learning, emotional and behavioural difficulties in the school environment often arising from experiences of complex trauma and neglect, as well as experiences of bullying, substance use, school exclusion, and transience over the educational years. The majority of care leavers interviewed had experienced school exclusion (suspensions, expulsions or both), and a minority had completed year 10 level of high school education. Disengagement from education appeared to coincide with multiple and complex problems, often occurring around the time of entering residential care. Despite this, many of the young people managed to re-engage in alternative education with the support of workers, and the majority had engaged in further education courses and programs. At the same time, translating training and educational involvement into employment opportunities proved difficult for this group, with only a minority having had work experience by the time of the interview.

In 2011, Victoria introduced the Out-of-Home Care Education Commitment, which replaced the previous partnering agreement between the out-of-home care and public, Catholic and independent education sectors (Department of Education and Early Childhood Development and the Department of Human Services, 2011). This policy aims to introduce a more proactive approach to support educational achievement among young people in out-of-home care, as well as to strengthen the coordination between out-of-home care and education sectors in supporting this outcome. It should therefore be noted that the comments from key stakeholders as well as the care leavers interviewed reflect their experiences under the previous policy arrangements.

The Educational Support Guarantee stipulated in the education commitment involves:

- The allocation of a learning mentor for each enrolled child or young person
- The provision of an Educational Needs Assessment for children and young people who have been residing in out-of-home care for three months or longer

- Prioritising of referrals to education related health and wellbeing services; and
- Giving priority status for post-round applications to access resources from the Program for Students with Disabilities

Disengagement from education is a well-known risk factor for involvement in youth offending. As such, investing in the education system can be viewed as a preventative approach to criminal justice system involvement. Where education systems are not sufficiently informed, structured and funded to respond to the significant individual and structural disadvantages experienced by some young people, a critical opportunity to deliver a significant protective intervention for children, young people and the community is missed. On the other hand, as Ko (2008, p. 398) asserts, *"trauma confronts schools with a serious dilemma: How to balance their primary mission of education with the reality that many students need help in dealing with traumatic stress to attend regularly and engage in the learning process".* The following recommendations suggest mechanisms by which the preventative potential of education could be enhanced in the lives of dual order care leavers.

**Trauma-informed schools:** While it is clearly not the role of the education sector to treat trauma or attachment issues, sufficient information in this area is required for adequate understanding and responsiveness to young peoples' needs. This is particularly important in secondary education environments, where trauma-based behaviours of adolescents are less likely to receive *'sympathetic attention'* (Cashmore, 2011, p. 34).

The young people who participated in the study described positive experiences with teachers who they perceived as patient, kind, understanding and supportive (including those who protected young people from bullying by other students). Conversely, teachers and other school staff who displayed aggressive, shaming, abusive or uncaring demeanour towards young people (including in relation to young people needing "time out", needing support with difficulties with schoolwork or attention, or their issues with other students, including managing bullying), were experienced as unhelpful and contributing towards young peoples' resistance to remaining engaged in education.

To illustrate this point, a case example is given which draws upon one of the story of a young person who participated in this study:

> ***"We were in maths, and it was towards the end of the day and I was having a shitty day and my maths teacher was just shitting me, so I walked out on him and he comes out and has a go at me and that and grabbed me so I pulled out a sharpened razor blade out on him and threatened to slit his throat and then yeah, he said "Have fun", he was going to expel me for it and then after that I didn't want to go back to mainstream schools" – Sam***

Clearly the outcomes here were poor both for the teacher and the young person involved. Sam's story illustrates that a lack of understanding and planning in relation to a young person's trauma can lead to potentially dangerous consequences. In a trauma-informed model, staff involved with this young person would be aware of his emotional and behavioural needs, and have implemented strategies to allow for these (e.g. development of strategies with the young person to support him in

managing feelings of frustration, potentially allowing him to request some time out from the classroom if required). Education of teachers as to how to approach traumatised young people who might leave a classroom in this fashion (e.g. the need for flexibility, the use of a calm voice, allowing space between the teacher and young person, refraining from touching the young person, and allowing time for the young person to calm down) could potentially have led to better outcomes in this case.

Enhancing the understanding of trauma in schools requires ongoing education of teachers and other school staff (either by the human services or education sectors), with a view towards embedding knowledge into practice. Both post-graduate options as well as integration of an understanding of the impacts of abuse and neglect into the curriculum for education professionals may be of benefit.

**Good Practice – Educating the educators**

Various agencies, researchers and individuals have targeted education and training tools concerning complex trauma and its potential impacts upon school engagement and learning to the education sector (Australian Childhood Foundation, 2010; J. Howard, 2013; National Child Traumatic Stress Network, 2008; Office of the Child Safety Commissioner, 2007). Ongoing education and a paradigm shift around responding to children and young people who have experienced complex trauma will assist to minimise the risk of educational disengagement, re-traumatisation of children and young people as well as risks to other students and school staff arising from trauma-based behaviour.

Examples of training delivery include:

- Seminars being delivered to educators by Dr Judith Howard (Regional Manager, Behaviour Support Services, Department of Education, Training and Employment, Queensland)
- Berry Street FUSE Learning Mentor training (https://fuse.education.vic.gov.au/pages/View.aspx?pin=KMQ72R)

**Early educational intervention with conduct difficulties:** Many of the young people in the study indicated having mental health conditions which impacted on classroom conduct from a young age, including conduct disorder and attention deficit/hyperactivity disorder. There is a need for interventions which can assist this group to continue to benefit from educational experiences and school involvement. Dodge and others (2007) have emphasised the need for school-wide strategies (e.g. teacher education, integration of social skills building in school curricula), in preference to other strategies which marginalise young people. Other researchers have stressed the need for a trauma-informed approach in responding to conduct disorder, given the prevalence of trauma history in young people with conduct disorder (Greenwald, 2012).

There are currently early conduct disorder interventions being piloted in Victoria, an example of which is included below.

**Good Practice –CAMHS and Schools: Early Action Program (CASEA) (The Royal Children's Hospital Melbourne, 2014)**

- Multilevel prevention and early intervention program which aims to reduce the incidence and impact of conduct disorder
- Developed by the Royal Children's Hospital and supported by Victorian Department of Education and Training
- Provides:
  - ✓ Professional development to teachers and school staff
  - ✓ Universal prevention program through classroom activities
  - ✓ Universal behavioural screen (Prep-Year 3) and psychosocial assessments for children exhibiting higher levels of disruptive behaviour
  - ✓ Targeted parent-child programs and individual behaviour management support where required
  - ✓ Ongoing secondary consultation and referral

**Addressing learning difficulties:** Screening for learning difficulties and implementation of effective interventions are critical to enabling children and young people to remain engaged in education. While assessing and addressing barriers to education is a key component of the Out-of-home Care Education Commitment (via educational needs assessments and Education Plans), this is included as a separate recommendation given its significance in the outcomes seen for the dual order client group.

Findings from key stakeholders and young people indicate that several assessments over time may be required to adequately identify learning problems as their impacts upon learning emerge. Additionally, adequate assessments are required to enable the provision of effective therapeutic interventions, both in terms of specificity and intensity.

The cost of individual therapy for specific learning problems and other associated difficulties (e.g. auditory processing disorders, communication disorders and dyslexia) is another potential barrier for children and young people to access treatment and support beyond what can be delivered through the education system.

**Identify barriers to the implementation of the Out-of-Home Care Education Commitment:** Feedback from key stakeholders in the out-of-home care sector suggests that the implementation of the Partnering Agreement may be quite variable across the state. We recommend that the state government continue its commitment to rolling out this worthwhile policy, including addressing any barriers to implementation. In particular, ascertaining the training and support needs of educators in relation to implementing this policy could be of benefit. We note that this issue has been identified in the five year plan for out-of-home care services and an integrated Health and Education

Governance Group has been established which can collaboratively oversee decision-making and monitoring (DHS, 2014b).

**Expanding alternative, trauma-informed education options:** Alternative education options such as one to one tutoring, the Berry Street School, the Salvation Army Westcare School and community schools were vital to allowing the young people in this study to remain engaged in education. Expanding the alternative, particularly trauma-informed, educational options available to young people in out-of-home care appears to be an important strategy for retaining care leavers in the education system.

**Providing supported education and training and employment opportunities:** Finding, acquiring and maintaining training and employment opportunities were particularly difficult for the young people interviewed in this study. Similar to previous research findings, it appears that benefit could be gained from a greater emphasis on translating education and training options into employment for care leavers, particularly those who have become involved with the criminal justice system (Cusick et al., 2010). Supported education, training and employment opportunities are vital as many of the young people who abandoned vocational pursuits did so as a result of social and emotional issues, rather than finding work or study too rigorous. It is important to note that young people may not be ready to access programs or employment at the age of 18; therefore such programs should be available for an extended post-care period to enable young people to address other issues (e.g. housing, substance use), prior to engaging in training or employment.

**Profiling traumatic stressors and assisting skill-building:** Parallel with any education, training or employment initiatives targeted at the out-of-home care or a dual order client population, a focus on emotional and interpersonal skill building is likely to be beneficial. The results from this and other studies indicate that difficulties in interpersonal and emotional awareness/regulation skills often obstruct the education, training and employment aspirations of young people leaving care. Assessing and addressing these issues prior to, and/or alongside the delivery of education, training or employment opportunities may improve outcomes in these areas. This might entail providing tailored education and training options (e.g. supported trauma-informed training and employment opportunities), providing additional support within mainstream education and training providers, and identifying training and support needs that match the young person's strengths and preferences, while minimising exposure to potential traumatic triggers. Case examples which draw upon the experiences of the care leavers who participated in this study are presented below.

### *Case example – James*

*James entered care at the age of 15 after being abandoned by his mother two years earlier, who found herself unable to manage his substance use and behavioural problems. James had been residing with friends, and was already abusing drugs and offending when he was apprehended by police and placed in residential care. By this time he had endured significant emotional abuse and*

*neglect, as well as a high level of transience; this resulted in him having attended three primary schools and two secondary schools. At the age of 17, he disengaged from education and at age 18 he served his first Youth Justice custodial order after having been placed on community-based orders previously. James had been engaged in a training program following his release from custody. While he did encounter some conflict with another student, he was able to successfully complete the pre-apprenticeship component at TAFE. However, once James entered the apprenticeship itself, the hectic pace of the work, combined with the loud orders shouted by his apprenticeship trainer amounted to a working environment which was unsuited to his needs. James withdrew from the apprenticeship after three months.*

### *Case example – Linda*

*Linda entered care at the age of 10 due to serious physical abuse. She has been diagnosed with several mental health issues as well as an intellectual disability. Linda experienced several placement changes throughout her first five years in out-of-home care as a result of serious trauma-based behaviours including property destruction and assaults. She was almost continuously on Youth Justice orders from the age of 13 to 18 years. Linda disengaged from education during year 7, but attended a specialist trauma-informed school for a period after this. She was later assisted to enter a Certificate level TAFE course. Unfortunately, due to conflicts with another student in the class which resulted in a restraining order, Linda disengaged from the course and has not entered education or training since this time.*

As the case examples illustrate, the presence of complex traumatic stress and associated symptoms can create significant difficulties for care leavers attempting to engage in education and training opportunities. While involvement in further education and employment are clearly desirable and positive goals, assistance in achieving these aims by supporting skill building in relation to self-regulation and interpersonal skills may lead to better outcomes.

## Mental Health

Mental health needs among dual order care leavers were the second most common issue raised (after substance abuse issues) during the key stakeholder consultations. Some key stakeholders interviewed in 2011-12 commented on the difficulty in accessing mental health assessments and interventions for young people involved in the out-of-home care system. Mental health assessments appeared easier to access once young people became involved in the Youth Justice system, however at this stage the content of mental health interventions was seen to be inadequate to address the complex and long-standing needs of young people. The majority of the young people interviewed in Phase Two of the study reported having a mental health diagnosis (including substance abuse problems), with many young people reporting multiple diagnoses. Unlike access to alcohol and other drug services, there were few who described receiving ongoing mental health interventions, particularly during adolescence.

Given the range of young people and mental health difficulties that present among dual order clients, it is not possible to recommend a single mental health strategy or program which can suit this group, as this would depend on a number of factors, including age, mental health and developmental needs, placement type and capacity or willingness of the child, young person and any carers to engage in interventions. However, general principles to guide mental health intervention with youth in out-of-home care include the need for:

- A trauma-informed approach
- Youth-focused, holistic services
- Services with the capacity to intervene early, and which move beyond crisis intervention, with the capacity to provide longer-term interventions are required.

It is important to understand that mental health interventions with out-of-home care populations can constitute many different forms, as described by Tarren-Sweeney (2008, pp. 347-348), including:

- General mental health interventions not specific to out-of-home care populations
- Mental health treatment targeting out-of-home care populations
- Mental health interventions targeting caregivers, intending to maximise the therapeutic potential of the caregiver-child relationship
- Therapy-focused models of alternate care (e.g. therapeutic foster care or residential care).

This section will discuss mental health interventions in the first two categories which are delivered via the general public mental health system as well as those accessible through private means (e.g. trauma-specific individual therapies). It has been noted that out-of-home care populations *'exert exceptional demands on poorly matched, generic mental health services'* (Tarren-Sweeney & Vetere, 2013, p. 27), and researchers in mental health are increasingly reporting that current classification systems do not adequately represent the complexity of presentations and symptomology associated with complex traumatic stress disorders (Courtois & Ford, 2009; Kezelman & Stavropoulos, 2012; Tarren-Sweeney, 2008). Survivors of complex trauma tend to meet the criteria for multiple mental health conditions (comorbidity), which can often be seen and treated as distinct mental health conditions without the recognition of their likely common origin (Anda et al., 2006). This can lead to young people being labelled with a list of diagnoses which are each prescribed divergent and unintegrated treatment strategies and goals.

**Mental health service access:** Key stakeholders (particularly those in kinship care, home-based care and alcohol and drug sectors) commented on difficulties accessing suitable trauma-informed mental health supports for children and young people in out-of-home care. This includes both community mental health services and specialist trauma services. These respondents also noted the increasing complexity of emotional, mental health and behavioural challenges faced by children and young people entering out-of-home care. Services were seen to be available for high risk young people in metropolitan locations, but limited for:

- Young people with emerging, lower risk mental health symptoms (e.g. depression, anxiety, low-level self-harm)

- Young people requiring access to long-term non-crisis interventions
- Young people in non-metropolitan locations

Both the public mental health system and other specialist therapeutic services were seen to be reactive to risk and symptom severity; early intervention in relation to mental, emotional and behavioural health issues appears to be an ongoing challenge.

It is worth noting that the feedback received from key stakeholders and young people primarily described access to mental health services prior to 2011, when the Chief Psychiatrist's Guidelines stipulating priority access to mental health services for children and young people in out-of-home care settings came into effect (Department of Health, 2011), however recent consultations in 2014 revealed these issues are still problematic for some service providers and carers.

**Trauma-informed mental health services:** The research suggests benefits from mental health services and systems which adopt trauma-informed developmental frameworks, as well as trauma-specific approaches towards the assessment and treatment of children and young people who are in and leaving out-of-home care (including those involved with the Youth Justice system) (Tarren-Sweeney & Vetere, 2013). Such an approach in relation to out-of-home care populations requires close engagement and highly developed relationships between mental health and child welfare services (Tarren-Sweeney & Vetere, 2013, p. 424). Suggested elements for effective specialisation of mental health services with this group of children and young people are presented in the table below (summarised from Tarren-Sweeney and Vetere (2013, pp. 407-408)).

Effective mental health service provision for out-of-home care populations requires:

- Specialised knowledge and skills
- A shift from traditional clinical practice to a clinical/psychosocial-developmental scope of practice
- A strong advocacy role

Service design should be guided by:

- A primary-specialist care nexus which includes universal comprehensive assessments
- A shift from acute care to preventative, long-term engagement and monitoring
- Integration within the social care milieu
- A shift from exclusion to active ownership of these client groups
- Normalisation strategies
- Alignment of services for clients of these groups

Mental health service provision for out-of-home care populations will be strengthened by:

- A policy promoting whole of government accountability for the mental health needs of children and young people in and leaving care

Assessment and treatment models for complex traumatic stress symptoms among children and adolescents are gradually strengthening their evidence base; this should be a priority area for mental health research and evaluation in Australia (Tarren-Sweeney & Vetere, 2013; The Australian Centre for Posttraumatic Mental Health and the Parenting Research Centre, 2014). Australian guidelines suggest that clinical interventions for complex trauma should incorporate the following elements:

1. Facilitate client safety
2. Recognise the centrality of affect-regulation (emotional management; ability to self-soothe) as foundational to all treatment objectives and consistently foster this ability in the client
3. Recognise the breadth of functioning impacted by complex trauma and that acquisition, not just restoration, of some modes of functioning may be necessary
4. Regard symptoms as adaptive and work from a strengths-based approach which is empowering of the client's existing resources
5. Understand how experience shapes the brain, the impacts of trauma on the brain (particularly the developing brain) and the physiology of trauma and its extensive effect
6. Encourage establishment/strengthening of support networks
7. Attune to attachment issues at all times and from the first contact point
8. Understand and attune to the prevalence and varied forms of dissociative responses, the differences between hyper and hypoarousal, and the need to stay within `the window of tolerance'
9. Expect and be prepared to work with a variety of client responses, including a sense of shame which may not be readily apparent but which is frequently present and intense
10. Embed and apply understanding of complex trauma in all interventions
11. Ensure the therapeutic model/approach promotes integration of functioning, and contains the `core elements' consistent with research findings in the neurobiology of attachment
12. Recognise the extent to which the above requires adaptation of, and supplements to, `traditional' psychotherapeutic approaches (i.e. insight-based and cognitive-behavioural)
13. Phased treatment is the `gold standard' for therapeutic addressing of complex trauma, where Phase I is safety/stabilisation, Phase II processing and Phase III integration
14. Therapy should be tailored and individualised; `one size does not fit all'
15. Therapists should be culturally competent and sensitive to gender, sexual orientation, ethnicity, age, and dimensions of `difference'
16. Engage in regular professional supervision
17. Attend to duration and frequency of sessions
18. Recognise the importance of implementation of boundaries
19. Engage in collaborative care as appropriate
20. Facilitate continuity of care as appropriate
21. Diversity of clients means that recovery, too, is diverse

**Funding to access specialist services:** With a view to maximising early intervention, the state government could examine brokerage systems for carers of children and young people requiring mental health services (including trauma-specific counselling and other allied health services such as speech therapy), but who may be displaying less severe or emerging mental health symptoms.

**Supporting kinship and foster carers:** Support and information for kinship and foster carers regarding mental health issues and treatment services available, will also be required in order to maximise early intervention and treatment access. This includes providing information regarding access to after-hours mental health support and advice.

**Mental health supported accommodation options:** There appears to be a lack of supported accommodation options which are suitable for the needs of care leavers with behavioural and mental health difficulties. Key stakeholders indicated that due to behavioural issues, Youth Justice system involvement, or being unready to participate in education and training, dual order care leavers were often excluded from the limited available supported accommodation options.

**Good Practice and Program examples in Mental Health**

- Care teams incorporating a therapeutic specialist (e.g. through Berry Street Take Two Therapeutic Services) who are able to provide direct services to young people as well as secondary consultation to the care team
- Intensive Mobile Youth Outreach Service (IMYOS): Part of Child and Adolescent Mental Health Services (CAMHS) or Child and Youth Mental Health Services (CYMHS). IMYOS provides intensive outreach mental health case management and support to young people who display substantial and prolonged psychological disturbance, and have complex needs which may include challenging, at risk and suicidal behaviour. These services work with young people who have been difficult to engage using less intensive treatment approaches.
- Provision of mental health/specialist therapeutic support and training to carers to improve their capacity to carry out informal work with children and young people (e.g. therapeutic residential care, therapeutic foster care models).
- Alternate Care Clinic – Specialised Child and Adolescent Mental Health Services (CAMHS) outpatient clinic for young people in out-of-home care in NSW.

**Future research:** Future research should examine the barriers for access to or provision of mental health services for young people in out-of-home care. The following issues were preliminarily identified in the current study:

- Potentially issues with the implementation of the Priority Access Service Response (PASR) – It remains unclear if there is an understanding of this policy across the mental health system and throughout out-of-home care services, including amongst kinship and foster carers
- Access to early mental health interventions prior to symptom escalation
- Specialist service availability (due to capacity/regional availability/cost)
- Access to brokerage/funding for specialist therapeutic services
- Access issues for young people with dual diagnosis

We note the current research collaboration underway between the Orygen Youth Health Research Centre, the Royal Children's Hospital, the Youth Support and Advocacy Service, Foundation House, the Psychosocial Research Centre and various community service organisations working in the out-of-home care sector, which is aiming to develop an innovative approach to systematic and affordable delivery of mental health care for young people in out-of-home care. We hope that this research will be able to contribute to addressing some of the research gaps identified.

## Youth Alcohol and Other Drug Services

In Phase One of the study which involved key stakeholder consultations, substance abuse among the dual order client group was the most frequently raised issue among the respondents. The majority of the dual order care leavers who participated in Phase Two of the study also reported substance abuse problems which were associated with their offending behaviour (either offending due to reduced impulse control while intoxicated and/or offending to fund substance use). Most of the young people who had accessed youth drug and alcohol services reported significant improvements in their substance use and many were able to curtail offending with the assistance of these interventions.

**Trauma-informed youth alcohol and other drug services:** The recent Victorian youth needs census of young people accessing youth drug and alcohol services in Victoria (Kutin, Bruun, Mitchell, Daley, & Best, 2014) revealed that:

- 46% of female and 26% of male youth drug and alcohol clients in Victoria had a history of Child Protection involvement;
- Child Protection involvement was most pronounced for younger clients accessing these services (that is, clients aged under 15 years);
- 62% of youth drug and alcohol clients had a history of physical or sexual abuse, neglect or exposure to violent crime.

Given the significant proportion of young people accessing youth drug and alcohol services that have histories of abuse, neglect and other traumatic exposure (e.g. war, domestic violence, violent crime), **we recommend:**

- **That youth drug and alcohol services should routinely adopt a trauma-informed approach to service delivery**.

This approach is consistent with recommendations and policy directions of certain parts of the Victorian alcohol and other drugs sector (Daley & Kutin, 2013; Victorian Alcohol and Drug Association, 2013), as well as with recommendations from previous research in New South Wales Youth Justice (Kenny & Nelson, 2008). Such an approach is not yet universal or embedded in practice. Key strategies which could assist in the implementation of such an approach include:

- Access to trauma-informed professional development as part of dual-diagnosis strategy
- Adopting/trialling inclusion of evidence-based trauma-informed substance abuse interventions, including integrated treatment approaches for trauma and substance abuse disorders

- Access to secondary consultation with mental health/trauma-specific services to support youth alcohol and other drugs clinicians/support workers who are working with dual order clients
- Ability to provide referral to or collaboration with appropriate trauma-specific services

**Integrated Treatment Approach Program Example – Seeking Safety**

Seeking Safety is a manualised treatment for co-occurring substance abuse disorder and post-traumatic stress disorder which was initially developed in the US for adults (Najavits, 2008). The program essentially targets coping skills which are relevant to both substance use and post-traumatic stress across cognitive, behavioural and interpersonal domains. The treatment has five principles: (1) safety as the priority; (2) integrated treatment of both disorders; (3) a focus on ideals; (4) four content areas: cognitive, behavioural, interpersonal, and case management; and (5) attention to therapist processes (Najavits, Gallow, & Weiss, 2006).

In a randomised controlled trial with adolescent females (mean age 16 years) with both substance use and post-traumatic stress disorders, the Seeking Safety program showed significantly better outcomes than treatment as usual across symptoms of substance use and trauma-related outcomes (Najavits et al., 2006).

**Improve access to residential withdrawal services:** Access to withdrawal services, particularly in rural locations, was cited as an issue. This was also emphasised by youth drug and alcohol workers in the recent YSAS Practice Summit (Youth Support and Advocacy Service, 2014). We recommend that the Victorian Government expand the availability of residential withdrawal services to ensure equitable and timely access state-wide.

**Strengthen trauma-informed alcohol and other drug interventions within custodial Youth Justice:** The potential benefit of strengthening trauma-informed alcohol and drug interventions within Youth Justice custodial settings was identified in this research, as well as in other recent Victorian reports (The Youth Parole Board and Youth Residential Board of Victoria, 2013). Since the time of data collection, there are indications that the provision of alcohol and other drug assessments and interventions within Youth Justice custody have been enhanced (The Youth Support and Advocacy Service, 2014).

**Future research:** International research has identified that the presence of an abuse history appears to impact alcohol and other drug treatment outcomes for youth, however similar research does not exist in Australia (Grella & Joshi, 2003; Titus, Dennis, White, Scott, & Funk, 2003). We recommend that future research examines whether current youth alcohol and other drug treatment models are equally effective for youth with and without a history of trauma and/or to identify promising practice targeting youth in the out-of-home care and Youth Justice sectors as high-risk groups for problematic substance use.

# Conclusion

Despite a longstanding awareness of the over-representation of young people from out-of-home care backgrounds in the youth justice system there remains a lack of strategic will to interrupt this all too common trajectory. Criminal justice system involvement constitutes one of the most socially and economically costly outcomes for both individual care leavers and society. Yet overall, across the community there remains a minimal level of recognition of the nexus between adverse childhood experiences and challenging or offending behaviour among adolescents and young adults.

These issues clearly warrant attention in light of the evidence that young people with a history of child protection involvement constitute a particularly vulnerable subgroup of justice-involved youth. Compared to the broader youth justice population, child protection-involved youth are at a greater risk of earlier involvement with the youth justice system, as well as progression to the adult criminal justice system.

Research, policy and practice developments across the globe evidence increasing awareness and interest in the connections between childhood experiences of trauma and disrupted attachment, involvement in child welfare systems and offending behaviour. This report has drawn upon these developments to outline suggestions for good practice in this area, based upon a whole of community responsibility towards vulnerable young people, and a trauma-informed approach to preventing, understanding and addressing offending behaviour among young people in and leaving out-of-home care. The outlined suggestions do not offer a prescriptive solution, but rather suggest directions which can be further investigated to stem the drift of children and young people from the child welfare to the criminal justice system.

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# Appendix A: Summary of Recommendations

| Sector | Recommendations |
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| **Family Services** | **Increasing the provision of evidence-informed therapeutic family services** |
| **Out-of-home Care Services** | **Continue to prioritise strengthening the family relationships of young people**<br><br>**Assessment of the impact of trauma and attachment related outcomes and provision of trauma-specific interventions**<br><br>**Consistently looking for avenues to promote pro-social community connectedness** |
| **Department of Human Services** | **Formulate an agreed joint strategy for addressing the over-representation of young people from out-of-home care in the Victorian Youth Justice system**<br><br>**Continue work towards ensuring all out-of-home care placements are therapeutic**<br><br>**Incorporate outcomes relating to criminal justice system involvement into the out-of-home care outcomes framework** |
| **Kinship Care Services** | **Strengthening family interventions**<br><br>**Providing information and support (both financial and non-financial) for** |

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| | **kinship carers**<br><br>**Assessment and early intervention with mental/emotional/ behavioural health issues, learning problems and disabilities**<br><br>**Adequate funding models for kinship care case management and brokerage** |
| **Foster Care Services** | **Expand the availability of therapeutic professionalised foster care options**<br><br>**Improve information and support (both financial and non-financial) for current foster carers**<br><br>**Assessment and early intervention with mental/emotional/ behavioural health issues, learning problems and disabilities**<br><br>**Adequate funding models for foster care case management and brokerage** |
| **Residential Care Services** | **Expand the availability of therapeutic professionalised residential care options**<br><br>**Improve the quality of residential care through staff training and support in implementing trauma-informed care, as well as delivery of trauma-specific interventions**<br><br>**Review policies for responding to challenging behaviour in residential care. Particularly consider the use of trauma-informed restorative approaches**<br><br>**Future research considerations include:**<br>• **Examination of police contact with residential care units to identify any opportunities for improved practice**<br>• **Evaluation of residential care models and practices to identify best practice** |
| **Leaving care and post-care services** | **The age of leaving care could be reviewed with a view to improving the flexibility required to cater to the diverse developmental needs of care leavers**<br><br>**Improvement in leaving care planning and access to post-care accommodation, particularly for care leavers who have a high risk of poor outcomes**<br><br>**Develop a strategy to identify care leavers at a high risk of poor outcomes in order to guide service delivery**<br><br>**Investigating opportunities to deliver trauma-informed continuing care models from the same agency, rather than a separate service**<br><br>**Develop better strategies to support care leavers who return to family post-care** |

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| **Youth Justice** | **Provide training and support to deliver trauma-informed services across the youth justice sector, particularly where such information may not be generally available (e.g. Police and Court services)**<br><br>**Embed screening/assessment of trauma into practice**<br><br>**Improve advocacy for youth within the criminal justice system, particularly:**<br>• **During police interviewing**<br>• **Supportive adult present with young people at court**<br><br>**Legislate for diversion options which are accessible and appropriate for the out-of-home care group**<br><br>**Provide targeted community-based services for the out-of-home care group**<br><br>**Improve the delivery of trauma-specific interventions within custodial youth justice settings**<br><br>**Examine opportunities to deliver evidence-supported family-based interventions in youth justice services**<br><br>**Future research considerations include investigation of the relative efficacy of current youth justice models with young people who are involved or not involved with child protection/out-of-home care services** |
| **Education** | **Provide training and support to deliver trauma-informed services across the education sector**<br><br>**Enhance early intervention with conduct difficulties and learning problems within the education system**<br><br>**Review the implementation Out-of-Home Care Education Commitment**<br><br>**Expand alternative, trauma-informed education options**<br><br>**Provide supported education and training options which include emotional and interpersonal skill-building** |
| **Mental Health** | **Continue to support the implementation of trauma-informed approach to mental health service provision**<br><br>**Improve access to mental health services, including:**<br>• **Services for young people with emerging or lower risk mental health symptoms (e.g. depression, anxiety, low-level self-harm)**<br>• **Access to long-term non-crisis interventions**<br>• **Services for young people in non-metropolitan locations**<br>• **Funding to access specialist trauma-specific services** |

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| | **Expand the available supported accommodation options for care leavers with behavioural and mental health difficulties**<br><br>**Future research considerations include examining the barriers for access to or provision of mental health services for young people in and leaving out-of-home care** |
| **Youth Drug and Alcohol Services** | **Youth drug and alcohol services could routinely adopt a trauma-informed approach to service delivery and investigate options to integrate treatment of substance abuse disorders and complex trauma**<br><br>**Expand the availability of youth alcohol and other drug withdrawal services**<br><br>**Strengthen trauma-informed alcohol and drug interventions within Youth Justice custodial settings**<br><br>**Future research considerations include strengthening the evidence base of effective treatment models for youth with co-occurring trauma history and drug and alcohol problems** |