

**Senate Standing Committee on Community Affairs**  
**INQUIRY INTO OUT OF HOME CARE**

Questions taken on notice

Public Hearing, 16 February 2015, Perth

Ms Judith Wilkinson, State Director, Key Assets WA and Chair, Children's and Youth and  
Families Agency Association

***Question: 1***

***Hansard page reference: 21***

***Hansard extract:***

**Senator REYNOLDS:** It is not unique to this circumstance, but I guess that was the paradigm shift I was referring to. Yes, you can listen to the voice of the child. But it is not just the voice of the child, but the interests of the individual child and how to work together to meet them. I would be interested, even on notice, to hear your thoughts on—as Ms Murray said—some practical, implementable solutions, which are not just nice-sounding words on a piece of paper, that can address some of these barriers. I would be happy for you to take this on notice. If, after this, you have some practical suggestions, that would be very good. Thank you.

***Answer:***

The challenges presented when multiple agencies become involved in addressing the circumstances of a child arise in all areas of practice. If I may, I will address them specifically in the context of identifying the best interests of the child, which of course is a primary focus of all child protection work. Approaches which are found to help to reduce interagency barriers in that context are likely to be capable of being applied in other areas of practice

There is clearly no easy answer to what constitutes the best interests of a child or of children, either in the case of an individual or of a population. Politicians, professionals, family, and the child themselves will dispute what constitutes the best interest of the child.

The complexities are immense. The perception of child protection is often ill informed. This is inevitable when child protection is a complex issue and even professionals do not agree. There is a pervasive perception that there is a 'risk' and a 'no risk' course of action; leave the child at home = risk, remove them = no risk. The current Royal Commission into institutional child sexual abuse tells us that is tragically not always the case. Though hopefully much has changed, nonetheless abuse at the hands of foster carers and residential carers, intentional or unintentional, remains a concern. Further, even when the care received is good, the lack of carers and the lack of resources mean children often experience multipole placements, repeating again and again the trauma of separation and loss of security.

More subtle and pervasive than overt abuse is the harm inflicted by removal of a child from their family. Research and lived experience confirms the damage to children's sense of self, identity and belonging that occurs when children are removed from their families to live with strangers. When children are placed in a culturally foreign environment, the risk to their sense of identity is escalated. This is the experience of many Aboriginal children in care.

If it is accepted that we cannot eradicate risk and uncertainty in child protection and children in care, the way forward is to accept this and to work together to implement what can reduce the risk and uncertainty.

The way forward lies in **evidence based practice** - what do we know works?

Dramatic improvements to children-in-care services over previous decades have come through the growing knowledge of the impact of trauma and disrupted attachment of the development, including neurological development, of children. This knowledge has led to the development of evidence based approaches in providing a therapeutic response to the needs of children in care – such frameworks as Sanctuary in residential care or Key Assets own Team Parenting in foster care.

This knowledge is crucial in planning and providing effective responses to children and young people who have suffered trauma. This must be the basis of assessment of children's needs, of where their best interests lie. This shared understanding can form the basis of joint working in understanding and responding to the best interests of the child. Thus everyone involved in planning and decision making care must have a sound understanding of the impact of trauma on children. Training in this area is readily available.

This means

- mandatory learning in impact of trauma for foster carers and for residential care workers
- mandatory learning in impact of trauma for social workers and psychologists – it cannot be assumed that because people have the professional qualification that they will have the essential knowledge of trauma and attachment.
- interagency learning in impact of trauma between those government and non-government organisations that impact on children's lives. Teachers especially need this learning – and in my experience, they are very keen to expand their knowledge as it assists them in the classroom and education planning not only with children in care but for other challenging children in the class (Ref *Calmer Classrooms: A guide to working with traumatised children* Office of the Child Safety Commissioner Victoria)

There is a great deal of research into children in care which can inform evidence based solutions and responses. Much of this is not accessed by professionals and managers due to lack of time and pressure of day to day work. The Committee may be interested to know of the Rees Centre for Research in Fostering. The Centre is based at the Department for Education at the University of Oxford. I should declare a connection; the Centre is funded by the Core Assets Group of which Key Assets is part. The Centre engages foster carers and care leavers in their research and as well as research projects, they publish international literature reviews on key areas of foster care and children in care. These are published in hard copy and also freely available on the Rees Centre website. The literature reviews summarise international findings and conclude with guidelines for practice. They are published in recognition that most practitioners and managers would not otherwise have the time or the means to access this learning. <http://reescentre.education.ox.ac.uk/>

### **The Voice of the Child**

Hearing the voice of the child is a central component of working together to meet their best interests. There is no one tool or process that achieves this. First there must be the recognition of the child as 'a person and not an object of concern', who is a key source of information about themselves and their situation. Then there must be processes and practices developed in government and non-government agencies that pays more than lip service to hearing the voice of the child.

- ensuring (not assuming) that those who are working with children have the skills in listening and communicating with them. These skills can be defined and taught.

- readily available independent advocacy for children in care
  - age appropriate information on making complaints and making views known in formats that are accessible to the child to young person
  - Key Assets holds children and young people's forums where children and young people gather to share experience and to give their advice to the agency on what works, what doesn't and how we can improve
  - Use of web based programs such as Viewpoint to allow children to participate in formal Care Planning.
  - Creativity in gathering children's views through for example, drawings and stories.
  - Communication is often through non-verbal means. Collation of observation and reporting a child's progress in placement can be a good way of 'hearing' what the child is saying. (in its submission to The Senate Sub Committee, Key Assets described the Key Development Assets, a web based reporting tool that the carers uses to track a child's progress sin placement)
  - Hearing from care leavers to educate professionals about how best to listen to and communicate with children in care. The CREATE organisation is a valuable resource in this respect.
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