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As an Applied Psychologist currently working as both a Private Practitioner & Education Consultant to a Specialist Foster Care Agency I appreciate the opportunity to contribute to the Queensland Child Protection Commission of Inquiry.

Focus of submission: A call for: 1. greater emphasis to be placed on the Educational & Developmental Needs of Children placed in Out of Home Care and 2. specialists in the field of Educational & Developmental Psychology to be recruited to inform, implement and monitor research informed best practice interventions that promote the learning and development of children in out of home care.

Background
While we must heed the point that Hare and Bullock (2006) share that just because a child is in out of home care does not mean that we require a uniform response in terms of meeting their learning and developmental needs. To the contrary we require an individualised response as each young person is unique. However, we cannot ignore a continuing flow of evidence that points to the fact that children in out of home care in Queensland are failing to achieve minimum academic targets compared to same age peers The Working Group on Education for Children and Young People in Out-of-home Care (2010) listed the following areas of specific disadvantage:

- School instability
- Social & emotional difficulties
- Attendance issues (including higher rates of suspensions and exclusions) lowering opportunities for educational participation
- Poorer academic outcomes and lower aspirations
- Enrolled in grades below chronological age
- Complex developmental and learning needs
- Low enrolment in further education due to financial barriers

All of these educational factors place the young person in care at risk of unemployment, ongoing

mental health difficulties, homelessness and involvement with the criminal justice system.

As a Practitioner with experience in the field of Applied Psychology that spans 28 years across three continents, fulfilling roles as: care professional, class teacher, senior special education teacher, academic, court report writer/ expert witness, and educational & developmental psychologist, I consider that I offer a unique perspective that unites care, educational, legal and mental health contexts.

When I moved to Queensland it was challenging to find that there was no identified role for me in the state system within any department. Despite the fact that international research has identified the unique role that Educational & Developmental Psychologists can make at both a consultation and direct delivery level having 'particular expertise in conducting assessments and providing advice, and should be involved where appropriate in the monitoring process' The Scottish Government, 2009.

The work of Educational Psychologists (EPs) is perceived positively by all members of care teams and has been shown to reduce absconding behaviours as well as truancy and placement breakdown (Osborne et al., 2009).

A report by the Division of Educational and Child Psychology (2006) demonstrated how EPs have specialist skills for working with children:
'. . . they are aware of factors which enhance confidence, emotional wellbeing and allow children to flourish. They have knowledge of how children learn and why they sometimes fail, managing behaviour and knowledge of childhood difficulties . . . they have a contribution to make to understanding the dilemmas of looked after/adopted children such as the feelings of rejection and alienation can have on their functioning and sense of belonging . . .can thereby influence the practice of significant people in the lives of looked after children in the provision of appropriate and effective support. (p 9)'

What does my Applied (Educational & Developmental) Psychology Practice look like?

- Systemic Support
  - Schools – school development planning to promote trauma sensitive, nurturing environments that benefit the whole school community including on going professional development to regional as well as school-based staff, and parent workshops; relational pedagogy workshops; trauma focused school based group interventions; trauma informed individual therapy; staff support for vicarious trauma; assessments to inform Education Support Plans, recommended interventions and evaluation.
  - Foster care agencies – staff development regarding roles and responsibilities in relation to Education Support Plans; demystifying educational acronyms; supporting complex case management; promoting Education at foster care support groups; attachment focused therapeutic interventions that supports the carer-child relationship; Workshops introducing educational technology that supports the sensory, social, emotional, behavioural and learning needs of children in out of home care.
- Family support
  - Psycho-education for both foster carers and birth parents
  - Attachment focused intervention
- Individuals
  - assessments, interventions and/ or mentoring requested by doctors, teachers, carers, case workers and Independent Children's Lawyers. All interactions are simultaneously focused on promoting the social and emotional competence of the young people referred on and relieving their psychological suffering.
- Supervision
  - teachers, youth workers, provisional psychologists, practising psychologists seeking specialist endorsement.

Introduction
I have been fortunate to have had the opportunity to contribute to other submissions to this child protection inquiry but consider that there are still urgent issues in relation to the promoting the best educational and developmental opportunities for Queensland's most vulnerable citizens that needs to be shared.

Since opening my Private Practice in Brisbane in 2004, I have provided support for more than 100 children and young people involved with the Child Protection system across the South-East of Queensland and during interstate transitions. The issues I intend to focus on in this submission pertain to my reflections on case work that I consider to be illustrations of high risk contexts that require specialist support and advice in order to promote the learning and development of children and young people with trauma histories.

The high risk contexts I will discuss briefly in terms of their impact on learning & development include:

Early Years Educational Provision – in terms of the need for mandatory training on the impact of trauma on child development, and attachment focused intervention.
Transition to a new care setting – the benefits of placing priority on maintaining the educational setting and supporting the new foster care relationship in the school setting.
Transition to a new School Phase – how consultation with birth parents can be empowering when reunification is being supported.
Adolescence – protecting young people who self place with their birth family.
Interstate transitions – how interstate education support can mediate the vacuum created by massive delays in transfer of case management between states.
Transition from Care – why support needs to continue until 25 years of age if young people are realistically going to engage in higher education and training.
Developmental Disability support in schools – why there needs to be access to senior mental health practitioners in all schools.
Transition to Kinship Care/ Adoption – why the same level of support is required when children are placed with family members or are offered permanency of care via adoption.
Survivors of Sexual Abuse – why schools need access to specialist support and adequate resourcing and the court system needs to provide adequate grants for comprehensive assessment and reporting of developmental and learning impacts of abuse.
Training of Education, Social Care & Psychology Professionals – why professionals entering the fields of education, social care and psychology require explicit training in best practice responses to the developmental and learning needs of children who have experienced trauma, abuse and neglect.

The above issues discussed in this submission are not an exhaustive list but are representative of some of the complex case work that has revealed both inadequacies and strengths in the child protection system. The case work illustrations aim to illustrate that professional leadership is required that empowers all stakeholders and promotes shared understanding, open communication between agencies and joined up working between professionals.

Early Years Educational Provision – in terms of the need for mandatory training on the impact of trauma on child development, and attachment focused intervention for early years practitioners.

Child A was referred to me by his care team at 5 years of age. I was informed that he had been 'expelled from daycare'. On visiting the setting it became evident that none of the staff had received training on the impact of trauma, abuse and neglect on development and learning. Additionally, other than the Centre Manager, none of the staff felt able to respond to the needs of children who have experienced social, emotional, behavioural or learning difficulties even though research tells us that at least a quarter of children will have some special educational need that needs addressing and that a similar number of children are likely to witness some form of domestic violence. Additonally the

care team were under the misguided impression that keeping him back from starting school, although he was of school age, was the best course of action.
Intervention: staff development; advocated multi-professional assessments at foster home and day care to inform a comprehensive educational & developmental advice; prompt negotiation with regional principal education officer regarding a suitable educational setting; referral to a speech and language therapist; facilitated coordinated transition planning between day care, home and school.
Outcome: full time school placement with specialist provision for chidlren with speech and language impairment & ongoing assessment and monitoring.

Transition to a new care setting – the benefits of placing priority on maintaining the educational setting and supporting the new foster care relationship in the school setting.

Child B – the foster-carer was physically too unwell to sustain placement. A new carer was identified. School referred to me when they learned that Child B was going to leave the school to attend another school 20 km away as it was more convenient for the foster carer. The current school had achieved considerable success with Child B and had wrapped a number of supportive interventions around her needs. Negotiated a stakeholder meeting to include the new carer. Provided assistance in applying for transport funds with the full support of the stakeholder group on the basis of maintaining a secure base for Child B.
Outcome: Child B continues to make progress across all developmental domains at original school – new carer and Child B participate in weekly attachment focused therapeutic intervention to strengthen their relationship.

Transition to a new School Phase – how consultation with birth parents can be empowering when reunification is being supported.

Child C is transitioning to high school in a year. The Child Safety Officer contacts me regarding suitable high schools. During interviews with birth mother her school preferences are expressed based on her faith. Schools that meet her criteria are selected and in negotiation with carer a school is selected. Stakeholder meeting called at school. An enrolment request is presented to the school who have never had a child placed in out of home care before. Information is shared during a stakeholder meeting at the selected school.
Outcome: A rationale is created that supports transition to selected school; birth mother and foster carer actively and jointly engage in the process. Child C is accepted. Staff development delivered prior to transition. Comprehensive pastoral plan drawn up based on assessments. Ongoing monitoring of well-being.

Adolescence – protecting young people who self place with their birth family.

Young Person D – referred by G.P. for mentoring support and psycho education for birth family. G.P. did not indicate protection orders still current. Comprehensive educational and developmental assessment over time. Liaison with school, Child Safety Officer and G.P. in addition to regular home visits and individual sessions at community locations. Management of litigation between birth parents and Child Safety Department.
Outcome: Young Person D still engaging regularly even when absconding from birth family. Child Safety Officer in favour of interventions but did not inform that orders had changed to supervision until 3 months had passed. Transition from Care Planning no longer relevant. Current capacity assessment has not invited my opinion. Introduced Young Person D to young people who have completed Year 12 and are enrolled in further education. Facilitating regular meetings to maintain high aspirations for future and to support resume writing and part time job applications. Access to yoga and massage to support trauma therapy is sponsored by community members following advocacy.

Interstate transitions – how interstate education support can mediate the vacuum created by massive

delays in transfer of case management between states.

Child E – referred by case manager to support educational needs during foster carers relocation inter state. Comprehensive educational and developmental assessment and report preparation based on information provided by extensive group of stakeholders. Informed that due to Child Safety protocol no liaison can occur between Child Safety Officers across state boundaries. Contact Regional Education Office in new state and organise a stakeholder meeting at foster carer's chosen school. Report shared at the meeting and a support plan facilitated.
Outcome: Regional Senior Education Officers in new state facilitated applications to fund a support plan in school. Training offered to school and support sought for Foster Carer via community agencies.
Outcome: 18 months later the case still had not transferred to a new Child Safety Officer.

Transition from Care – why support needs to continue until 25 years of age if young people are realistically going to engage in higher education and training.

Young Person F was referred by Case Worker as she was having difficulty engaging him in transition from care discussions and future planning. A comprehensive assessment revealed that although his abilities to think and reason were in the above average range he had a significant speech and language impairment. Young Person F had spent his high school attached to a special education unit under the assumption that he was intellectually impaired. Further enquiries with the Young Person F revealed that he had been assessed by a Speech and Language Therapist at the age of 7 and he identified the location of the clinic. The report had been shared with school and the Child Safety Department but had been lost when he transitioned to a new school.
Outcome: Negotiated a new Speech and Language Assessment and sessions to create a 'language passport' for Young Person F that he could use to support independent living arrangements in the community. Additionally an iPad was purchased from transition from care funding and communication aids uploaded to support independence. While Young Person F was keen at transition to enrol in a further education course and was intellectually capable of participation in further study, supporting payment for this and independent living is too challenging on a disability pension.

Developmental Disability support in schools – why there needs to be access to senior mental health practitioners in all schools.

Young Person G has received diagnoses of post traumatic stress disorder (PTSD), generalised anxiety disorder and reactive attachment disorder. Referral was made by the school principal. While the school has a Guidance Officer, consistent with the majority of schools in Queensland, few of these positions are filled by registered psychologists. Around 10% of children with a trauma history develop full blown PTSD and need specialised intervention. Many are referred to specialised services outside of school but sadly few provide in school intervention modelling. School require practical trauma focused advice and sharing of successful strategies that promote emotional regulation, anxiety reduction and social skill development and can easily be incorporated into the daily school schedule. A dedicated advisory visiting teacher for children in out of home care who is a trained mental health professional would be ideal for this position.
Outcome: planned twice weekly, trauma focussed, school based intervention on hold until current clinic based weekly intervention ceases. Young Person G is suspended repeatedly as school are unable to cope with his frequent mood swings, inability to let go of a disagreement with others and his belief system that views himself as a victim of others wrongdoings in spite of evidence to the contrary.

Transition to Kinship Care/ Adoption – why the same level of support is required when children are placed with family members or are offered permanency of care via adoption.

Young Person H was referred to me by her Independent Children's Lawyer. She had a significant,

trauma history. Some members of the family wanted to formally adopt her while others were in favour of a kinship care arrangement. She was struggling at school and frequently suspended. Comprehensive assessment revealed that she had a specific learning difficulty and adjustments to tasks, teaching pedagogy and assessment tasks were required. School were extremely cooperative but they did not have a mental health professional on site. The kinship carer benefited greatly from the support of the care agency. Had she opted to adopt Young Person H she would have lost this crucial support.

Outcome: a rationale supported a comprehensive mental health plan for young Person H and her carer. This could not be adequately funded by either school or Child Safety once Medicare funds had been exhausted. Facilitated mediation between fractured family members, resolution that main carer continues to be supported as a kinship carer with access to a case worker. Access to flexible learning arrangements is being sought.

Survivors of Sexual Abuse – why schools need access to specialist support and adequate resourcing and the court system needs to provide adequate grants for comprehensive assessment and reporting of developmental and learning impacts of abuse.

Child I was referred by her Independent Children's Lawyer. After many requests for information and a focused question to guide the line of inquiry and assist the courts most effectively. I was informed that the court wished to know if the child was still suffering from the abuse (perpetrator had been imprisoned) and what future impacts would the abuse have on her learning and development.
I was to be required to prepare a report on my findings and appear in court to support the written evidence. I was also informed that a grant had been sought up to the sum of $300 for the written work and $30 for court appearance. I am intrigued to know what type of report I could produce at that price. Given the complexity of proceedings and the family history that led up to the abuse and the circumstances following the abuse I estimated at least a week of evidence gathering from family, case workers, school and, of course, time with Child I.
Outcome: I decided to complete the work in the best interests of the child as I was fearful of a report being prepared consisting of clinical opinion alone with minimal collation of evidence. I am aware that in other states the court respects the Australian Psychological Society recommended fees which were at the time approximately $180 per hour, currently $220 per hour. It is disappointing that the legal system in Queensland relies on good will for such crucial matters.

Training of Education & Psychology Professionals – why professionals entering the fields of education and psychology require explicit training in best practice responses to the developmental and learning needs of children who have experienced trauma, abuse and neglect and have access to new research, policy and practice developments throughout their career.

I have seized the opportunity to provide guest lectures to preservice teachers and Honours year psychology students. It is evident that their often training lacks sufficient explicit guidance in best practice responses to children who often demonstrate pain based behaviour in the classroom. The relational approaches required by children who have experienced trauma, abuse and neglect benefit all children and the staff themselves, promoting everyone's personal, social, emotional and behavioural development and learning. Collaboration between university course coordinators and senior practitioners in the field of child protection is both an essential and effective form of social investment. It is far easier to share this with professionals in training where they exist in large groups in one setting than attempting to catch up with their lack of training once dispersed into various roles and locations.

Another crucial area of training for all professionals is in cultural competence. Too often I have observed mismanagement of cases due to misunderstandings and lack of culturally appropriate methods of communication. This is not always deliberate. Unfortunately some of us are unaware of how biased our cultural perspectives are. Cultural competence is often misplaced as 'awareness-

raising'; few professionals appreciate that it takes long term investment in a blend of skill development, multi-layered knowledge and values acquisition (Ranzijn st. al., 2009).

Summary & Recommendations

I have found that the data collection in relation to the educational and developmental outcomes of children in out of home care is still scant, quality varies, much information is missing or not shared between agencies or within agencies.

All of the cases I have been involved in require an enormous investment of time to obtain permissions to commence work, negotiate information collection to inform the work and then provide feedback to often large groups of stakeholders. Education information is often missing from care system databases particularly around attendance where there is negotiated attendance in place for the young person particularly when attending more than one setting, such as an alternative education program or a traineeship. Similarly, many schools did not have current information about care arrangements and in many cases the young person did not have a key worker allocated to them.

I am in agreement with other submissions in that when it comes to education the principles are the same as those for care arrangements:

- Child focused – individualised educational plans are best guided by the young person's interests and based on a balance between their strengths and needs that are identified collaboratively through joined up working and sharing understandings.
- Providing educational support at multi-systemic levels allowing the whole education experience for the child to transform in order to respond best to his/her needs.
- Our educational practice must be based on evidence and all interventions need to be evaluated thoroughly to demonstrate effectiveness in supporting the child.
- Building the capacity of carers (through professional training) and biological family members (via community support) to support the education of children when they enter the system and when they return to their biological family at reunification or at transition from care as many opt to do or are forced to do. Few children in Queensland society are forced to leave home at 18 years of age. Most young people who enter further education are supported by their families until they graduate or complete post graduate studies. Why do we expect our most vulnerable young people to cope with the demands of living independently while engaged in a program of study when we do not expect it of our own children?
- Work to remove the social conditions, predominantly poverty, that lead to children's entry in to the system in the first place by following the wisdom and leadership of people like Geoffrey Canada (Tough, 2008) who revolutionised educational opportunities for young, black Americans in the Harlem district of New York by engaging the whole community in the education of each child.
- Culturally competent educational responses to Aboriginal and Torres Strait Islander children and young people's developmental and learning needs including the training, mentoring and recruitment of Indigenous teachers.

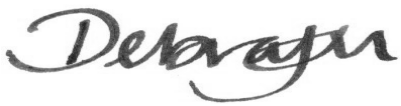
Conclusion

Children and young people in out of home care require comprehensive, individualised support for their personal, social, emotional, behavioural and learning needs that arise from their trauma background and serve as barriers to their education. It is the responsibility of the state acting as the corporate parent of a child in out of home care to ensure that these needs are identified swiftly and intervention is delivered early and within a sustainable, respectful, culturally appropriate framework of support. The *Education Matters* report produced by the Working Group on Education of Children and Young People in Out of Home Care (2010) calls for the need for agencies and professionals, including those in private practice, to work together for the benefit of our most vulnerable members of society. Failure to do so can result in poorer outcomes not only for the children in out of home care but for society as a whole when they transition from care ill-prepared for the demands and expectations of our society.

For the collaboration required for corporate parenting to be effective in relation to education there needs to be good communication between agencies and professionals, particularly between schools and care teams. Good communication requires a shared understanding of roles and responsibilities. This can only occur within the context of rolling programs of appropriate training and professional development. This needs to be driven by the facilitative leadership of senior managers whose experience has crossed the care, education and mental health boundaries. Applied Educational & Developmental Psychologists are particularly suited to this role due to their unique training in two professions that support the child. As the French poet Valery (1871-1945) wrote: 'the purpose of psychology is to give us a completely different idea of the things we know best'. Some of the difficulties faced by carers and teachers supporting children's development and learning is obvious others are complex and multi-layered. What is important is our training in developing individualised plans that build on strengths of the carer, teacher and child and adjust the environment that suits the child at a particular point in their development using evidence based approaches. Applied psychologists add a unique perspective to support the challenges faced by carers, teachers and the children themselves as they traverse through challenging periods of emotional development, via structured, developmentally appropriate questioning and the use of research based interventions and tools.

I trust that this submission assists the inquiry in considering the educational and developmental needs of children placed in out of home care. I end my contribution with the voice of a child in care:
"We need extra support and help if we're struggling. Using activities that a person likes is the best way to educate them. I like drama and you could do all sorts of things connected to drama, like connecting to English. People find school really boring but people learn more when they are having fun… Talk to people, get to know what they're like. Get to know their strengths. You'll need to concentrate on their weaknesses, but don't push their weaknesses too much. School teachers could learn a lot from us kids, like we can learn a lot from them. If we work together, I believe we can both come to a conclusion."

Yours Sincerely,



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