20.8.2012

To Whom It May Concern:

RE: Submission of Inquiry Act 1950

I am writing as a member of the community to highlight changes that I have seen in child protection since some of the recommendations from the Forde Inquiry were followed up and implemented. I would also like to highlight the difficulties of this population and how to determine 'efficiently working' in this area.

1. One recommendation from the Forde Enquiry was for specialist mental health support for children in care. A programme born from this recommendation was Evolve Interagency Service. I speak related to experience with that service and generally also.

2. The Evolve Interagency Service programme is the only evidence based programme provided to children in care
    a. This resulted from the Forde Inquiry
    b. It is based on up to date world leading research
    c. It provides an annual report and outcomes on each child seen
    d. Evolve sees the top 17% of children in state care with mental health difficulties, placement breakdowns, A&TI origins, high risk and deviant behaviours, support to Child Safety.
    e. Evolve provides group work to a number of carers per year, educational facilities, Child Safety, trainings to other professionals – working at individual and family levels as well as at the 'macro-level' (community).
    f. Intervening at one point in a family of children in care can stop the generational patterns of families having children in care. Families often have long patterns of children in state care.

3. Children in care <u>cannot</u> be adequately supported by general specialist mental health services.
    a. The support they require is too great for one appointment a week (what is typically offered in community mental health)
    b. They require multiple interventions
    c. Intervention often cannot happen as a stable placement is required to have 'therapy' or family therapy and these kids do not have this stability. Therefore the most at risk (children in state care) easily end up with *no* intervention.
    d. Time and time again, the children in the most need are not seen by the specialist mental health service because their problems are beyond the service provisions.
    e. Therapeutic approaches that work on the general population do not work on children in care therefore they (or carers) go through many interventions (not specialised to children in care) with little progress

4. There are many difficulties with outcome measurement in this population. It is hard to research outcomes in this area, as children might still have some dysfunction as compared to the typical population but have still made great improvements.

For example:
a. How do you measure that someone did not end in prison?
b. Multi-generational changes – they're highly cost effective. However, all that is seen is cost to treat one child at a point in time – not preventing their children ending up in care and also doing work with their siblings/family.
c. How do you measure that because of intervention someone is more likely in the future to seek help preventatively in the future?
d. Longitudinal research is costly and follow up is difficult in public health.

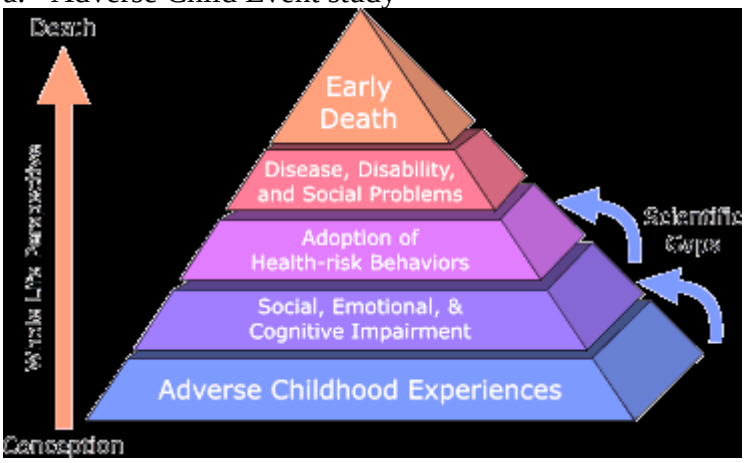
5. Multiple interventions are required for children in care.
    a. Specialist services need to know the latest research in the area.
    b. With a child in care there are up to 10 interventions needed: related to disability, family therapy, school support, relationship sessions, etc. etc. Again – the treatment approach is very different from a typical child from a nuclear family. However, this approach is preventative.
    c. A specialist service is required to see how to efficiently provide interventions. Non specialists are more likely to throw children and families into any going intervention – without knowing *what will work when and why.*

6. Research into this area is new and there are *profound differences* in the brains of children in care
    a. This research is very new, only in the last ten years being published and supports that children in care need a different mental health treatment approach.
    b. There are multiple researchers on this field. Look at Dr Bruce Perry and the Child Trauma Institute if you want to get started.

7. More intensive programmes like Evolve also work to rehabilitate parents, who have been children in care themselves with far reaching benefits for them: seeking employment, rearing their own children, reflecting on their pasts, cessation of drug and alcohol use
    a. Working intensively with children in care (in ways that typical services can't) also has positive mental health benefits for parents and other family members
    b. Specialist services for children in care, understand the basic relationship deficits children and adults have. These people are traumatised and have been taken away from their family. They question their survival, surroundings, the world and have no security everyone else takes for granted. Specialist services know how to build trust and relationships. Without doing this – many other interventions do not penetrate and are therefore not efficient.

8. The ACE study highlights the health impact of adverse childhood events on people

a. Adverse Child Event study



b. This highlights the added health costs for children that have adverse childhood experiences.
c. Services like Evolve therefore may have a positive impact on health costs for the future

9. Programmes working with Children in Care will impact positively on prison numbers. A disproportionate number of children in care fill prisons.
    a. Programmes to help children in care is great preventative work for prison numbers.
    b. As in my point 1. a, these children can *easily* end up with NO intervention, which makes them highly vulnerable to entering a maladaptive developmental trajectory and prison/drug & alcohol use/unemployment

10. Every Child Safety Officer I have met works well beyond their paid hours or call of duty.
    a. Unfortunately for our current society, Child Protection is expensive.
    b. Costly programmes are required, but the benefits are further reaching than can be measured.
    c. Child Safety is a service that is not seen or known to the majority of the population. I have seen the hard, tireless, emotionally stressful work of Child Safety and I am so impressed with their efforts and interventions.

11. Mental health support that can be provided to children in care now will prevent their children coming into state care.
    a. This is therefore a huge *investment.*
    b. An accountant would look at the figures for specialist services for children in care (including mental health services) and see a large cost. These costs cannot be compared to the needs of the general population. These are the costs of the tragedy of humans that have had their basic needs often not met and investing in their rehabilitation after complex stress and trauma.

12. The far reaching affects of the multi generational trauma of the stolen generation are still live and impacting on families involved with state care

a. Trauma of loss of family and financial/vocational/family impact of the stolen generation impact on the families and youth of today
b. Children and families in state care of Aboriginal background need support in managing the ongoing effects of this
c. This is very recent in history – and was of a huge cultural impact
d. ‘Ghosts of the past’ are still present and impacting on individuals today
e. Specialist services are required to help manage this, and intervention here is often required as well as other interventions.
f. Money invested in Child Safety – is invested into empowering/supporting and changing the trajectory for many of these indigenous families. E.g. Specialist services like Evolve can provide training, cultural mapping, finding lost family.