Submission to Victorian Royal Commission on Mental Health

*I just want some happiness in my life…I just feel so damaged by all that's happened to me and… I just hope my life can improve. I don't wa**nt to be miserable all my life… to find some peace and get some help**.*

> Statement from a Forgotten Australian to Royal Commission into Institutional Responses to Child Sexual Abuse, **Historic Abuse**: **Final Report**, Volume 11, 2017 p. 161

The outcomes for those who have left care have, in the main, often been significantly negative and destructive…It is imperative to recognise and acknowledge the magnitude of contemporary social problems which are the long term effects stemming from the past experiences of fear, intimidation, humiliation and abuse endured by the care leaver as a child.

> Statement from Forgotten Australian quoted in **Senate Report**, 2004 p.145.

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About the Alliance for Forgotten Australians

The Alliance for Forgotten Australians (AFA) is the national peak body which promotes the interests of the estimated 500,000 people who experienced institutional or other out-of-home care as children and young people last century. We have a membership from across Australia, a majority being Forgotten Australians, and operate as an incorporated body.

The Alliance for Forgotten Australian's objectives are to see a national redress scheme implemented across Australia, open to *all* who experienced institutional 'care', the creation of an accessible and freely available heath and aged care system and the continued operation of the current state- and territory- based support services.

About Forgotten Australians

Forgotten Australians are the survivors of institutional **'care'** which was the standard form of out of home 'care' in Australia for much of the twentieth century. The 2004 Inquiry of the Senate Community Affairs Reference Committee*,* ***Forgotten Australians***, estimated that more than 500,000 children have experienced life in an orphanage, Home or other forms of out of home care in the last century in Australia.

The Senate Committee reported that they had:

....received hundreds of graphic and disturbing accounts about the treatment and care experienced by children in out of home care....their stories outlined a litany of emotional, physical and sexual abuse, and often criminal physical and sexual assault...neglect, humiliation and deprivation of food, education and healthcare…

Numerous inquiries and reviews have been held into the impacts of historic institutional abuse (Swain 2014). Very few of the recommendations from these inquiries and reviews have been implemented.

Joining the dots: past, present and future

This submission discusses the mental health (and other) needs of Forgotten Australians and children in care today.

William Faulkner reminds us: **The past is not dead; it is not even past.**

The past is not dead to Forgotten Australians; it is not even past, their scars still remain**.** And often it is only the present, without a past or a future that exists for children in out of home care today. Our child welfare system no longer incarcerates the children of the poor in large congregate care institutions. But it still operates as a child rescue service and still vacuums up the children of the poor. It remains a system where the past connections and identity of a child is easily overlooked and little thought is given to constructing a future containing possibilities of joy and optimism. The parallels with the "care" experience of Forgotten

Australians needs to be a constant reminder that we have to do better for our most disadvantaged children.

This Royal Commission is an opportunity to attend to past and current wrongs.

About this submission

This submission will direct its attention to Terms of Reference Item 4. This reads:

> *How to improve mental health outcomes, taking into account best practice and person centred treatment and care models, for those in the Victorian community, especially those at greater risk of experiencing poor mental health.*

The terms of reference lists a number of groups that this may include: those from Aboriginal or Torres Strait Islander background, those living with recurring mental illness and other co-morbidities, those from regional and rural communities and those in contact with the justice system.

The terms of reference do not limit attention to other cohorts of need.

Therefore this submission will highlight the cohort of those who have experienced the child welfare system and its out of home care arrangements. The submission will note that this cohort has been the attention of many reviews and inquiries over many years; little has changed.

This submission will argue that the current mental health system in Victoria is not equipped to effectively treat and support survivors of institutional care. The submission will also note that current day "care leavers" are also poorly serviced by the existing mental health system.

The submission will make recommendations for a holistic approach to better support Forgotten Australians and current day care leavers. A holistic approach includes an improved mental health approach that is better integrated with other support services, including, health, therapeutic and support, housing and leaving care/aged care options.

Overview

The mental health system in Victoria is chronically underfunded (see VCOSS: **Submission to Productivity Commission,** 2019). However providing additional resources into the clinical mental health system is only part of the solution. AFA urges the Commission to examine the reasons why people become unwell and why we are not able to intervene when they are at risk. People experiencing disadvantage are more likely to have poor mental health (see Vinson: **Dropping off the edge**, 2015). Poverty, homelessness and abuse and trauma all contribute to a person's mental health status. Rates and the burden of mental illness will not be reduced without considering policy responses that address these issues.

The submission will now direct its attention to the policy responses that are needed to ensure better mental health outcomes for Forgotten Australians and current day children in care and care leavers.

Part 1: Forgotten Australians

Context of institutional "care" abuse

Forgotten Australians grew up in government provided, funded, regulated or licensed children's homes. Very often these children were under the care of the State on guardianship orders. The State was effectively acting as "loco in parentis".

Growing up and/or spending considerable time in this care situation is a form of institutional abuse. A childhood spent in institutional care is so contrary to the needs and rights of children. The environment of the institution was often profoundly deficient, severely impairing children's development and attachment abilities with lifelong consequences.

All forms of abuse in an institutional care setting are connected. The ability to differentiate one type of abuse from another is affected by many interconnected factors. Some of these are attachment disruption, developmental disruption, lack of safety, grief and disconnection from family and lack of love and nurturing, all often combined with horrific abuse and neglect. Into adulthood other factors will include leaving home without resources, education, social skills and family support. The survival and adaptive skills that may have assisted in getting through adulthood become a significant liability as time passes. The levels of fear and anxiety that were generated as a child are carried as an adult and may persist for a lifetime

The damage to children who experienced institutional care is life long, even without an overlay of physical or sexual abuse. This damage is compounded by separation from family including siblings and lack of educational opportunities. The next section will describe how this treatment has manifested itself in adults (Forgotten Australians) who endured this childhood.

Service need

The needs of Forgotten Australians have been well documented over the last 15 years, beginning with the **Senate Report** (2004) and most recently with **No Child Should grow Up Like This: Identifying Long-term Outcomes of Forgotten Australians, Child Migrants and the Stolen generations** (Fernandez et al, 2016) and the **Royal Commission into Institutional Responses to Child Sexual Abuse** (2017).

The **Senate Report** (2004) heard evidence from over 600 Forgotten Australians, much of which described their mental distress as a result of their childhood treatment.

> *I'm stressed out totally all of the time. I have over anxiety, scared of people; don't trust any people any of the time…I don't fit in anywhere in life* (p.314)
>
> *I am forty four years of age and I pray to God I could just bury my past but no matter how hard I try it just comes back to me and I feel a deep depression and great sadness for my life (p.314)*

The Senate Report summarized the consequences of this childhood treatment as follows:

- Depression
- Anxiety disorders

- PTSD,
- Peer conflicts
- Social isolation,
- Conflicts with authority
- Suicidality and self harm
- Low self-esteem including difficulties with relationships and trust
- Alcohol and substance abuse and gambling problems
- Shame, guilt and self blame

Subsequent Inquiries follow the same and, by now, well beaten path. The Royal Commission has an entire volume (**Vol 3**: **Impacts**) describing the compounding effects on individuals (with ripple effects to their families) of institutional care with an overlay of sexual abuse. The 40 pages that describe this impact mirror the descriptions provided in the Senate Report.

> *My children saw me turn into a screaming, yelling mad woman, consumed with anger, rage, shame, resentment and so much worthlessness. My inner being was cut to the core. My physical, emotional and psychological wellbeing was shattered. (*Royal Commission **Final report, Vol.3: Impact***s** *s*p.92*)*

The **Long-term Outcomes for Forgotten Australians** study attempts to quantify the impact. It notes the difficulty in differentiating one "problem" from another; the trauma experienced in childhood translates in to poorer outcomes across a range of domains, including mental health (p.33). The study suggests, not surprisingly, a high level of psychological problems faced by Forgotten Australians.

70% of respondents in the study reported having a mental illness requiring ongoing treatment at some time. 86% of the group considered their mental illness directly related to their experiences in care (p.186 and following).

> *Trauma suffered by many in this study are outside the realm of childhood experience triggering fear, helplessness and particular ways of coping (p.189).*

65% of respondents reported experiencing suicidal ideations at some point in their lives. 57% of this group reported having attempted suicide. These figures are consistent with other studies of care leavers and those who have suffered sexual abuse as children (p.192)

The **Adverse Childhood Experiences Study** (ACE Reporter, Vol 1, No. 1, 2003) speaks directly to the circumstances faced by many Forgotten Australians. The study identified a number of adverse childhood experiences (including placement away from home) that contribute to increased levels of morbidity and earlier mortality. The study found that the impact of these experiences was cumulative. These experiences in adulthood will often go undetected and unacknowledged because of shame and secrecy. Many Forgotten Australians with these adverse childhood experiences develop adaptive behaviours that may, in the short term, mask the underlying problem but in the longer term often become detrimental and destructive.

How then should the service system approach this large group of adults with these childhood experiences?

Service provision

There are over 100,000 Forgotten Australians in Victoria today. All have their own experience of their childhood. All carry their experiences with them every day**.** It is this fundamental truth that needs to inform services, including mental health services, in their work with Forgotten Australians.

In 2004 the Senate Report noted that there is a serious lack of services available to Forgotten Australians and care leavers (p.304). The situation today is only marginally better.

Many reviews have been held in to historic institutional care abuse (Swain, 2017). Only some of these reviews' recommendations have been implemented; they tend to be those recommendations that cost little money. The most significant recommendations, in terms of responding to physical and mental health and housing needs have not been implemented. For example, there is no special needs category for Forgotten Australians (apart from aged care which does not translate into specialized service provision), no preferential access to essential services e.g. medical/dental, housing and mental health and of course, no redress scheme.

With the exception of the Royal Commission into Institutional Responses to Child Sexual Abuse, which for some reason took studious steps to avoid this, all the reviews and inquiries into historic institutional care abuse have recommended that **the adults, who have experienced institutional care as children, need to be recognized as a cohort with specific requirements.** It is to our collective shame that governments, at both state and national level, have refused to do this.

Service provision remains piecemeal. There is limited knowledge and understanding amongst professional groups, including doctors, psychologists, nurses etc. of Forgotten Australians and the impact their adverse childhood experiences have on them as adults.

Despite this ignorance it is possible to construct an effective service response that meets the needs (including mental health) of Forgotten Australians. The following section will outline a service framework that could do this.

Service principles

The experience of Forgotten Australians suggests that there are some important practice principles that need to be espoused by services and treating professionals. Much has been learnt at Open Place, the Victorian Support Service for Forgotten Australians, about the needs of Forgotten Australians and the best way to meet these needs.

It has been learnt that services must:

- Be accessible and stress free
- Do no harm
- Ensure safety
- Be based on the understanding that: "Something has happened to you".

- Be based on an understanding of the impact of institutional care on children and how this has impacted on adulthood.
- Develop social connections and community connectedness.

Service practice

Forgotten Australians do not want to be 'pathologised". Most do not want a diagnosis and then a treatment plan which establishes goals to be worked at, over a limited number of sessions. Forgotten Australians want their childhood experiences to be understood.

Our mental health system has a tendency to view and then treat its clients as "problems" that can be partialized and pathologised. Mental wellbeing for Forgotten Australians requires a different approach. The core of this approach is the reframing of the question from: "what is your problem?" to the question "something happened to you?" This questions lies at the heart of a trauma informed approach.

Unresolved trauma often underpins mental health presentations. Often the underlying trauma suffered by Forgotten Australians goes unnoticed, unidentified and untreated. Blue Knot suggests that people with complex trauma histories receive diverse psychiatric diagnoses because their trauma presents in many forms. Attention focuses on the diagnosis not the trauma (Blue Knot 2019)

Counsellors (in fact any professional who comes in to contact with Forgotten Australians) need to be aware of the context and history of Forgotten Australians. Forgotten Australians need counsellors who are adaptable and flexible, who are not scared off by the work, who can work with trauma in all its different guises, who can stand with the pain and the anger and the grief. The counsellor must want to do this work.

Our public and private mental health systems struggle to provide this. The result often is a "merry go round" of unintegrated care and compounding of unrecognized trauma. Medicare offers 10 "free" sessions but requires a diagnosis and a treatment plan. 10 sessions is, for a life time of trauma, a drop in the bucket. It may take 10 sessions for the Forgotten Australian to build a relationship and to trust their therapist. Private counsellors, in the experience of AFA, often find the clientele distasteful and demanding. We have stories of Forgotten Australians arriving in the waiting room of a private practitioner and the police being called.

The counselling qualification is itself not that important. Professionals need to remember that Forgotten Australians have lived unassisted for decades, their childhood experience is now molded within a myriad of survival strategies, some that hinder and some that help. There is no simple solution. The ability to stick with clients over time, to bear witness to their pain, to continue to seek hope; to see the person for who they are behind their protective coatings and to be aware that there is a reason sitting behind the presentation of 'adaptive behaviors; these qualities produce effective counsellors.

Blue knot has developed Empowering Recovery from Childhood Trauma model which has significant relevance and important insights into treating survivors of childhood abuse (Blue

Knot 2019). This approach and the research and knowledge that sits behind it needs to be widely disseminated across the mental health system.

AFA would recommend some basic training and education about the history of Forgotten Australians for all counsellors who may work with Forgotten Australians. There is ample material available; it just needs to be read and digested!

Connection to other services

Many Forgotten Australians have complex needs which may require responses from multiple providers to manage chronic health, disability, housing, ageing and mental health needs. Forgotten Australians have become very familiar with the siloed nature of these services and their episodic and fragmented response. As was noted in an earlier section a characteristic of Forgotten Australians is difficulty in establishing trusting relationships. Rigid program eligibility and service silos do little to encourage Forgotten Australians to approach service providers, particularly if the service has limited or no knowledge about the experience of Forgotten Australians.

Many Forgotten Australians struggle to access community and health services. Mental health issues play a major part in this isolation. However improving mental health outcomes for Forgotten Australians is more than the offering of a clinical counselling service. It requires this AND requires an approach that includes improved access to medical and dental and housing and aged care services.

Currently in Victoria the support service for Forgotten Australians, Open Place, provides a limited and rationed brokerage service to enable speedier access to these services. Staff at Open Place can help navigate the complex health system. Good outcomes have been achieved. The importance of receiving medical and dental care and that avoids stigma and a waiting period is a huge boost to self-esteem. But the service capacity is limited.

Forgotten Australians need access to a 'gold card" that provides them with priority access to these services. The support service can continue to provide a navigation and support role.

Many Forgotten Australians live lonely and isolated lives, often without family and social connection. AFA supports the approach of Open Place which provides opportunities for social connections. Open Place facilitates 14 Social Support groups across Victoria. These provide an opportunity for Forgotten Australians to meet, to share experiences and to undertake activities that enhance wellbeing and health. These groups are inclusive and open to all Forgotten Australians. Over time each group has built up a culture based on enjoyment of shared outings and recreational experiences. Survey and anecdotal evidence from attendees is that these groups provide a monthly highlight and contribute to well-being

Increased funding should be provided to Open Place for additional support groups to be established.

The search for meaning

At the core of the Forgotten Australian experience are questions: why did this happen to me? How do I make sense of it all? Does anybody now want to know? Does anybody care? What do I tell my children? How can I make them understand? How will I be remembered?

Ultimately these are questions for us all; questions of meaning. For many Forgotten Australians, as they get older these questions, become more acute. There is an emerging practice that suggests that story telling has an important role to play in assisting people to understand and to reach some settlement with their experiences. It can also be seen as a gift to their families.

> *I didn't want to tell anyone, not even my wife, about my childhood and what happened to me. In the end I had some help. It is right that people know what happened. It can help others understand why I am as I am. It doesn't feel now as if, all the time, I am carrying the orphanage around with me.* (John C. from **We Hope,** 2016)

While some Forgotten Australians are skilled and literate, others will need support to write the story of their life. Many will have their records of their time in "care". These records may be incomplete, inaccurate or derogatory. Story telling provides an opportunity, in a sense, to "correct the record".

The Alliance for Forgotten Australians believes that, as an essential element of healing, **funding should be made available to enable Forgotten Australians to work with a professional writer to write their version of their story** which:

- Reconciles records (where required corrects) and memories;
- Provides an opportunity for reflection and resolution;
- Provides something tangible to hand down to families.

Conclusion

There is incontrovertible evidence from multiple sources, going back over decades that the treatment of children in our twentieth century institutional child welfare system inflicted serious harm on thousands of children. The Victorian Royal Commission on Mental health will examine one aspect of this harm; the impact on mental health.

It is important however to remind the Commission that mental wellbeing for this adult group of survivors cannot be seen only through a narrow diagnostic and treatment approach to mental health. Mental wellbeing can only be assured with a holistic approach to treatment, support and connection.

Access to a range of services and to resources, as recommended in this submission, will provide some level of comfort to those who have been so long neglected by the State and the Institutions that wreaked havoc on them as children.

The recommendations reflect this need for a holistic approach.

Part 2: Children in care today

Is it too late to learn?

A theme from the testimony of Forgotten Australians to the Royal Commission on Institutional Responses to Child Sexual Abuse is that abuse in care must never happen again. Survivors and their experiences must be listened to. This section provides a brief overview of the performance of Victoria's out of home care system and possible responses to improve the system.

Why do we think out of home care is the solution today to family problems?

This was the policy that saw 500,000 children removed from their families and placed in institutional care in the twentieth century. Children in out of home care today, as then, are largely from families impoverished of resources, of opportunity and of hope. Many have had their own experiences of trauma, institutional and other forms of out of home care.

There is a growing number of children in care. As at 30 June 2018 there were 46,000 children in Victoria in out of home care. Outcome studies predict bleak futures for these children. 31% of these children are under 5 (Australian Institute of Health and Welfare, 2019).

Children, with disabilities, are being placed in residential units without skilled staff to care for them.

The fastest growing component of out of home care is kinship care; ageing grandparents make up the largest proportion of care givers. They are mostly unsupported and unresourced.

Indigenous children are disproportionately represented in out of home care: 89 per 1000 for indigenous children compared to 5.7 per 1000 for non-indigenous children (AIHW 2019).

Well known academic and practitioner Dorothy Scott (2010) alerts us to the constraints on the capacity of the State to be a good parent. She warns that the state cannot perform the functions of the family to:

> *provide the enduring bonds of attachment which nurture the ability to love and be loved. There are inherent limits on the State's capacity to protect children without causing harm.*

The problems for children in out of home care have been known for decades. Social work academic and practitioner Len Tierney in his monumental work, **Excluded Families** (1976), pinpoints the futility of social policy, child protection practice and legal systems that p*rovide for the welfare of "deprived" children at the expense of the child's future and without regard to the welfare of the family. (p.330).* Little has changed in the 40 years since Dr Tierney wrote.

Costs of out of home care

In the last decade there have been **39** inquiries and reviews including Royal Commissions dedicated to finding better ways to protect children against abuse and neglect (Swain, 2014). As the reviews multiply, so too do the number of children reported to Child Protection and the number of children rise in out of home care.

Children today in Victoria are being removed in ever greater numbers. There is an absence of sustained and, if necessary, intensive support available to keep families together.

Scott (2010) again:

> *It is astounding that there is no evidence to support bringing children into care on such a scale. To the contrary, there is recent international evidence that children's post-removal experiences in out of home care systems, especially those with a high level of placement instability such as in Australia, have serious adverse effects on children….This is a system with the capacity to inflict very serious harm on many children.*

This is of great relevance to the Royal Commission: children who experience trauma during childhood or adolescence have double the risk of experiencing a range of mental health disorders (Commission for Children and Young People: **Submission to productivity Commission**. p.7). A recent systematic review of studies (Evans et al 2017) showed that having been in out of home care is also associated with increased risk of suicide and suicidal ideation (comparisons can sadly be made with our Forgotten Australian population).

The stresses on the Child Protection program have been well documented (Ombudsman, 2014 and VAGO, 2016 & 2107). The results of these stresses result in Child Protection's failure to adequately identify and respond to the risk of cumulative harm. Children, at risk, remain vulnerable and when they are finally removed (often without ameliorative work being undertaken) very little proactive treatment work is either undertaken with the child or with the child's family (see CCYP …**safe and wanted**. 2017).

The CCYP suggests that 'despite their vulnerability and high needs the out of home care system in Victoria, for the most part, relies on the routine engagement of universal health services. Even though a recent report by the Victorian Auditor General's Office (VAGO) suggests that the state's universal mental health services are not able to meet the existing needs for mental health services in the general population." (CCYP: **Submission to Productivity Commission,** 2019 p.13).

Children in care struggle to have their complex needs met. Turnover of case workers, lack of skilled wrap around services, limited family work and placement instability continue to lead to poor outcomes (CCYP…**safe and wanted**. 2017).

This out of home care population faces further challenges when the time to leave care arrives. Research shows that young people when leaving care are at higher risk of mental illness (as well as homelessness and early parenthood) than the general population. The cycle of disadvantage is perpetuated. (Osborn and Bromfield, 2007).

40% of child protection work is generated by 10% of families (Centre for Excellence in Child and Family Welfare, 2018). Tomison (1996) suggests that that the rate of transfer of abuse and neglect from parent to child is between 30-90%. Strong evidence exists that children raised by parents suffering from mental illness and/or who abuse alcohol experience inter-generational trauma (Kezelman, 2015). These are families facing severe and multiple disadvantages. Currently the system is doing little to systematically respond proactively to these families. In Victoria, Berry Street runs the only therapeutic service for children in out of home care, *Take Two*. *Take Two* was originally funded to work with 10% of the Victorian substantiated Child Protection population. As child protection numbers increased its budget has remained static. It now works with 3 % of the child protection population. (Berry Street: **Submission to the Productivity Commission** 2019).

How can we do better?

Firstly, develop intensive and sustained treatment programs **that intervene early in children's lives to disrupt life cycles in families with severe and multiple disadvantages,** with these characteristics:

- Capacity for early identification that does not stigmatise. Locate family service and clinical staff at Maternal and Child Health locations that can both identify and link into services is one way of doing this.
- Undertake assessment that engage and offer hope. Practitioners must have a range of skills and qualifications. A therapeutic service such as *Take Two* could assume an expanded role in such settings in order to provide assessments, recommendations and a pathway to a specialist intervention unit.
- Provide interventions linked to the assessment that addresses parent-child relationship, child development needs and parenting skills. Intervention may also provide practical parenting assistance and attention to parenting problems that may have arisen from own childhood experience of poor parenting practices. Ensure intervention services have sufficient authority to utilize mental health, substance abuse and family violence services as required.

Secondly, increase resourcing into **supporting recovery from childhood trauma.**

This will include rapid assessment of child's needs at time of initial placement to ensure specific needs of child are met (including developmental, educational, health and social). Timely engagement of "wrap around" services including of therapeutic child and family work will be required. Sufficient and timely resourcing will contribute to placement stability and case worker continuity. A **family worker should be available for every child who enters**

placement; a role that is separated from the child protection and the placement support role. The family worker role will ensure family connection continues.

Conclusion

There is evidence that with targeted, skilled and prolonged intervention developmental damage suffered by children child death inquiries can, in large part, be undone. Reviews also show however (see CCYP: **Annual report 2019,** information on child death reviews) that opportunities for earlier interventions are possible but, for many reasons, did not occur. These two findings suggest that, although we know what children need, our interventions, frequently, come very late. Much avoidable developmental damage has already happened.

The challenge for the Royal Commission is to ask why do we wait until significant damage is wrought on children, before timely and effective intervention occurs in families facing severe and multiple disadvantages.

As a community we now know what children need. We have the knowledge and the skills to intervene earlier in the lives of these children whose circumstances militate against optimal development. Both the mental well-being of our children and our community will be the better for this earlier intervention focus. This reduction in the prevalence of mental illness in our community will also, over time, lead to a reduction in economic and social costs.

Recommendations relating to Forgotten Australians

1. That mandatory training about Forgotten Australians and their care history be provided by Forgotten Australians, for all medical and allied health professionals, community services workers, social workers, lawyers and others working with Forgotten Australians.
2. That trauma-Forgotten Australian informed training be provided for all of the above professionals working with Forgotten Australians
3. That recognition is given to the status of Forgotten Australians as a cohort with specific requirements; the provision of which is the responsibility of federal and state governments and the agencies that provided institutional care. This is an important first step towards improving access to services that is needed by Forgotten Australians to improve their quality of life.
4. Those in line with the above recommendation federal and state/territory governments provide a health card that gives priority access to required universal and specialist services for Forgotten Australians. This includes access to medical and dental care, housing, aged care and mental health care.
5. That navigating access to these services can be undertaken by the Forgotten Australian and his/her family on behalf of Forgotten Australian or by the support service (in Victoria this is Open Place).
6. That additional funding is provided to Open Place for the facilitation of additional rural and regional support groups.

7. That funding is provided to the Alliance for Forgotten Australians to allow Forgotten Australians to undertake, with assistance and support if needed, the recording and writing of their life story.

Recommendations relating to children in out of home care

1. That attention is given to the development of intensive and sustained treatment programs that intervene early in children's lives in order to disrupt life cycles in families with severe and multiple disadvantages.
2. That increased resourcing is provided to children in out of home care to support their recovery from childhood trauma.
3. That every child placed in out of home care has a designated family worker who ensures the child's continuing connection to family.

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