

## Systemic inquiry into the educational experiences of children and young people living in out-of-home care.

### Submission by Uniting Vic.Tas

This Submission was written on the stolen lands of the Wurundjeri people of the Kulin Nation. Uniting pays our respects to their elders past, present and emerging. They have never ceded sovereignty and remain strong in their enduring connection to land and culture.

In developing this submission, we spoke with a number of consumers and Uniting practitioners in direct response to the terms of reference and key consultation questions. We are particularly grateful to the consumers who shared their time and lived experience and we thank them for their contributions.

### Overview

#### Key points

- There are 12,000 children in OoHC in Victoria, representing 0.8 per cent of Victorian children. The number of children in OoHC has been growing at 10 per cent each year.
- Most of these children live in kinship or foster care homes. At any one time, some 450 children or young people live in residential homes.
- The over-representation of Aboriginal and Torres Strait Islander children is also increasing, with Aboriginal and Torres Strait Islander children now making up 26 per cent of children in out-of-home care in Victoria. Now 1 in 18 Aboriginal and Torres Strait Islander children are in out-of-home care.
- Children and young people in OoHC are substantially more likely to have experienced high rates of complex trauma than their peers due to histories of maltreatment and trauma, which have typically occurred within the context of other adversities, such as poverty, parental mental health difficulties and alcohol and drug use (Hiller. R 2021).
- Evidence indicates that young people in out-of-home care are more likely than other students to repeat a grade at school, be truant, receive a suspension, change schools, and miss substantial periods of school through changes of placement (CREATE Foundation 2006).
- Many children and young people in OoHC experience educational disadvantage due to the functional manifestations of trauma, which lead to mental and physical health issues, difficulties in self-regulation and the resultant stigma. In addition, systemic factors, such as placement changes and administrative processes create further educational disadvantage (CREATE Foundation 2006).
- Children and young people in OoHC experience disrupted learning due to the nature of the OoHC system. Presently in Victoria there are two models for residential OoHC - general and therapeutic.
- Ensuring that all children and young people in Victoria are supported in therapeutic residential care homes will improve education outcomes for children and young people in residential care. The Standard model of residential care is dangerous to children and young people and does not meet the needs of children and young people who are placed in this level of care and has an increased risk of harm.
- There is a need for children in OoHC to receive ongoing individual support in education settings. Individual learning support has broader impacts for children in OoHC, including increased safety, a sense of belonging, and consistency.

- The impact of complex trauma on development is well documented (Perry, 2006; van der Kolk et al, 2005, 2009; Hughes & Baylin 2018; Bloom et al, 2003) Children and young people who have experienced complex trauma commonly demonstrate states of neurobiological disorganisation and compromised brain function, disrupted attachment styles, limited trust in adults, hyper-arousal and hypervigilance. Presentations such as these are difficult to respond to and manage in a mainstream school environment where the majority of students are normative in function so that boundaries and consequences can be pitched at a level of function that is age & developmental stage appropriate. Young people suffering from the impacts of complex developmental trauma are unable to be responded to in these ways and require patient, repetitive responses that, over time, will lower their state of hyperarousal. The challenges implicit relate to the time involved and how these expectations can be adjusted and navigated in terms of managing the apparent unfairness of adjusted expectations from the perspective of their classmates.
- In mainstream schooling there is a lack of understanding of complex trauma and trauma-informed care. There is a need for educators to undertake regular trauma training within their professional development learnings.
- There is a question as to whether the needs of these students can be effectively responded to in mainstream school settings. The principle of inclusivity should not lead to disadvantage because it is potentially unrealistic for traumatised children and young people to manage at some points in their school experience.

## Our recommendations

**Recommendation 1:** *Uniting recommends that the Victorian Government prioritise, through the Departments of Education and Training, and Families, Fairness and Housing, the provision of individual support to all children and young people in out-of-home care. We recommend that this support adequately meets their needs, protects and promotes their right to education and that this is independently monitored to ensure that no young person ever misses out on this support.*

**Recommendation 2:** *To disrupt the cycle of entrenched educational disadvantage, Uniting urges the Victorian Government to meaningfully implement support strategies that are not reliant on the initiative of individual teachers.*

**Recommendation 3:** *That the Department of Families, Fairness and Housing commits to policy change that will require that children and young people in out of home care are kept in their local communities in stable and long-term placements that enable uninterrupted and supported learning. When this is unable to occur, there must be genuine investment in the young person's educational engagement through reliable transportation, flexible schooling options, formal and documented handover from support workers and improved communication processes between schools.*

**Recommendation 4:** *Uniting recommends that Minister for Education support an initiative requiring that Department of Education funds educators to undertake regular professional development training relating to trauma and trauma-informed care.*

**Recommendation 5:** *The Victorian Government provide better access to a range of alternative schooling options that are responsive to the needs of children and young people in OoHC, including online classes and flexible learning approaches and schools.*

**Recommendation 6:** *The Victorian Government immediately require that all children in care have the right to critical therapeutic supports required to keep them safe, support them to heal and enable their engagement in stable learning and education.*

## Our practice experience

Uniting is the community services organisation of the Uniting Church in Victoria and Tasmania. We are more than 8000 people delivering hundreds of services accessed nearly 200,000 times each year across Victoria and Tasmania. We work across the full spectrum of community services, delivering services in the areas of child and family services, mental health, emergency relief, homelessness and housing, financial well-being, alcohol and other drugs, aged care, disability, early learning and employment.

Uniting provides a range of services and support in the OoHC space, including kinship care, residential care, foster care and lead tenant services. Uniting is currently responsible for the care of 42 young people across our eleven residential care homes, with four of these homes funded by the Department of Health and Human Services as Therapeutic. Since March 2020, Uniting has committed to only providing residential care that meets the therapeutic threshold and has invested \$1.1m annually into our seven standard (base) funded homes to provide necessary therapeutic supports.

### Individual Learning Support

Uniting has seen an inconsistent application of the government's policies and procedures relating to education for children and young people in OoHC. We draw attention to the Victorian Government's *Out-of-Home Care Education Commitment: A Partnering Agreement* (2018) requirements that for every student in statutory OoHC schools must:

- Appoint a learning mentor
- Assign a student support group
- Develop an Individual Education Plan (IEP)
- Complete an Educational Needs Analysis (ENA)
- Nominate a designated teacher.

For the purposes of this submission, we will focus on the requirements that an Individual Education Plan (IEP) and an Educational Needs Analysis (ENA) be developed for all students in OoHC to "guide the educational planning and monitoring of each student's unique needs" (p. 26) and to "analyse the socio-emotional and educational needs and strengths of the student" (p.27). Both the IEP and ENA guidelines stipulate that they are to be trauma-informed, developed in consultation with the student, focused upon the student's strengths and regularly reviewed. While Uniting commends the Victorian Government for these support strategies, from our conversations with young people and practitioners, it appears there is limited practical implementation of these requirements and the onus tends to often fall upon individual schools to establish and monitor student's support plans. As one young person told us:

*"I didn't get any help. I had missed a year of school and it was really hard. We tried to get a teacher aid but the school I went to only had teacher aids for people with disabilities. There was a lot of things going on outside of school, so I didn't ask for help. The school didn't ask enough questions I think." - Sue, living in foster care.*

During our conversations with young people, we were repeatedly told of limited or no support offerings, even across multiple schools. One young person, who had attended ten different schools due to placement changes, told us:

*"If someone teaches me and pushes me through it, I will actually learn. There was no one there to do that so I hated school. I was always that kid that sat in the corner cause everyone else was smarter and I was still on prep work and it wasn't my fault. I had to move schools and I have a past they wouldn't know about and it made me feel bad about myself. I couldn't help it." - Terry, living in kinship care.*

Those who did receive individualised support typically did not have their needs met, nor did they meet the requirements of the Partnering Agreement, with one young person sharing their experience:

*"It wasn't until halfway through year 10 when they gave me a progress thing at school. I had been at that school since year 8 and that was the first time anyone had sat me down. Me, my foster family, my DHHS worker and a support teacher wrote out all the ways I wasn't doing well in school and what could be affecting that. I didn't really like it. I didn't like to talk about the things I was lacking in as it made me feel more disappointed in myself." - Sue, living in foster care.*

**Recommendation 1:** *Uniting recommends that the Victorian Government prioritise, through the Departments of Education and Training, and Families, Fairness and Housing, the provision of individual support to all children and young people in out-of-home care. We recommend that this support adequately meets their needs, protects and promotes their right to education and that this is independently monitored to ensure that no young person ever misses out on this support.*

## **The Impact of Teachers**

Every child has the right to an equitable schooling experience, no matter their circumstances. Article 28 of the United Nations Convention of the Rights of the Child affirms the right of all children to access education that "incorporates teaching and learning practices that exemplify human rights principals, such as equality, fairness, non-discrimination and respect" (Australian Human Rights Commission). Uniting know that feeling included and connected to education is important to children in OoHC feeling safe and well. This is echoed by the Australian Human Rights Commission, who state that school connectedness has a positive effect on school attendance, academic achievement and the emotional and physical health of children (2017).

During our consultations for this submission, the young people emphasised that a sense of inclusion and connectedness often came from individual teachers extending beyond their job requirements, rather than a system of support existing within the wider school. These individual teachers acted out of personal concern, care and a commitment to support young people, as evidenced by one young person's experience:

*"Only one teacher knew what was going on. She was the wellbeing officer, she helped with the school to get what I needed. She understood where I was coming from. She was my safe person, if I was having a bad day I could go into her office for the day. I got moved to the special school and she got a job there to support me. She was a good person." - Terry, living in kinship care.*

The impact of individual teachers was a powerful protective factor for young people in OoHC:

*"There was one teacher who really listened, and it made me really want to go to school as I thought they'd all be like that. If I was having trouble with something he tried to help out. It made a huge difference." - Sue, living in foster care.*

*"I used to go to the Assistant Principal because he knew about DHS and all that stuff, like he'd had experience with child protection before so there was no judgement. Having that support was why I wanted to go to school, it was why I stayed for as long as I did because I knew that whatever happens he's there. You know, I could get picked up by DHS that night and taken to (regional location) but I knew I could tell him about it, he was that constant when everything else is up in the air." - Paul, living in therapeutic residential care.*

*"I'm that person that if something goes wrong I give up, I won't even try. I wanted to drop out but my teacher kept pushing me, saying I needed to stay in school. They told me that when I wanted to do*

*something in the future I would need my certificate. They modified my work. They would make it easier for me so I could understand what was being taught.” - Amanda, living in kinship care.*

The lived experiences shared by Sue, Terry, Amanda and Paul (names changed) speak to the power that individualised support has for the educational experiences and outcomes of young people in OoHC. When the responsibility of care is left to individual teachers, a young person’s need for support appears as if it were an isolated case, rather than a symptom of wider OoHC systemic issues (e.g. disrupted learning) and there is increased vulnerability due to the risk of support ceasing when those teachers and support staff leave the school.

The impact of receiving ongoing, school-wide support was profound for Rebecca, who shared her experience of receiving educational support that met her needs:

*“I had lots of advantages and everything. I had regular check-ups with like, my caseworkers at the school and everything, which was good because it kept me on track. The older I got, the less I wanted to do school but they still pushed me to stay in school. It benefited me a lot. Towards the end of year 11 and 12 I felt a lot more support probably cause the older I got, the more I bonded with the different workers I had. I found it easier to ask for what I needed”.*

*“When I decided to go to Uni, my Uniting worker was able to help me find tutoring and stuff like that, so that was pretty good. They paid for it all so it wasn’t any stress on like the people I was living with at that time. The extra support outside of school hours really helped me to complete year 11 and 12 when I was thinking about leaving. I lived in a house with 6 kids so it was that extra time of quiet where I could study and if I had questions I could ask somebody that was a teacher.” - Rebecca, living in kinship care.*

Of the young people we spoke with for this submission, Rebecca was the only young person who had experienced ongoing, individual support from mainstream schooling that they felt met their needs. It is estimated that in Australia, only 1 per cent of care leavers access higher education, compared to 26 per cent of the general population (Mendes, Michell & Wilson 2014). If all young people in OoHC were to receive the type of support given to this young person, we could begin to create new futures for young people in OoHC.

**Recommendation 2:** *To disrupt the cycle of entrenched educational disadvantage, Uniting urges the Victorian Government to meaningfully implement support strategies that are not reliant on the initiative of individual teachers.*

## **Barriers to Schooling**

It is clear that there is a lack of consistency across the Victorian education system. Young people in OoHC are particularly impacted by this inconsistency due to the nature of the OoHC system. This is echoed by a young person who had experienced an uninterrupted education journey, stating that:

*“I went to the same primary and high school. I knew all the teachers and they knew me. I always had support and the older I got, the easier I found it was to get that support. When I was moving around at home like just knowing that the school was still there and everything was the same, it was less stressful on me”. - Rebecca, living in kinship care.*

This was not a common experience for the young people that we spoke with, with an average of six school changes throughout their lives. In our practice experience, Uniting has witnessed the learning disruption caused to young people due to the nature of the OoHC system. As one Uniting practitioner explained:

*"It's so hard to keep track when they're being moved almost every year. The schools don't expect them to be moved so they don't have anything to give to another school. Sometimes it takes all year to get the information the new school needs and then by then the year is over, and they haven't learned anything."*

This was echoed by another Uniting practitioner, who told us:

*"They just don't want to go to school. They have often been placed hours away from where they were living and have to start at a new school where they don't feel comfortable. They feel a lot of stigma and shame."*

When speaking with young people, we were told of lengthy administrative processes, frequent placement and school changes, living in placements not suited to learning, travelling long hours to attend school, limited contact between DFFH and schools and workers not being available to transport young people:

*"I'll start to get the help I need and then it's like, you're changing schools again and you have to start all over again. By the end of the year, you've learned nothing." - Sue, living in foster care.*

*"When I left that school, they tried to communicate with the next school for me but the new school didn't do anything. When I moved, I was doing a special program and they never put through that information or my grades or anything. After I kept moving schools, I was like, I hate school now. It was hard to stay motivated. I know I need to, but I wasn't learning anything from it." - Jamie, living in therapeutic residential care.*

*"Like I know when I was jumping through the foster care system being put in a different place every night, I'd end up sometimes two or three hours from school and they sometimes wouldn't take me. They'd be like, no, you can't go today because you know, we're not transporting you like there was one time where I was in (redacted) and I was at school in (redacted). It took about four hours to get there and they didn't wanna do it." - Paul, living in therapeutic residential care.*

*"I missed most of year 9 because they didn't put my paperwork through. I didn't have a parent who could sign the school enrolment forms and no one at DHS would get them signed. It wasn't until a teacher who knew my foster family pushed the school so that I was able to go. I really wanted to go to school." - Sue, living in foster care.*

**Recommendation 3:** *That the Department of Families, Fairness and Housing commits to policy change that will require that children and young people in out of home care are kept in their local communities in stable and long-term placements that enable uninterrupted and supported learning. When this is unable to occur, there must be genuine investment in the young person's educational engagement through reliable transportation, flexible schooling options, formal and documented handover from support workers and improved communication processes between schools.*

## **Trauma-Informed Care**

Uniting found that where education seems to be leading to improved outcomes (but not at the level of expectations) for children

and young people in OoHC is in specialist schools. There was a pattern of young people in OoHC being transferred into specialist schools due to them not 'fitting' into mainstream schooling structures. These specialist schools tended to offer young people smaller class sizes, individualised learning plans, flexible class structure, trauma-informed teachers and feelings of acceptance:

*"Like my school, for example, they misdiagnosed me with some like autism because of the trauma. I ended up getting sent to a special school because they thought I had autism. They didn't realize what they didn't know about the trauma. But in the end, that was good for me because I wouldn't have survived in mainstream school." - Paul, living in therapeutic residential care.*

*"Teachers at the special school are different. They're just nicer. They have a different approach. My teacher has more time and is involved in my care team meetings. The teachers and the other kids are more supportive." - Jamie, living in therapeutic residential care.*

*"Always having that extra teacher in a classroom, you've got that extra teacher on the side with you. When I went to special school it felt good to actually get that help." Sue, living in foster care.*

The importance of trauma-informed care for young people in OoHC is well-established, however, it is clear there is a gap in the understanding and provision of trauma-informed care throughout mainstream schooling in Victoria. In our discussions with young people, we were told of a lack of theoretical understanding for trauma-informed care and about the real impact it is having on educational experiences:

*"I want more resources for the teachers so they can better understand where we are coming from. Personally, the hardest thing was spending so many years out of school and then having the teachers not be trained in the fact that I was really mentally unstable and didn't have any concentration or knowledge in the classes. They'd say "use your knowledge from last year" but I didn't have any of that. Learn how to support different types of students and get a bit of background on your students." - Terry, living in kinship care.*

*"From my experience, the teachers and all the staff (at schools) should be more trained in trauma. Umm, you know, I think they should go through some of the similar training that say the resi staff gets. Not all of it obviously, but I think they should get majority of it so they know, okay, if this kids kicking off this is what I can do to help out." - Jamie, living in therapeutic residential care.*

*"I know that if I went to mainstream school, I would have been expelled on the first day. It just wouldn't have worked. Some kid would have started me, I would have thrown a chair at them. Mainstream does not work for kids with trauma like me. The teachers there are even sometimes worse than the kids. I just don't think it works". - Paul, living in therapeutic residential care.*

This was echoed by a Uniting practitioner who spoke about the lack of trauma-informed care given to a young person that they work with:

*"He used to go to the local high school but kept getting suspended for having his phone on him in class. It's ridiculous. What they don't understand is that for him it's a safety thing, it's a trauma thing."*

If all educators were to have knowledge of trauma, we may also see a reduction in the stigma felt by many young people, whose behaviours may cause them to be othered or 'singled-out' by peers and teachers. Trauma-informed models in schools have also been shown to reduce stress, anxiety and depression among children and young people and can reduce the stress and feelings of helplessness educators may feel when responding to trauma-exposed students.

It is extremely important that children and young people who have experienced complex trauma and who are living with its functional impacts on their internal state, levels of physiological hyperarousal, on their psychology and

capacity to regulate are not unconsciously penalised and shamed by being misunderstood, by expectations that they cannot live up to and by the imposition of cognitive interventions such as suspensions, detentions and exclusions. It is understood that this creates a systemic tension that will be difficult to manage in a mainstream school setting.

**Recommendation 4:** *Uniting recommends that Minister for Education support an initiative requiring that Department of Education funds educators to undertake regular professional development training relating to trauma and trauma-informed care.*

This should be undertaken in consultation with services that specialise in working with traumatised children. There are, for example, training packages for working with the impacts of trauma that apply behavioural and strongly cognitive approaches when it is well documented by trauma experts that these are not appropriate for use with traumatised individuals on the basis that they require greater levels of executive brain function than traumatised children and young people are able to manage at certain points in their lives.

**Recommendation 5:** *The Victorian Government provide better access to a range of alternative schooling options that are responsive to the needs of children and young people in OoHC, including online classes and flexible learning approaches and schools.*

## **Therapeutic Residential Care**

Uniting has witnessed the benefits of trauma-informed care through our practitioners and therapeutic residential care homes. The Uniting Church Australia's review into best practice residential care in 2019 found that a therapeutic approach to residential care is critical to upholding the rights of young people and the principle to 'do no harm'.

It is Uniting's position that all children in residential care should live within a therapeutic environment which allows them the time and opportunity to heal. Uniting has invested in developing our own therapeutic model of care which is based on an attachment based, neurobiologically informed approach to healing. The key elements of therapeutic care are:

- Planned entry and exit
- Placement matching
- Therapeutic supports for staff and children
- Access and oversight of Therapeutic Specialist
- Carefully developed relationally based interventions tailored to the functional capacity of the child or young person and designed to assist them to develop slowly towards greater capacity to regulate and heal towards age-appropriate functioning.

*"Deciding what my out-of-home care (OoHC) experience looks like just depends. My old CM thinking that he was Jesus never gave me a say — he didn't even tell me what was going on until the last minute. Ever since crossing over to Uniting and DHHS being the big brother, I've had more of a say. The adults around me actually listen to what I have to say." Barry – living in therapeutic residential care.*

We spoke with two young people living in therapeutic residential care about how it had impacted their education:

*"They were great. All the staff there were very accommodating with my will to get to school. You know I would be starting school at 8.00am they'd be starting at 7.00am and it takes about an hour to get to school in peak hour traffic. So they'd be coming in early to get me there on time." - Paul, living in therapeutic residential care.*

*"They give me the help that I need for school." - Jamie, living in therapeutic residential care.*



A Uniting practitioner shared their experience in working with two young people at a therapeutic residential care home:

*"We have a good relationship. Sometimes he'll say to me, "How come other kids don't have to go to school?" and I'll say, "You have to go because you're my brain". I always call him 'my brain' because he's so smart. He used to fight me back on it but now he laughs and agrees with me and goes to school."*

*"He's been out of school for a few years now due to anxiety. We finally got him enrolled in an online learning school where he doesn't have to have his camera on or anything, as long as the work is done. That's a huge thing for him. That took a long time, it's been a long journey, but he trusts us."*

Evidence consistently reinforces that outcomes for children in general residential care are poor due to lower levels of funding, absence of therapeutic supports, and limited control over placement decisions. Supporting children, young people and families requires integrated programs and services with a common goal – to keep children safe and support them to heal. This is done through supporting families to safely care for their children, providing a home environment when they can't, and helping them come back together, if and when it is safe to do so. Support is not exclusive or sequential, but rather tailored to reflect the changing needs and circumstances of each family.

Driving the increasing cost of youth residential care is the growing demand for out-of-home care and lack of suitable, alternative home-based care placements. In 2020, there were 12,000 young people in OoHC, rising at a rate of 11 per cent. There are two clear, distinct funding models. While the difference in the funding requirements is clear, there is no distinct difference between the young people placed in Standard homes as compared to Therapeutically funded homes. All children placed in residential care have complex needs and behaviours that may expose them to the risk of future harm.

The Victorian Government have, since late 2011, been in possession of data that shows clearly that therapeutic residential care produces significantly improved outcomes for young people in comparison to RP3 standard funded homes. (Verso Evaluation Report of Victorian Therapeutic Residential Care Pilots, 2011). It is a reasonable question as to why this has not become the benchmark standard of residential care in Victoria from that point onward.

**Recommendation 6:** *The Victorian Government immediately require that all children in care have the right to critical therapeutic supports required to keep them safe, support them to heal and enable their engagement in stable learning and education.*