Educational Psychologists as advocates of children in out of home care: An innovative program model that empowers young people and the adults who support them

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Life Without Barriers, a specialist foster care agency, are funding a Collaborative Education Program in partnership with Edmund Rice Education Australia Youth+. This paper aims to share some of the practice that gives a voice to the children and young people who have experienced trauma, abuse and neglect and have been placed in out of home care. Casework illustrations serve to reveal how the voice of the child is included in measures of participation, well-being and achievement that inform their Education Support Plans. Given the evidence of the impact of trauma on language development non-verbal methods of monitoring are used to explore the child’s perceptions of: what context is most likely to engage them using the Preferences for Activities for Children flashcards and pictorial Likert scales; how their attachment to the carer is developing using video recordings of structured play sessions with carers; sandtray and symbol work when creating trauma narratives; and iPad applications to scaffold emotional expression, social problem solving, transition planning and literacy and numeracy interventions. The program model is limited by recent government financial cutbacks in addition to the scarcity of educational and developmental psychologists in Queensland and its expansion to a national model requires a creative, facilitative model of leadership and strategic social investment in the local community.

Keywords: Foster care; voice of the child; Education Support Plans; trauma; attachment; Educational Psychologists.

Children should be seen and not heard. Aristophanes, The Clouds, I. 963 (423BC)

The default position in a research process with children and young people is that the adult holds power. This imbalance can be rectified when adult researchers are proactive in creating effective collaboration such that children and young people have an active voice to express their opinions, needs and desires. The role of a researcher then becomes a facilitator as opposed to a ‘plunderer of information’ (John, 1996, p.21) and a far more rigorous evaluation emerges with the voice of young people driving improvements to both policy and practice (Save the Children UK, 2000). Besides this, it is their fundamental human right to participate in matters that impact their lives (Convention on the Rights of the Child, United Nations, 1989). It is particularly important for this right to be in the forefront of the minds of those adults who serve children involved in the child protection system. Stakeholder groups can be immense involving a multitude of agencies and professionals all of whom have identified roles purported to serve the best interests of the child or young person. Sadly, the child’s voice can be lost at meetings where there is often a cacophony of adults voices competing to give their opinion on what, from their diverse perspectives, is what the child needs. A recently published report of the Child...
Protection Inquiry in Queensland, Australia (State of Queensland, 2013) states:

‘There needs to be appropriate avenues for the voice of children and young people to be heard in child protection proceedings. Their views are not consistently being heard. The Commission is recommending that amendments be made to the Child Protection Act to require the views of children and young people be provided to the court either directly or indirectly.’

Similarly, the Queensland Commission for Children and Young People Child Guardian (CCYCCG) report that:

‘Although there have been some improvements in children’s and young people’s involvement in decision-making, lack of participation continues to be an issue.’ (2011, p.2)

All participation of children and young people in the program being shared in this paper is encouraged with regard to the seven key standards promoted by the United Nations (Save the Children, 2010) by ensuring the opportunities for participation are:

- Voluntary and relevant.
- In a child-friendly context.
- Developmentally appropriate and inclusive.
- Facilitated by adults who perceive themselves to be confident and competent to do so.
- Facilitated with regard to child protection legislation, policy and best practice guidelines.
- Followed up by prompt evaluation and feedback to the young person particularly in relation to the impact of their participation/how it was used.
- Acknowledging the right of children and young people to participate (The United Nations’ Convention on the Rights of the Child, 1989, to which Australia and the UK are signatories).

In addition, Ruth Sinclair’s (2004) guidance is heeded to ensure that the young person’s participation is:

- Purposeful.
- Equitable.
- Truly representative of their views, that is, not over/mis-interpreted.
- Heard clearly above the views of other stakeholders.
- Ethically obtained.
- Meaningful to them.
- Impactful.

As the UK advocate, Middleton, writes:

‘First, organisations outside the children’s services sector need to embrace youth participation and use it to inform decisions that affect young people… Secondly, the quality of youth participation needs to be improved… Thirdly, youth participation needs to become more popular among young people… It is imperative that society does not give up on youth participation, however hopeless or ineffective it can seem at times. On the whole, the benefits of involving young people in decision-making outweigh the problems.’ (2006, p.187)

It is also worthwhile emphasising to organisations that participation promotes personal development of young people, in the sense that it requires young people to engage with real life issues (WHO, 2001), and can simultaneously be the vehicle for the development of skills across a range of developmental domains. This increase in skills will provide more opportunities for engagement with peers and age related activities (e.g. Davis & Polotajko, cited in Sinclair, 2004). Rosenberg (2013) reminds us that not only are there benefits from direct intervention to promote participation in children and young people (CYP) but also from intervention that encourages the adults to see the benefits of participation and support them in nurturing their involvement. This research reminds us of three main reasons for children with special needs being left out of the participation process: communication issues; advocacy did not occur as their participation was dismissed as unnecessary; or inappropriate. Some great resources developed by the New South Wales Government in Australia are in the Count Me In package, particularly the section entitled Taking PARTICipation seriously (2005), are invaluable to guide an audit of both individual and organisational practice that simultaneously
promotes participation of CYP with wide ranging abilities. Research has identified that an Educational Psychologist (EP) has the ideal range of skills to promote inclusive practice with both individuals in the care system and the organisations that support them (e.g. Department of Education, UK, 2006, 2011; Tilbury, 2010; Working Group on Education for Children and Young People in Out of home Care in Queensland, 2011).

The role of the EP in Queensland and within this program

Basically there are no educational psychology posts in Queensland equivalent to the UK model. Each school is assigned a Guidance Officer (State Schools) or a Guidance Counsellor (Catholic/Independent Schools). They are promoted registered practicing teacher positions in state schools (ratio 1:1300 in secondary schools, which varies across primary school situations – generally covering up to three primary schools) while catholic schools (ratio 1:350–900 in secondary schools often covering a cluster of up to four primary schools) do not require teacher status and now recruit mainly psychologists eligible for registration (Australian Guidance and Counselling Association, 2009). Regional education offices manage the positions but the line manager is the principal of the school in each case. Most people who have completed the only two-year Master’s in Educational & Developmental Psychology in Queensland enter the disability services, hospitals, employment agencies and private practice as well as the education sector (Graduate Careers Australia, 2013). While EPs (endorsed as Educational and Developmental Psychologists throughout Australia) are anecdotally valued by many service providers involved in this and other local programs, they are not as valued as they might be often in deference to other endorsed psychology groups. Clinical Psychologists are in receipt of higher government rebates for services with Medicare Australia. Independent Schools Queensland specifically request advice from clinical psychologists during funding rounds, and universities in the Brisbane region pay for supervision delivered by Endorsed Clinical and Counselling Psychologists but not EPs.

Within this program the skills of the EP are particularly suited as illustrated in the Mission Statement for the Program: The Education Consultant will apply education and psychology in the development and support of an educational environment in which all targeted children are included and valued and in which they have every opportunity to maximise connection with, and engagement with education to enable them to become fulfilled participants in adult life. Work is offered on different levels: national (research projects for both collaborative partners) local research with other services; schools/sets/settings/parents/carers; groups, individuals (including supervision of psycho-logists and teachers in training). Tools used include: consultation, assessment through observation/discussion/implementation of programs/monitoring; systemic work; training and development; problem solving; joined up work with other agencies.

The Program Context

It is in Queensland that this research program unfolded. A UK-trained EP has been seconded in a consultancy role from Edmund Rice Education Australia Youth + who have a history of success in providing flexible educational opportunities for young people at risk of disengagement from education. The program, which commenced as a pilot project in January 2010, has targeted 50 young people who have experienced trauma, abuse and neglect and have been placed in out of home care from a cohort of 102. The out of home care setting is managed by the unique ‘wrap around’ strengths-based service provided by teams of professionals at Life Without Barriers. The South East Queensland Out of Home Care Team sponsored this collaborative Education Consultant Program to support their case management by promoting better developmental and
learning outcomes for the children and young people as well as empowering foster carers in their advocacy role in schools (see Appendix 1 that illustrates school context).

**Education Policy Context:**

**Cared for Children**  
(Children in out of home care)

There are more than 9000 children and young people in Queensland who are subjects of child protection orders (Department of Communities, Child Safety and Disabilities, 2013). Fifty-six per cent of children in out of home care were school age; 44 per cent are in foster care, 47 per cent are in relative/kinship care and two per cent are in other forms of home-based care (Australian Institute of Health and Welfare, 2013). The responsibility for the education of children and young people in care is shared between government departments. The guardian of the children in out of home care is the Director-General of the Department of Communities, Child Safety and Disability as outlined in the [Child Protection Act 1999](http://example.com). The [Education (General Provisions) Act 2006](http://example.com) is administered by the Department of Education and Training.

A Partnership Agreement: Educating children and young people in the care of the State (Queensland Government, 2004) was negotiated between the then Departments of Child Safety and Education in response to poor educational outcomes for children in out of home care. The main tool for ensuring policy feeds into practice is the [Education Support Plan (ESP)](http://example.com) for all Cared for Children. Policy Guidance outlines that the ESP is required to:

- Set goals for the child/young person that aim to increase participation, retention and attainment.
- Have phased implementation: getting started, planning for success, reaching potential, and achieving qualification.
- Ensure that the ESP extends any existing plans for the child/young person, for example, Individual Education Plan (IEP), Individual Behaviour Plan (IBP), [Secondary Education Transition Plan (SETP)](http://example.com) or [Negotiated Education Plan (NEP)](http://example.com) – a practice response to the [Education Queensland Supporting Students’ Mental Health and Wellbeing Policy, 2012](http://example.com).

Since this agreement, the Council of Australian Governments (2009) launched the [National Framework for Protecting Australia’s Children](http://example.com) with long-term goals to improve the safety and well-being of all Australia’s children. This extended partnership to non-government organisations (NGOs) such as this Education Program’s collaborators in ensuring implementation of the framework goals. One key goal is to explore ways to ‘effectively consult and engage with children and young people themselves, as opposed to just those who represent them’ turning to the practical resources available such as the NSW Commission for Children and Young People’s [TAKING PARTicipation Seriously kit](http://example.com) (2005). This is an excellent resource developed with, by and for young people founded on the research that demonstrates that:

> ‘Initiatives designed for children and young people are more likely to be effective if children and young people are involved in their development and implementation... children and young people are one of the most important players in decision-making as they have an acute understanding of the issues that affect them.’

**The needs of the young people supported by the program**

Given their developmental history of significant trauma arising from observed or targeted abuse and neglect it will be self-evident to many readers that the young people supported by this program will be enduring developmental impairment, profound and often repeated changes in their living environment and some present with Post-traumatic Stress Disorder (PTSD). Sadly their behaviours, learning patterns and (lack of) social skills are all too often misinterpreted or mislabelled (Perry, 2006). Trauma has left them with functional impairment and has been described as a bio-
psycho-social injury – global in its effects (Cairns, 2002). Furthermore they endure the continuing stress of contact with absent family members and have to deal with educators (and often carers) who are unaware of trauma response (Downey, 2007).

Theoretical basis of the program
The theoretical underpinnings of this program reference:
- Wraparound systems – the care setting in which the program operates strongly promotes wraparound systems which when implemented effectively have been shown to be the most successful ways of supporting children and young people with complex needs and through implementation is has been proven to be a way of monitoring the care system itself (Bruns, 2011; Eber, 201; Welner, 2011).
- Trauma informed lens – all consultations with key stakeholders and interactions with the young people themselves are delivered within a trauma informed framework (e.g. Downey, 2007; Perry, 2006; Briere, 2012).
- Attachment-based interventions – given that the young people selected for inclusion in the program have all experienced disrupted early relationships and often have experienced a number of foster care placements all interventions are guided by an attachment focus (e.g. Bomber, 2007; Cairns, 2002; Geddes, 2006; Golding, 2003; Zeanah, 2011).
- An ecological-transactional model of development that includes early mental health principles (Osofsky & Leibermann, 2011).
- Facilitative leadership – described as ‘building consensus and rallying the people’ (Kurshan, 2002) the goal has been to move away from the ‘expected’ expert model of leadership.
- Relational pedagogy – schools are selected for young people on the program based on an emphasis (trickling down from the school leadership perspective) being placed on building relationships and communities of practice rather than a more behavioural approach to learning (Brownlee, 2004).

Rationale for advocacy, intervention and assessments
The main rationale for the program’s goal in providing advocacy and hence giving a voice to the cohort of young children in foster care enrolled in the program is that personal and community liberation via educational/community experiences can lead to transformation (Zimmer, 1998). Barriers to life’s opportunities can be removed by caseworkers and teachers supporting meaningful and sustainable relationships with young people and their carers (Bostik, 2007). Additionally, it is known that teachers can play an important role in the lives of young people, not only teaching academic skills, but also acting as positive role models, assisting in the regulation of interactions between a young person and their peers, and providing very needed emotional support (e.g. Dent & Cameron, 2003; Gilligan, 2007; Jerome, 2009). Furthermore it has been shown that CYP having multiple access to supportive adults tend to be more likely to be engaged in school life (Woolley & Bowen, 2007). Teachers can also become a connector between families and clinical services particularly mental health teams (Farmer et al., 2003). It is also known that even though a child may have an assigned care team and mental health clinician it is often the teacher who can adopt a key role in both supporting and monitoring a young person’s journey of recovery from trauma (Rolfsnes & Idsoe, 2011). EPs are well placed to support these opportunities within the educational environment. An effective and efficient way that this program has been supporting this process is through offering a menu of professional development for school staff. The menu has been enthusiastically accepted by schools, teacher/psychology
training courses and the professional communities of care staff across the region and has included:

- A closer look at trauma, attachment and child development and its impact on learning and development.
- Building resilience.
- Managing challenging behaviour through a trauma lens.
- Brainstorming the differentiation of curriculum tasks to set trauma survivors up for success.
- How to make best use of teacher aides/youth work support.
- Self-care – awareness of vicarious trauma.

Each session incorporates critical reflection on how a young person’s perspective is gathered, respected and informs future practice.

Using models of participation to measure well-being and attainment – from a child/young person’s perspective

Educational Psychology practice prides itself on the process of Consultation. Participation is often confused with consultation but there is an important difference. Participation involves adults devolving a degree of power to children and young people so that they can have a share in decisions that affect them. Consultation gives children and young people less influence because in the end adults make the decisions and play the lead parts. This program has positively discriminated in favour of schools where participation is part of the organisation’s culture and has followed Treseder’s Model of Participation (Save the Children, 1997) as illustrated in Appendix 2; Shier’s Pathways to participation (2001) as illustrated in Figure 1. The Practice Standards in Child Participation (Save the Children, 2010) as illustrated in their interpretation of The Ladder of Participation (Appendix 3) and the National Council for Voluntary Organisations (2009) Pathways through Participation (Figure 2). Participation can be broadly defined as ‘the process of sharing decisions which affect one’s life and the life of the community in which one lives’ (Hart, 1997) or more pointedly for the young people under discussion as ‘children taking part in and influencing processes, decisions, and activities that affect them, in order to achieve greater respect for their rights’ (Lansdown, 2002, p.273). The empowering process is heightened when adults facilitating children’s participation guide the process through increasingly more powerful methods: ‘consultation processes’ to ‘participation initiatives’ with the goal of authentic participation in advocacy projects. Educational Psychologists are well placed in their skills base to negotiate and support what Shier (2010) described as unique levels of commitment within caseworkers both at school and in the care settings:

1. Validating ‘openings’ by checking self-efficacy of case worker;
2. Supporting ‘opportunities’ by linking case workers to necessary resources;
3. Monitoring ‘obligations’ by systems work to check that the roles and responsibilities of key workers fit with participation promotion.

Shier’s diagram is an excellent tool for EPs to use to prepare themselves for being open within their role and engagement with young people to create opportunities for young people to participate at five different levels. He is making us aware that the necessary roles that will create these opportunities may be challenging to us as adults and therefore will require our reflection and explicit preparation at three different levels.

A participation model that speaks to our special skills as Educational Psychologists is the framework developed by the UK’s National Council for Voluntary Organisations (NCVO) in partnership with the Institute for Volunteering Research (IVR) and Involve since it focuses on the ‘actors’ (our clients); ‘activities’ (our skills in differentiation of tasks), ‘places’ and ‘time’ (key elements of context that many EP’s refer to with reference to Bronfenbrenner’s Bioecological Model of Human Development).
Figure 1: Pathways to participation: Openings, opportunities and obligations (Shier, 2001).
Also it acknowledges developmental changes in participation across the lifespan another EP specialty and the ‘multiple dimensions’ that can mimic our practice modalities. The EP can be strategically placed as one of the ‘shaping forces’ within their natural advocacy roles.

**Tools for participation used within this program**

These models can guide us in tool selection for participation as well as our understanding of trauma and relationship building. The emphasis on non-verbal means of communication throughout this program has been high since trauma is known to impact on both language development and cognitive functioning (e.g. Perry, 2006, p.36; Tsujimoto, 2008, p.347). Shonkoff (2009) reminds us that any intervention is most likely to be successful in the context of a relationally rich environment with attuned adults (Perry, 2006, p.46). EPs know that any positive interaction even in the context of assessment can be an opportunity for therapeutic intervention. These being so we can be proactive and ensure that each opportunity we create for participation in a young person we can multiply by encouraging the same participation in the systems, teams and individuals that support, care for and educate the young person, for example, within the educational settings we work with. Cole et al. (2005, p.55) note three important ways that educational institutions can contribute to children’s recovery from trauma: Develop a partnership with families and encourage and support relationship building with a wide range of adults from the care team, the school and the wider community; Teach children who have survived trauma to take responsibility for identifying...
and then regulating their feelings and emotions and learn triggers for behaviours; Provide a platform and scaffolding for children to develop their potential academically. EPs can be the bridge to facilitate all of these levels of participation. The tools this program has used to promote participation include:

- **A referral process** that requests that the care team involve the young person in the decision to refer to our program.
- **Strengths-based resources.**
- **The PAC** (Preferences for Activities for Children, King et al., 2005).
- **Structured interviews** in the form of, for example, the RSCA (Resiliency Scales for Children and Adolescents, Price-Embury, 2005), where a known and trusted adult has assisted self-reports about young people’s sense of resourcefulness and vulnerability.
- **The Marschack Interaction Method** (Theraplay Institute, 2011) as a form of structured observation.
- **Interactive websites** such as http://www.burstingthebubble.com/.
- **Cognitive Behaviour Intervention for Trauma in Schools** (CBITS, Jaycox, 2004) for group brainstorming.
- **Life story work** (Rose, 2012).
- **Sandplay and symbol work** (Patts Zoja, 2011).
- **Systems level work.**
- **Workshops** with key staff both at school and in the care setting.
- **Scaling choices.**
- **Use of executive summaries.**
- Attendance and participation in CREATE Speak Up (SUP) program.
- Attendance and participation at the CREATE 2013 conference, From Strength to Strength: Improving the care system for children and young people through participation.

The rationale for tool selection is outlined in Appendix 4 and will be illustrated in the following case studies.

**Case study GH**

**Background**

GH (aged 12 years) entered the program when his case manager referred him for assistance with transition to high school. GH remained on Short-Term Child Protection Orders (Queensland Child Protection Act, 1999) because his biological mother was demonstrating significant efforts to deal with her drug and alcohol addiction. While GH was very fond of his foster carer he had expressed a consistent desire to live with his mother. Being on short-term orders meant that his biological mother continued to have the responsibility for school choice. In consultation with his biological mother it transpired that GH was baptised a Catholic and that she would like him to attend a catholic high school.

**Intervention**

The program EP advocated for enrolment at a Catholic High School on the biological mother’s behalf and created a rationale that linked to what was in the best interests of GH from an educational and developmental perspective. This was based on research conducted by the Master’s of Counselling Psychology (MCP) student supervised by the Educational Psychologist (EP) managing the program. She researched what the local state high schools could provide vs. a range of catholic high schools in the area and matched it with the information that GH, his foster carer, his mother, case manager and primary school teachers had provided during regular discussions, assessments and observations made by the EP and the MCP. The application was followed by a series of meetings, as part of a five stage decision making process following Brisbane Catholic Education Enrolment Policy (2010), and observance of Policy Statement for Brisbane Catholic Education Schools: Students who are at the Margins of Society and/or out-of-home (2009).

The early meetings included the Care Team, the Catholic High School Principal, the School Consultant, Guidance Counsellor and Learning Support Teachers and the EP.
The MCP brought the views of GH to the meeting (although it was explained to GH that we were exploring new schools for him, until a school offered him a place we felt that it would be confusing to include him in the initial meetings). Her participation tools at this stage were: sand play and symbols GH created with craft materials, scaling using traffic lights and visual scenarios related to transition to high school, the PAC to share with the school and home preferred activities, and the RSCA to gain a sense of his resourcefulness. When the Principal called the Care Team to offer GH a place, the MCP showed him a social story about the school she had made using *Pictello* and explained the rationale for him attending the school, for example, close to Mum and Foster Carer; much smaller than state high school; that ‘being a Catholic’ was part of his cultural heritage and what that would ‘look like’ at school; learning support options; social-emotional framework of support. GH was keen to attend this school, fees were waived by the bursar, and his foster carer was keen to utilise the program iPad facilitated by the a Master’s of Educational & Developmental Psychology intern (MEDP) during the summer break (as all first-year high school students were to be part of a pilot using iPads in all of their classroom settings). GH transitioned to the catholic high school with an exemplary model of wraparound multi-agency working in planning the transition including an adjusted timetable to focus on supporting his social and emotional needs and building on his interests and strengths. Professional development was delivered to the whole school staff on the pupil free day prior to GH’s transition, time was spent with GH familiarising him with his iPad and placing apps on his machine that support the key social, emotional and learning goals identified from pre-transition assessments carried out over the three months prior to transition: BASC2 self-report, teacher report and carer report; P-H2 self-report; PAC self-report; SSIS self-report, teacher report and carer report; cognitive assessment – Wechsler Non-verbal (WNV) requested by the care team; Woodcock Johnson 3rd Edition (WJIII) attainment scales; RSCA. The MEDP continued to communicate with the school and care team on a monthly basis to track GH’s progress.

**Outcomes**

After six weeks at the new school a selection of the original measures were repeated (three-month interval BASC2, P-H2, scaling and sandplay and symbol work) were repeated to review GH’s, his carer’s and key teacher’s perceptions of his school-based functioning. On analysis it was evident from the BASC2, scaling and sandplay and symbol work that GH’s levels of social anxiety were increasing significantly and his belief in himself in relation to school-based tasks was diminishing. The MEDP was able to work with the school-based staff and care team to adjust this – changing break time routines (as GH shared that this was the biggest source of anxiety – who to ‘hang out with’ and ‘where’?), explore ways of differentiating school-based tasks further, dropping a subject from the timetable and providing an introduction to additional online resources to plug the gaps in his literacy development (e.g. *Literacy Planet* – informed by WJIII results) during these available time slots supervised by members of the student services and learning support teams. In addition the MEDP spent time with GH and his carer placing more apps on his iPad and reviewing them so that they could be built into his daily routine to encourage anxiety detection (*Feel Electric!*), anxiety management (*Calm Counter*) and provide social skill development activities (*Social Express*). GH is now using these independently and his comment was published in the organisational newsletter: ‘I didn’t know school could be this good’.
Case study CD

Background
CD (aged 7 years) had been removed at birth from his parents and placed in kinship care with his siblings. Sadly, this environment caused continued concern and eventually the siblings were separated and he was placed in a residential setting with one other sibling until a suitable foster carer could be found. After three months he joined another sibling but the carer struggled with his overwhelming attachment needs and he was placed alone with a new carer who had been previously supporting him as a youth worker. Simultaneously, the private church school he was attending announced that they could no longer meet his needs. His teacher, who had been wonderfully attuned to his needs and very committed to supporting him had been told by her leadership team that she could not move to the next year group with him and the new teacher doubted her ability to support him. The program was enlisted to assist in identifying a new school and support the transition. Understandably, CD’s attachment issues intensified and the new carer doubted her abilities to meet his needs. The EP negotiated with a school already heavily supported by the program, led by a community focused, compassionate, principal and deputy, to accept him. The principal of this school had been so appreciative of the support of the program and shared the vision towards inclusion of more children with a trauma history, had successfully included three of the program children and had offered to have another this year. A gradual transition was agreed to reduce pressure on the carer and the school. His placement in both was heavily supported by the MEDP (1:1 and small group) and EP (systemically) on the school site.

Intervention
Initially the MEDP carried out a range of assessments with his former teacher, his new carer and CD himself. His former teacher agreed to participate in a session with his carer using Pictello and very sensitively shared how much she had enjoyed teaching him, would miss him and continue to keep in contact with him. She showed him a Pictello sequence of his new school, new teacher and key adults and together with the MEDP they created a story of what he would like to do and learn in his new school. The assessments were also utilised to create the rationale for applying for additional funding to support the enrolment utilising Queensland Department of Education Mental Health, Children in Out of Home Care and Behaviour Policies. An intensive model of support was implemented: a teacher was funded by the school on three part days to work with him in a small group in a withdrawal room called ‘The Hub’ and the same person was funded by the Care Team as a part-time Youth Worker on the remaining two days (three hours), assisting with comprehensive assessment of CD’s developmental and learning needs, supporting him with 1:1 and up to 1:3 recreational activities (of his choosing using the PAC) on site where possible or in the local community. The results showed how ‘unsafe’ and ‘disconnected’ he was feeling with high levels of anxiety (RSCA, SSIS & BASC2). The immediate goal was set to up provide intensive, structured support initially to increase his sense of trust, comfort and belonging both within his carer relationship and with the school community. An interactive social story was created using the Pictello app by a Master’s of Counselling Psychology (MCP) student being supervised by the EP in the program incorporating photos and video clips of the new school surroundings and key people he would meet on arrival at the new school. The longer-term goal was to explore ways of gradually facilitating his inclusion in mainstream school activities. The EP introduced the foster carer to the Marschack Intervention Method (MIM) and she agreed to participate in the videoing of the assessment in a room at the school. This session was co-facilitated by a Master’s of Educational & Developmental Psychology Intern (MEDP). Feedback was provided to the foster carer following the...
principles of Video Interaction Guidance (Kennedy et al., 2011) within a couple of days. The foster carer was visibly emotional during feedback as it was clearly evident that CD was reaching out to her, making supreme efforts to connect with her and keen to develop their relationship further. She described the experience as ‘mind blowing’ and was able to identify a number of ways she could adapt her parenting style to increase predictability of her actions (and hence reduce his anxiety) and increase levels of explicit reassurance and attunement. Planned play sessions by the EP and MEDP developed from the MIM session were offered but after the first session were considered too intensive and were substituted with debriefing sessions for both the Carer and the Teacher/Youth Worker on a weekly basis to continue to explore ways to strengthen their relationship with CD further. CD had communicated strong messages during the videoed play sessions about his needs in terms of the relationship with his carer – particularly during the activity where the carer was asked to leave the room for one minute and then return. In her absence CD’s behaviour and speech was very revealing and gave her heaps of clues about transforming the way she related with him. She realised that she had not prepared him appropriately for her exit, saw how much he missed her, and how she could have better responded on her return. CD was included in a trauma-informed group based intervention that was being piloted in the school (a primary version of CBITS called Bounce Back that is yet to be published (Langley & Jaycox, 2013).

**Outcomes**

Six months later CD’s school days have been extended, he is supported in mainstream for part of each day, prepared for inclusion by skill development in the areas of social interaction, literacy, numeracy and emotional regulation using information provided by him in the BASC2, the SSIS and the WJIII guiding routine activities using role play, iPad apps such as Penultimate, Feeling Electric! Social Express and online learning tools such as Mathletics and Literacy Planet. His relationship with his carer and his school community is regularly reviewed using simple scaling tools. He uses a time with card as part of his self-regulation strategies, which he can take to his chosen member of the school leadership team and over a cup of tea reflect on why he needed a break, and what would have prevented his raised anxiety. The EP referred CD to a Play Therapist in the community sharing the findings of the MIM and scaling exercises. Ongoing liaison between the Play Therapist and the EP enables their observations, particularly in terms of his expressed needs and concerns to contribute to therapeutic care and education planning.

**Limitations and future directions**

Similarly to Stewart-Brown and Scrader-McMillan (2011) it has become apparent that skill development preparation of key adults prior to entering the workforce and while within both care team and school based roles is ‘likely to be a pre-requisite for successful mental health promotion’ of CYP who are LAC/in OOHC. The measurement of both key workers and assessor/intervention facilitator skills was carried out (in terms of program integrity measures and recorded sessions for supervision) during delivery of the trauma informed CBITS program. The skills of the facilitators were found to be critical in terms of how much a young person engaged in and responded to the activities on offer and the opportunities for sharing their views and needs. Similarly, the teachers supporting the CYP needed to be skilled facilitators of relational pedagogy in their classrooms. Trauma-informed, strengths based, non-judgmental approaches are essential for promoting the learning and development of the CYP as observed in this program and others. These facilitator (school/care/health-based staff) skills need to be measured explicitly since this is critical for the best outcomes of the CYP. Although this has
been recommended in research, policy and practice guidelines (e.g. Briere, 2012; Downey, 2007; Perry, 2006) the routine training of health care, social care and education professionals in these skills is not consistently occurring prior to entering the professions and is not mandated for ongoing professional skill development. Certainly in Queensland, all pre-service teaching courses, for example, were provided with grants by the then Department of Child Safety to develop units of work that were to be part of the core curriculum to develop an awareness of trauma-informed practice which had at its roots relational pedagogy. Indeed the manager of the program being shared in this paper wrote a unit for one of the universities so was surprised when delivering guest lectures to pre-service teachers, honours psychology students and internship supervision of provisionally registered psychologists that they had had little or no knowledge of trauma-informed practice and relational pedagogy. The students had expressed dismay that they had completed four to six years of study without addressing this vital suite of skills.

Having reviewed the paper by Harding and Atkinson (2009) the program intends to utilise the organisational project of the next Provisionally Registered Psychologist on placement to develop child-friendly reports for young people to receive separately and in addition to the adult focused reports. It also refers to an interactive online program that supports CYP with special educational needs with the expression of their opinion. This will also be piloted as part of the same organisational project. Reid (2011) identified a number of gaps in the implementation of the ESP policy for the children in this program. The policy states that every child/young person who is enrolled in school should have an ESP, however, Reid’s study found that only 65.3 per cent had an ESP. This finding is in line with previous research conducted by the Children’s Guardian (CCyPCG, 2010) where 1949 children and young people in care who were of school age were surveyed and it was found that 56 per cent of the children and young people surveyed stated they had an ESP. Of those who did have an ESP only 31.6 per cent contributed to its development. Previous research shows that allowing the child/young person to have involvement in the planning process is crucial. Giving children and young people an opportunity to be involved in the planning process; express their opinions and desires, enables children and young people to feel competent and that they have some control over their lives (Bruskas, 2008). Based on previous research, the reduced involvement of the children and young people in the current study in developing their ESPs is likely to have impacted on the potential effectiveness of their current plans. When CYP involvement in ESPs has been reviewed by this program it is evident that participation was mainly consultative; pre-planned by adults; occurring in a space controlled by adults. This participatory context allows little more than a reaction from a young person. ‘True’ participation will require that adults enable CYP to create a space of their own, set their own agenda and develop tactical skills for influencing the decision makers. A real tension remains in all contexts of the program between adult controlled participation (where it occurs at all) and CYP empowered participation. This is a real challenge for many EPs who like this program manager receive requests from school principals and care teams to engage young people in formal assessments. There is no training or implementation that I know of in the program’s region of the use of dynamic assessment within the school system. For example, while the program manager would prefer to use the Cognitive Abilities Profile in place of the Wechsler Intelligence Scales for Children, Fourth Edition, Australian Normative Sample (WISC-IV) this would disadvantage the young person in terms of support and funding since the verification process for identifying special educational needs specifies this test is used despite the fact that it is
known to miss the learning potential of children of diverse backgrounds (Davis & Rimm, 2004). However, what has been possible is to use many of the standardised assessments available not for the purposes of diagnosis but to promote self-determination and development in the learner by using the principles of dynamic assessment (DA) during administration. As Yeomans (2008) highlights:

DA examines the processes, rather than the products of learning. It identifies strengths and weaknesses in the process skills or cognitive functions of the learner. The unique feature of DA that differentiates it from other major assessment paradigms (for example, psychometrics and curriculum referenced assessment) is that intervention is an integral part of the assessment process. Frequently, a test–teach–test format is employed in DA. It is, therefore, an interactive process between assessor and learner.

Thus assessment has been for learning in a way that stimulates the learner’s participation using materials that match their interests and abilities delivered by adults who prepare themselves to be present for the learner in a way that authentically communicates interest in their well-being and promotion of their attainment. Future research needs to focus on removing the barriers within the organisational contexts preventing empowered participation for Children and Young People. As Tisdall (2012) states: the whole nature of research, how it is communicated and how we include participants authentically and holistically, is transformed for the better when our aim to facilitate active participation and contributions to future policies by and with children and young people who have experienced trauma, abuse and neglect is successful. As Welner (2011) reminds us, every member of the school community has a role that needs to be acknowledged when, through their inclusive practice, a child or young person realise their potential. The same is true of all the agencies that care for the child in partnership with the school. As Harker et al. (2004) found in their evaluation of the Taking Care of Education project, strong leadership committed to inter-agency working and meaningful, culturally sensitive information sharing is required if policy is to consistently translate into practice and the voice of some of our most vulnerable children is to be heard above the cacophony of professional rhetoric.

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Legislation

Child Protection Act 1999 (Qld).

Children Act 1989 (UK).


Education Act 2011 (UK).

Education (General Provisions) Act 2006 (Qld).

Local Authority Social Services Act 1970 (UK).

International treaties

Appendix 1: Number of Schools by Sector, Queensland and Australia.

<table>
<thead>
<tr>
<th></th>
<th>Queensland</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>2000</td>
<td>2000</td>
</tr>
<tr>
<td>Government</td>
<td>1297</td>
<td>6966</td>
</tr>
<tr>
<td>Catholic</td>
<td>270</td>
<td>1696</td>
</tr>
<tr>
<td>Independent</td>
<td>151</td>
<td>938</td>
</tr>
<tr>
<td>Total</td>
<td>1718</td>
<td>9600</td>
</tr>
</tbody>
</table>

Appendix 2. The Ladder of Participation.

The Ladder of Participation (Save the Children, 2010).

### Appendix 4: Participation Tools used within the Program.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based trauma-informed resources</td>
<td>The evidence based trauma-informed model incorporated in this program refers to the <em>Calmser Classrooms</em> resource booklet developed by the Office of the Child Safety Commissioner (Downey 2007).</td>
</tr>
<tr>
<td>Referral process</td>
<td>Requests that the care team involve the young person in the decision to refer to our program. The referral protocol includes the following prompts for the case manager to include the young person: <em>What dreams, hopes and plans does the Child or Young Person have for the future, especially in relation to Education? What are the Child or Young Person’s views in relation to this referral? Please ask the Young Person to sign here.</em></td>
</tr>
<tr>
<td>Strengths-based resources</td>
<td>Such as <em>Bear Cards</em> (Deal &amp; Wood, 2010), <em>Reflexions</em> (Deal &amp; Lane, 2001), and <em>Views from the Verandah</em> (Deal &amp; Veeken, 2000), all available from St Luke’s Innovative Resources, to assist with self-expression by exploring feelings, setting goals and aspirations.</td>
</tr>
<tr>
<td>PAC (Preferences for Activities for Children, King et al., 2005).</td>
<td>The flashcards represent an extensive range of ‘recreational, physical, social, skill-based, and self-improvement activities’ and a pictorial Likert scale is used to ascertain whether or not ‘if they could do anything in the world’ they would really like/maybe like/not like to do the activity in the picture. This has been a simple and yet powerful way of discerning what leisure activities or incentive activities the program can advocate for on behalf of the children and young people. Wherever possible this has been carried out with the foster carer or youth worker present so that this information can be used immediately to inform care and education planning around leisure time (known to improve resilience and self-determination, for example, Trainor et al., 2010).</td>
</tr>
<tr>
<td>Structured interviews</td>
<td>For example, the RSCA (<em>Resiliency Scales for Children and Adolescents</em>, Price-Embury, 2005), where a known and trusted adult has assisted self-reports about young people’s sense of resourcefulness and vulnerability. This has proven to be a very targeted way of asking young people to reflect on their circumstances and experiences and share comprehensively across many dimensions of their perceived self-mastery, relatedness and emotional regulation. There is also emphasis on space for additional comments and reflections that tends to be an opportunity to use personal construct psychology to explore the idea of the ideal space the young person would wish for themselves across the different constructs of e.g. trust, adaptability, comfort using scaling and laddering techniques to gain a deeper understanding of their self-beliefs (Ravenette, 1999). Additional assessments include: the BASC2 (<em>Behaviour Assessment System for Children 2nd Edition</em>, Reynolds &amp; Kamphaus, 2009), the SSIS (<em>Social Skills Improvement System</em>, Gresham &amp; Elliott, 2008) and the P-H2 (<em>Piers-Harris Self-Concept Scale 2nd Edition</em>, Piers &amp; Harris, 2002). However, caution has been exercised when choosing these approaches, as Quike (2003) cited in Harding &amp; Atkinson (2009) has written that ‘off the shelf’ questionnaires and attitude scales may not relate to existing views of the particular pupils involved and that many of them have a limited frame of reference. However, they can be useful in supporting hypotheses for creating prevention strategies, and ensure that a wide range of developmental and context specific issues (due to multi-rater involvement) can be addressed (Terter &amp; Hemmeter 2009).</td>
</tr>
</tbody>
</table>
Has been chosen as a form of structured observation. The carer is provided with a set of simple activities to complete with their child/young person. Each activity is accompanied with a set of instructions written on a card. The carer and child/young person are left alone in a room and the session is videotaped. The session is designed to measure the quality and nature of the relationship between the child and his/her caretaker(s). The trained assessor selects areas of strength and of difficulty in the relationship across four dimensions: structure, engagement, nurture and challenge and creates video clips for feedback using video interaction guidance (VIG). Due to the empowering, collaborative approach the assessor is able to reveal the child/young person's attempts at communication and connection. In each case the carer saw things as being much better than they had previously perceived and were inwardly moved and inspired to adjust their attunement in a way that would strengthen their relationship further and assists in making recommendations for treatment. The assessment is based on positive observations and is designed to positively help caregivers support their child who has experienced attachment losses.

Have been ideal for creating awareness of alternative perspectives on, in this case the issues around domestic violence that often brought them into the child protection system. This has been a powerful, non-judgmental way of exploring their perspectives, providing psycho education and challenging their beliefs. Responding to questions on the website collaboratively seems to provide the platform for sharing that does not challenge their sense of loyalty to family members in the way that speaking directly to even a trusted adult can.

Group brainstorming as part of the sessions has proven to be helpful. All members of these groups have met criteria for posttraumatic stress disorder. Following a stimulus activity such as a fiction book telling the story of a trauma experience, the group share ideas about how they would/are coping with such experiences. Feelings thermometers and brainstorming ideas provide an expression of their views, experiences and ongoing issues.

As life story work often raises strong emotions and unanswered questions for the child/young person sandplay and symbol work has been offered and has proved to be a powerful medium for non-verbal expression and an opportunity to heal past hurts (Pattis Zoja, 2011). As Carl Jung (1957) observed: ‘Often the hands will solve a mystery that the intellect has struggled with in vain’.
| **Systems level work** | Providing advocacy opportunities which focus on the developmental and learning issues specific to children placed in out of home care and the cumulative responses of the children and young people are represented in advocacy reports such as *Education Matters* prepared by the Working Group on Education for Children and Young People in Out-of-home Care in Queensland (2011) and actively contributing to initiatives such as the *Building Young People's Voices Project* (Youth Affairs Network Queensland & Dusseldorp Skills Forum, 2013). Care is taken during advocacy to explicitly promote strong relationships with young people as being the source for expanding opportunities for their participation and worldview. As Vis (2012) have postulated: *'Having a good relationship with the child may make it easier for children to say what they 'really mean' and knowing a lot about the child may make it easier for the case manager to conduct an evaluation of whether the child's statements reflect his or her true feelings.'*    |
| **Workshops** | With key staff both at school and in the care setting on the use of iPad technology to scaffold the views of the young person have been both well received and very effective. Apps such as *Penultimate*, *Pictello* and *Comic Strip* have proved to be very useful tools for engaging the young person, facilitating relationship building with the key adult and allowing for fun ways of developing skills and sharing thoughts, feelings, needs, and aspirations for the future.    |
| **Scaling choices** | The use of a *Feelings Thermometer* which offers scaling choices to children and young people (in the form of numbers or smiley faces) allowing them to rate how they are feeling about their care situation and school (Taken from Jaycox, 2004).    |
| **Use of executive summaries of more comprehensive educational and developmental reports** | Summary reports of monitoring sessions with Children and Young people (CYP) for ease of sharing with care teams, education teams as well as outside agencies carrying out ongoing work with children to parents and professionals. These offer the opportunity for pupil views to be expressed and communicated more regularly and over a number of sessions.    |
| **Advocacy for selected CYP to participate in the CREATE Speak Up (SUP) program and funding to attend and present with program EP at the CREATE 2013 conference** | (SUP) is a program designed to empower CYP aged between 14 and 25 years who have an experience of being placed in the statutory out of home care/LAC system (CREATE is similar to LILAC in the UK). The training provides them with an opportunity to acquire skills that will improve their advocacy in matters relating to transformation of the care system, its policies and practice. Once trained, Young Consultants can attend events and respond to requests from government agencies, often via CREATE officers, for advice improving services and increase community awareness of the needs of CYP in the care system through media campaigns. The aim of this national event is to enable CYP who have experienced out of home care to be heard, feel empowered, access peer support, learn from each other and a wide range of professionals who work in the out of home care setting. The intention is also to reduce stigma.    |