

**Social policy responses to complex  
childhood trauma in South Australia: a  
post-structural analysis**

by

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*'One of the last frontiers of our society is the lack of realization about the extent of trauma.'* –  
Warwick Middleton, cited in Helen Tobler, 'Early trauma takes a long-term toll', *The Weekend  
Australian*, 23-24 July 2011, p.13

## DECLARATION

I certify that this thesis:

1. does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and
2. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

A handwritten signature in black ink, appearing to read 'R. Martin', with a horizontal line extending to the right from the end of the signature.

Robert John Martin

31 / 08 / 2020

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## **ABSTRACT**

This research asked: How effectively does social policy, specifically child protection policy, respond to the issue of the complex trauma experiences of children in state care in South Australia?

This thesis is therefore the product of research that sought to explore and describe the current and emerging provisions in South Australian child protection policy for responding to the complex trauma that many children in the child protection system have experienced.

The lifelong consequences of complex trauma are often severe and far-reaching for children who have experienced it. Extreme disruptions in normative cognitive and emotional development as well as in the development of personal identity are often seen in children who have experienced complex trauma, and who, as a result of abuse or neglect have subsequently been taken into child protection systems. The social and public health costs of complex trauma are serious enough to warrant research into the efficacy of social policy responses to the complex trauma experience of children and young people in state care.

The overarching focus of the research project that led to this thesis was to explore and describe the efficacy with which complex childhood trauma was addressed for those children in the South Australian child protection system. Further, this research examined the extent to which the South Australian government had responded to such trauma. Policy developments and amendments brought about by the Nyland Royal Commission of Inquiry were therefore crucial to such an examination, as was the degree to which these policies translated in to practice outcomes with children and young people in statutory out of home care.

In the wake of the Royal Commission of Inquiry into Child Protection Systems in South Australia led by Commissioner Margaret Nyland and which was completed in 2016, this research project coincided with a particularly pivotal time in the South Australian political and policy cycle. Both sides of government demonstrated bilateral support for the vast majority of recommendations made by Commissioner Nyland.

This thesis has been predicated on an implicit understanding that government child protection policy, as a sub-set of broader social policy positions of government, requires specific mechanisms by which to be operationalised and translated in to particular practice outcomes. The social policy problem of complex trauma for children in care should ideally be articulated and captured in high level policy in such a way as to appropriately guide and instruct practice in the field of complex trauma responses for children in state care.

This thesis reports two major findings of the research. One was that high-level policy and legislation that have as their remit to guide child protection responses in South Australia and to create strong policy outcomes around complex childhood trauma experiences for children in care, was critically lacking. Secondly, the language and conceptualisation of complex trauma in child protection policy is significantly under-developed at this time, a finding that was corroborated and reinforced by the interview participants.

There were limited examples in policy where children's complex trauma was acknowledged, and prescriptive measures for addressing this trauma in the context of child protection responses were attempted. This analysis found that the policy discourse around complex trauma is still in its infancy, and that a dominant discourse of complex childhood trauma is yet to infiltrate the texts of high-level policy and legislation which underpins the South Australian child protection system.

This project was guided by a post-structural methodology that was informed by both critical discourse analysis as well as thematic analysis of both policy texts and interview responses, and which sought to discover the extent to which key South Australian policy documents that guide child protection responses were able to articulate and express the issue of complex childhood trauma for children in child protection. The project also sought to analyse responses from interview participants on their views of policy efficacy in responses to complex trauma.

Drawing from discourse analyses of key policy documents as well as interviews with key policy makers and policy advocates, this project was able to illuminate the very marginal degree to which complex trauma has been embedded in South Australian child protection policy and legislation. Through an examination and analysis of key policy documents, the research project was able to identify significant gaps in child protection policy which conceivably leaves limited those critical practices at the front line with children in the child protection system who have experienced and live with the effects of complex trauma.

Four key sources of South Australian policy were subjected to critical discourse analysis which highlighted which social issues were framed most strongly and to what extent complex trauma featured in the policy texts, and whether prescribed policy responses to such trauma were present. The policy documents that were subjected to analysis were the outcome report of the Royal Commission in to South Australia's child protection system entitled *The Life they Deserve*, the government's response and blueprint for child protection system reform entitled *A fresh start*, the South Australian prevention and early intervention strategy entitled *Getting it Right Early*, and the *Children and Young People (Safety) Act 2017*.

Subsequent to the analysis of these policy documents, 23 research participants were interviewed utilising a six question, semi-structured interview which attempted to investigate participants' understanding of the existing policy provisions in the area of complex childhood trauma, with a focus on the child protection system in South Australia. Their responses were subjected to a synthesis of critical discourse and thematic analysis, supported by NVivo coding, with key themes and sub-themes coded from the interview data. Analysis of interview data was guided by attention to how gaps in policy were understood and articulated by the research participants and to what extent they understood new policy positions of government as a result of the Nyland reform process that is currently underway.



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## 1. INTRODUCTION

This chapter examines the context and provides a rationale for this research project. The research question: How effectively does social policy, specifically child protection policy, respond to the issue of the complex trauma experiences of children in state care in South Australia? is situated within an existing broad field of research examining the life-course outcomes for children and young people who have experienced complex trauma. The background to the reforms of the South Australian child protection system are described, with attention drawn specifically to the initiation of the Nyland Royal Commission of Inquiry into South Australia's child protection system and its attendant policies.

This chapter also seeks to provide a high-level contextual discussion around the intervention in the private affairs of families on the basis of protecting children from abuse and neglect and makes a conceptual linkage to the international practice of intervening in sovereign state affairs on the basis of preventing human rights abuses. Child rights are discussed, and the importance of considering a rights discourse, even in the context of a post-modern and post-structural research undertaking such as this is provided.

This chapter deliberately deals with the legal basis for intervention in the 'sovereign' affairs of the family-unit. It does so to reconcile the tension of child protection incursions into the private lives of families when children are at risk or harm. This chapter also discusses in brief the statutory nature of much of Australia's child protection policy. Such a discussion necessarily requires that children's rights are situated within the discourse due to the manner by which child protection legislation in South Australia and nationally is developed on the basis of such rights (Australian Human Rights Commission, 2015; Australian Institute of Family Studies, 2018; Baidawi, 2016; Children and Young People Safety Act, 2017; Government of South Australia, 2016). This chapter will also examine the international instruments that have been designed to protect and uphold these rights, with a particular focus on the United Nations Convention on the Rights of the Child.

The discussion and observations presented in this chapter around human rights and children's rights serve as conceptual scaffolding for later chapters whereby children's rights are uncovered as themes within legislation and policy, as well as within the thematic responses of interview participants.

The effects of complex trauma on the life-course outcomes of children and young people are significant (Atkinson, 1997; Bryant, 1994; Herman, 1992; Hutchinson, 2005; Perry, 1995; Ryan, 1996) however, little is known about the extent to which policy initiatives are intentionally designed with a view to addressing and ameliorating the impacts of complex childhood trauma in child protection practice.

The PhD research project that led to this thesis was designed to answer the question: ***How effectively does child protection policy respond to the issue of the complex trauma experiences of children in state care in South Australia?***

The project was fundamentally concerned with the existence of a significant gap that appears to exist in child protection systems, a gap which serves to leave complex childhood trauma untreated and unaddressed. The lack of emphasis on complex childhood trauma in legislative and policy frameworks which guide child protection practice is a core consideration of this thesis.

Complex childhood trauma is conceptualized as the product of multiple episodes of abuse or neglect from the child's primary care-giver(s) which negatively impacts on a child's cognitive, emotional and social development, as well as the development of their overall sense of wellbeing and agency. The subsequent vulnerability of children who have experienced complex trauma to various mental illnesses and to a lifetime of fractured and dysfunctional interpersonal relationships is perhaps the driving force behind this project, as is the burden of illness that complex trauma leads to as the child grows in to adolescence and adulthood (Perry, 1995; Perry, 2003; Perry, 2004; Ryan, 1996; Shavers, 2013; Wilkinson & Kitzinger, 2013; Wilson, Lonsway & Archambault, 2016).

The next section structures the context and rationale for engaging in this piece of research at this point in time, and situates the project within a contemporary, highly complex and large-scale child protection system reform process. It serves to demonstrate the contribution of this research to the field of child protection policy, specifically policy designed to address complex childhood trauma for children in child protection systems.

### **Critical gaps in child protection policy and practice – the case for structured analysis**

On the 20<sup>th</sup> of January 2012, Chloe Lee Valentine died at the Women's and Children's Hospital as the result of a traumatic head injury. She was four years old (Johns, 2015, p.1).

While Chloe was not under state care at the time that she passed away, the type of policy failure that did not provide sufficient intervention in her neglect and which did not facilitate her protection and removal is exceptionally troubling, be that for children who are in state care or who are deemed at risk of coming in to contact with the child protection system.

The forensic pathologist conducting the post-mortem examination was unable to determine whether the injuries she had observed were the result of a single incident, or because of cumulative and repeated injury (Johns, 2015, p.1).

Mark Frederick Johns, South Australian State Coroner is cited as follows:

*That complete failure to show the love and care that is to be expected of a mother towards a child did not come out of nowhere. There had been many previous warning signs that Ashlee Polkinghorne was unfit to be Chloe's mother and guardian. The warning signs had been made known to the child protection authority in this State which is known as Families SA and is a part of the Department for Education and Child Development (Johns, 2015, p.3).*

The repeated internal failures within Families SA (now the Department for Child Protection) to respond to numerous reports of risk of harm and to conclude upon investigation of Chloe's case that she was at significant risk, represented a policy failure of considerable magnitude. The death of Chloe Valentine and the subsequent Coroner's Inquest into the circumstances surrounding her death demonstrated that despite numerous reports made to the Families SA child abuse report line (CARL) and subsequent investigations into Chloe's safety, no adequate response had been provided to ensure her physical safety (Johns, 2015, p.5).

Subsequent abuse of children and infants at the hands of Shannon McCoolle, a screened and cleared child protection system employee who used his status as a residential care worker to sexually abuse infants and young children resulted in the Weatherill Government's announcement of a Royal Commission of Inquiry into Statutory Child Protection and Care, with Justice Margaret Nyland presiding as Commissioner. Commissioner Nyland drew attention to the critical systems issues that had beset the South Australian child protection system, and which had allowed for gross oversights in child protection practice.

*The activities of Shannon McCoolle were the catalyst for establishing this Commission. However, this inquiry was not just about McCoolle. Substantial community disquiet and adverse publicity had surrounded Families SA, and the child protection system generally, for some time before McCoolle's arrest. The Terms of Reference for this Commission thus required me to conduct a thorough examination of the child protection system in this state, with provision for a supplementary report on McCoolle, should his legal proceedings be protracted. The problems besetting Families SA and the child protection system proved to be far greater than anyone had initially envisaged. McCoolle's ongoing criminal investigation and prosecution indicated that his activities were likely to be relevant to other issues being examined by the Commission (Nyland, 2016, p.vii).*

The terms of reference for the Nyland Royal Commission are salient in the context of this research project, as they point to key deficiencies at a policy level in South Australia in shaping and guiding appropriate and timely responses to instances of complex childhood trauma. The terms of reference for the Royal Commission of Inquiry were structured to direct the Commission of Inquiry to examine:

1. The adequacy of existing laws and policies relevant to the State's child protection system for children at risk of harm;
2. Improvements that may be made to existing laws, policies, structures and allocation of resources relevant to the State's child protection system for children at risk of harm;
3. The adequacy of existing practices and procedures adopted by Families SA and other relevant agencies, including entities licensed by the Minister, in implementing the State's child protection system for children at risk of harm; and
4. Improvements that may be made to the practices and procedures of Families SA and other relevant agencies, including entities licensed by the Minister, to provide for the best practical and financially achievable implementation of the State's child protection system for children at risk of harm (Nyland, 2016, p.xi).

In her final report of the Royal Commission of Inquiry into Child Protection Systems, Commissioner Margaret Nyland identified that whole of system change needed to be pursued with urgency. She stated that '...many children in the care of the state have been abused and neglected, not only by their families but by the system that was supposed to protect them. It is time for that to change. It is time for all of us to work together to give all our children the life they deserve.' (Nyland, 2016, p.xiv) The kinds of policy reform necessary to achieve these sweeping goals and ensure that children's cumulative and complex trauma (such as that resulting from repeated sexual abuse in the case of Shannon McCooles) is addressed in a timely and appropriate fashion at the practice level are of central interest to this project.

The incidence of complex childhood trauma and the need for policy responses that adequately support those children who have experienced it is given more urgency when the issue is situated within the context of an increasing in-care population. The rate of children and young people entering Australian child protection systems has been increasing steadily at a rate of approximately 10% per annum and has been demonstrated by the CREATE Foundation in a number of meta-analyses of Australian social health statistics (McDowall, 2011, p.3), as well as by the Australian Institute of Health and Welfare (AIHW, 2017; AIHW, 2018).

The incidence of complex trauma for children and young people entering child protection systems is high; such trauma is often exacerbated by the experience of forced removal from the child's biological family when care and protection orders are put in place (Herrick & Piccus, 2009; Hutchinson, 2005; Kosonen, 1996; Luthar, 2003).



Understanding the ways in which child protection policy reflects conceptualization of responses to complex childhood trauma in order to influence both social work practice and decisions made about placements and psycho-social support for children and young people in care is a crucial consideration of this thesis. In the context of current child protection system reforms being implemented in South Australia post the Nyland Royal Commission, it is timely that a focused analysis and critique of social policy attempts to adequately address and ameliorate the impacts of complex childhood trauma be conducted in order to comment on and potentially assist to shape and influence the current reform process.

In considering the vast number of recommendations (260) made in the context of Commissioner Nyland's final report, many of which relate to legislative, administrative and policy reform, it is also timely to conduct a study of how well policy changes might translate in to practice improvements at the front line, improvements which allow social work practitioners to respond in a fashion which ameliorates the impact of complex trauma for children and young people and which may serve to simultaneously build their resilience.

The focus of this thesis on social policy (child protection policy) responses to complex trauma is influenced by existing research around how traumatic experiences in childhood contributes to the development and diagnosis of mental illness in adolescence and adulthood, and associated difficulties developing resilient identities (Anglin, 2002; Atkinson, 2013; Briere & Lanktree; 2012; Ferguson, 2012; Greeson, 2011; Van Der Kolk, 2019). It is also influenced by an interest on the part of the author in child protection responses to cumulative and complex trauma, responses that, in this view, should be driven at the policy level.

The intractable and resistant nature of child protection issues to policy solutions is critical in an analysis of child protection policy and its relative orientation to complex trauma. Child protection has previously been described as a 'wicked problem' for social policy given its complexity, intractability and lack of clear and definitive solution (Head, 2008, p.102). It is in this context that a critical lens will be applied to those child protection policies that have the capacity to influence responses to complex trauma, and the ways in which these policies influence the language and discourse of social work practice with vulnerable children.

It has been previously noted by Fine (2006) that social problems, particularly those 'wicked' social problems such as child protection and child safety, are often 'chained' with other, system-wide problems that are intricately linked as 'webs'. Fine (2006) critically questions the capacity to solve such social problems given the vast constraints that these webs represent, with no one problem or issue standing in isolation from the other. Child safety in this vein is not an issue that can be considered, or

solved, without addressing other 'chained' problems such as systemic poverty and disadvantage, inter-generational unemployment, housing instability and homelessness, mental health issues and mental illness, drug addiction and dependence as well as domestic and family violence. Where any one of these problems is addressed in such a way as to ignore, or isolate the others, solutions are likely to be inadequate and ineffective, and lead to a range of unintended consequences (Fine, 2006, p. 7).

In the context of the current child protection systems reform, the issue of complex trauma which such systems are established to address and to ameliorate is also 'chained' to other broader issues such as the public health costs of complex trauma and the poorer life outcomes that are expected for children who have experienced it.

The next section of this chapter will serve to shape a definition of complex trauma that shall be used throughout the remainder of this thesis. It will also situate the discussion around child protection policy within a broader discourse of human rights and child rights.

### **Defining Complex Trauma**

Complex trauma has been defined as '...a subset of the full range of psychological trauma that has as its unique trademark a compromise of the individual's self-development. What is distinctive about complex trauma is its pervasive effects; it is not only a range of functions which are negatively impacted but development and functioning of the self per se' (Kezelman and Stavropoulos, 2012, p.46).

Additionally, it has been noted of complex trauma that it differs substantially from more readily understood notions of 'single incident' or 'acute' trauma:

*In contrast to what is often referred to as 'single incident' trauma (which relates to an unexpected and out-of-the-blue event such as a natural disaster, traumatic accident, terrorist attack or single episode of assault, abuse or witnessing it), complex trauma is cumulative and repetitive. It is the product of overwhelming stress which is interpersonally generated, such as ongoing abuse, including within the context of intimate and familial relationships, and includes community violence, war and genocide...The cumulative impact of intentional, premeditated and multiple abusive episodes (which are frequently extreme, and which occur over many years at the hands of a care-giver from whom protection would ordinarily be expected) involves particular, and particularly damaging, dynamics. The term 'betrayal trauma', captures the depth of some of what is involved, and itself highlights a key point of difference from single incident trauma (Kezelman and Stavropoulos, 2012, p.47).*

In the context of the child protection systems reform taking place in South Australia after the final report and series of recommendations handed down by Commissioner Margaret Nyland on the 8th of August 2016, it is timely for an analysis of child protection policy that has the potential to ameliorate the impacts of early childhood experiences of trauma and to build children's resilience in the face of such trauma, particularly in the context of child protection systems, processes and social work practices therein.

That trauma is a common experience for children and young people entering child protection systems in Australia and internationally is axiomatic (Anglin, 2002; Atkinson, 2013; Briere & Lanktree; 2012; Ferguson, 2012; Greeson, 2011); the extent to which child protection policies and child protection systems reforms are able to adequately conceive of and prescribe timely and effective practice responses to trauma is the underlying focus for this research. A concurrent interest in how policies and practices can assist to foster resilience in children and young people after experiences of complex trauma will be highlighted and explored in future chapters of this thesis.

An analysis of particular social policy designed to adequately address the impacts of trauma for children and young people entering child protection systems in Australia and internationally will form a cornerstone of the thesis, with the current South Australian system reform utilized as a contemporary example of policy change processes.

### **Situating child protection responses to complex trauma within a discourse on human rights**

This thesis takes a position that child protection is essentially values-oriented work, and that policy and practice in child protection, including those that attempt to ameliorate the impact of complex trauma experiences for children inside child protection systems is the result of a contemporary values orientation around upholding children's wellbeing.<sup>1</sup>

It is argued here that when governments do not fulfil their obligation to uphold children's rights and to protect them from the excesses of maltreatment, abuse or neglect, such governments find themselves derogating from their responsibilities towards children (Australian Human Rights Commission, 2015; Australian Human Rights Commission, 2017; Australian Institute of Family Studies, 2018; UNCRC, 1989). The United Nations Convention on the Rights of the Child provides for specific measures that relate to protecting children and young people from potential or actual trauma and

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<sup>1</sup> It should be noted that the contemporary values orientation around protecting children is a socio-historical phenomenon that has as its hallmark a focus on behaviours occurring within the private domain of the home that were previously considered to be the sovereign affairs of the 'contaminated' family (Ferguson, 2011, p. 16). Prior to the 1870's, child protection work had not been formalized in policy or legislation or popularized as a necessary function of state social policy in Western nation states (Ferguson, 2011, p. 18).

how states have a responsibility to uphold this right, particularly by formally and publicly ratifying it and incorporating it in to domestic child protection legislation (Australian Human Rights Commission, 2015; Australian Human Rights Commission, 2017; Australian Institute of Family Studies, 2018; Baidawi, 2016).

The literature on child protection systems' inherent ability to further compound the traumas of an already traumatized child is growing and reinforces the notion that even where children must be removed from family environments that are abusive or neglectful, the state makes a particularly inadequate alternative parent (Finan, Bromfield, Arney & Moore, 2018; Ferguson, 2011; Folman, 1998; Golding, 2008; Greeson, 2011; Leon, Saucedo & Jachymiak, 2016, Malvaso, Delfabbro & Day, 2017). It is for this reason that specific legislative provisions that seek to uphold the rights of children and young people are necessary.

That children have inherent and inalienable rights is provided for in the provisions of the United Nations Convention on the Rights of the Child (UNCRC) which has served to codify these rights and enshrine them within an international legal instrument that enjoys broad based ratification and adoption amongst nation states. One of the primary means by which ratification takes place at the state level is by translating the provisions of conventions or treaties into domestic statute such that law and policy reflects international obligations to which states have committed (Barash, 2000, p.78). This is a fundamental pillar upon which modern child rights and child protection legislation is built (Australian Institute of Family Studies, 2018; Falch-Erikson & Backe-Hansen, 2018).

This thesis suggests that if, in the context of child protection policy, the rights of children are paramount, and that the provisions of international children's rights are embedded in legislative measures to protect children, then the question that pertains to the rights of families and the human rights of parents to raise their children becomes less clear. It is argued here that family units should enjoy some level of independence and autonomy from state intervention in their affairs, and that this expectation is one of the foundational organising principles of contemporary democratic social relations. Families should expect to have only minimal outside interference in their internal affairs as long as they are providing an environment that upholds the rights of their children. The reason that this observation is positioned here is that later chapters will deal with themes related to early intervention, whereby interventions in private family affairs are conducted with the intention to keep children out of statutory child protection systems, and to assist families to create safe and nurturing environments within which children can grow and thrive. Importantly, it is suggested here that policies and legislation that are designed to protect and uphold the rights of children and young people may inadvertently 'forget' that families have rights, and that children have the right to remain with family.

This thesis posits that early intervention initiatives have the potential to strike a balance between children's right to safety, their right to remain with family, and family rights to raise their children with minimal outside intervention.

Where the safety and wellbeing of children is concerned, such outside interference by statutory bodies in the lives of families becomes somewhat more pronounced given the statutory codes that underpin child protection interventions in Australia. Certain parenting practices that should ideally serve to provide nurturance and safety for children and young people become subjected to a much higher level of state scrutiny, and this scrutiny becomes particularly sharp in the event of suspected abuse or neglect (Ferguson, 2011; Lumsden, 2018; Sammut, 2010; Sammut, 2015). It is in these instances where the state wields considerable power to intervene in the private lives of families. The conceptual 'moral authority' of the family, as well as its 'liberty and autonomous choice' is severely curtailed, most poignantly if '...in particular, parents impose on their children choices that are not in the best interests of their children' (Engelhardt, 2010, p. 501).

In the interests of situating children's rights within a broader discourse on the nature of human rights and on the ability of states to intervene where human rights breaches are suspected, this section of the chapter provides a conceptual comparison of state intervention in 'sovereign' affairs at both the international level as well as the domestic level, with the common justification for such intervention being the role of the state to provide the conditions within which human rights (and child rights as a component of them) can be observed (Baylis & Smith, 2001; Charvet, 1998; Orend, 1998).

It has already been proposed in this chapter that children ought to have the right to grow up in environments that are free from traumatising behaviour perpetrated by a caregiver or trusted adult (Australian Institute of Family Studies, 2018; Falch-Erikson & Backe-Hansen, 2018; UNCRC, 1989). Further chapters will deal separately with child protection policies that seek to provide safe and nurturing environments for children and which give effect to child protection interventions, with these policies being heavily influenced by a normative understanding of and respect for children's rights. Indeed, it will be argued that the statutory obligation for governments to respond at a policy level to the phenomena of complex childhood trauma is in part, an obligation that is underpinned by a legal necessity to respect and ratify international human rights and child rights norms in domestic child protection legislation (Australian Human Rights Commission, 2015; Australian Institute of Family Studies, 2018; Baidawi, 2016).

It is also considered here to be pertinent from a policy analysis perspective to consider at very least the means by which the principles and provisions of international human rights and child rights law

could or should be further incorporated in to specific domestic policies that seek to respond to children who have experienced complex trauma, given the social and human costs of experiences of children who are placed in child protection systems (Sammut, 2010; Sammut, 2015)

International respect for state sovereignty gives nation-states the right to govern its citizens (and its children) according to the norms and political traditions to which the particular state apparatus adheres, even when these norms become a point of contention amongst states (Barash, 2000, p.151). Of particular concern for contemporary democratic states who are engaged in a discourse of human rights observance is the role of and the adherence to certain standards of human rights norms. Just what constitutes 'human rights' is of itself a point of much argument amongst pluralists and cultural relativists (Wheeler, 2005), even more so which human rights are of the most fundamental importance from the perspective of state implementation. For the purposes of this section, it is child rights and the instruments that give expression to them that are considered most salient, for it is these rights and rights mechanisms that purport to have any impact on states' compulsion to act on and ameliorate the effects of children's rights abuses, and which have the capacity to shape child protection and child safety policy and legislation.

It is argued here that there are parallels that can be drawn between humanitarian intervention at the international level on the basis of government human rights abuses and state intervention in the lives of families at the domestic level, and that such domestic interventions in the lives of families on the basis of child rights abuses needs to incorporate certain considerations that justify and legitimate the interference or the intrusion of governments in the sovereign and private affairs of families. Sovereignty is taken here to mean the ability to function independently and without outside interference (Charvet, 1998, p. 523).

### **Intervention in sovereign affairs – state and family**

The notion of sovereignty in the international arena carries with it an implicit understanding of and explicit respect for the right of sovereign states to govern their internal affairs in such a way as to not concern themselves with intervention by other actors in their internal affairs (Armstrong, Farrell & Lambert; 2009; Barash, 2000; Baylis & Smith, 2001). In a similar vein of reasoning and by reference to the parallels discussed above, the family-unit can conceivably be viewed as a somewhat 'sovereign entity' even though it is bound by domestic statutes, and as a sovereign entity should expect to function and engage in interpersonal relations without inviting outside intervention except in situations where trespass is made upon the relevant domestic laws, including those protecting children from harm. In much the same way as humanitarian intervention is argued for at the

international level on the occasion of gross violations of human rights, so too can intervention at the family level be argued for on the occasion that children's rights are violated. It is this principle that provides the body of jurisprudence that is child protection legislation (Baidawi, 2016).

It is beyond the scope of this section to engage in the fine detail of certain objections to the legitimacy of humanitarian intervention in state affairs, which have been noted elsewhere (Wheeler, 2005, p. 558), however we can and should engage with the arguments for intervention that are based on the (sometimes contested) recognition of universal human rights (Pogge, 2002; Wheeler, 2005). It has been noted that in keeping with international relations arguments for recognition of the existence of a 'universal morality' that should guide both the universal recognition of fundamental human rights and justify intervention to protect these rights, '...whatever the legality of humanitarian intervention, there is a moral duty of forcible intervention in situations of extreme humanitarian emergency' (Wheeler, 2005, p. 559). This moral argument for rights-based intervention has resonance with that of international solidarity, which '...is committed to developing consensual moral principles that would legitimate a practice of humanitarian intervention in international society' (Wheeler, 2005, p. 562). It may well be argued that nowhere is there more political solidarity at the domestic level than in the arena of children's rights and the universal respect and protection that should be afforded to children and young people by virtue of their inherent vulnerability (Baidawi, 2016; Sammut, 2010; Sammut, 2015).

Arguments such as those above seeking observance of a common, global morality in relation to human rights are highly contested, with criticisms focussing on the existence of common moral attitudes amongst individuals and states with varied cultural backgrounds (cultural relativism). This thesis suggests that any arguments for a universal morality in relation to human rights, in order to be relevant and accepted, needs to be able to demonstrate that such a morality can and does transcend cultural relativism, and that there are certain moral norms from which no culture or society would choose to derogate (Baylis & Smith, 2001; Pogge, 2002; Wheeler, 2005). It would be these universal, moral norms which could be incited within international law to justify consistent humanitarian intervention where extreme violations of human rights are apparent. It would be the same set of moral norms that would justify domestic intervention on the basis of children's rights abuses, and which could be invoked within domestic child protection legislation when the state decides to intervene in family situations where children are not having their rights to safety upheld.

Given that this section is concerned with an examination of children's rights and child protection policy which seeks to ameliorate the impacts of complex childhood trauma, there are certain theoretical considerations in relation to humanitarian intervention in the affairs of states at the international level

(on the basis of human rights abuses), that can very aptly be applied to domestic government intervention in the affairs of families (on the basis of children's rights abuses). Parekh (1997) notes that there are certain situations in which autonomy and sovereignty need to be disregarded:

*To start with, it [respect for sovereignty] is paradoxical. It respects the integrity of the state and is committed to preserving territorial boundaries; but it also insists on our common humanity and the concomitant duty under certain circumstances to disregard the state's autonomy and intervene in its internal affairs (Parekh, 1997, p. 5).*

This is a compelling argument to consider when we pose the question of who should determine, and by what means they should determine when intervention is justified by humanitarian needs. Indeed, if this question can be asked of intervention in the affairs of states at the international level, then its corollary, for the purposes of this section, is who and by what means gets to determine how and when to intervene in the lives of families on the basis of children's rights abuses. Even in the place of domestic legislation that provides for child protection interventions, the question of 'thresholds of harm' is as poignant and as troubling for child protection policy makers as it is for international foreign policy makers deciding how and when to actively and forcefully intervene in the affairs of sovereign states (Armstrong, Farrell & Lambert; 2009; Barash, 2000; Baylis & Smith, 2001; Parekh, 1997).

At the domestic level, when we are examining state intervention in the affairs of families 'multi-lateral' approval is not necessary, as the nature of child protection legislation allows for a single magistrate to determine when a threshold of harm has been reached for a child and when this qualifies for state intervention to protect that child's rights to safety (Baidawi, 2016). In practice, we can observe a variant on the theme of 'multi-lateral' decision making given the role of statutory authorities to collect and present evidence from a range of sources which compels a magistrate to make a decision that accords with a variety of aligned perspectives and opinions on what is in the best interests of the child; in this view, the final decision to remove a child from its family and to place it in to state care becomes a 'multi-lateral' decision based upon a concordance of views about the child's best interests.

In much the same way as could be argued about when the rights of families can and should be subjugated by the rights of children to safety, it has been suggested that the rights of sovereign states should be supplanted by human rights in the event that state's fail to observe and uphold the rights of its citizens. The problem of state sovereignty in this case has been solved by Brian Orend (1998), stating that '...a state that fails to meet...human rights protection has forfeited its state rights, including that to non-interference' (Orend, 1998, p. 8). In this view, if a family consistently fails to provide an environment in which their child is enjoying its right to safety, then that family forfeits its right to non-



interference and should expect that a statutory system will become interested in their internal affairs. This view is mirrored in the poignant argument that ‘The preoccupation with preserving parental custody is typical of the woolly minded thinking about rights typically found on the contemporary Left...When the welfare of children is at stake, it is not ‘too harsh’ or illiberal to hold parents accountable...’ (Sammut, 2010, p. 4).

### **The United Nations Convention on the Rights of the Child – protecting children from trauma**

The United Nations Convention on the Rights of the Child provides for specific measures that relate to protecting children and young people from potential or actual trauma. The Convention specifically states in its preamble that ‘childhood is entitled to special care and assistance’, and that the family, in its role in providing for the means of children’s welfare ‘should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community’ (UNCRC, 1989, p.1).

Article 3 of the UNCRC is specifically concerned with the role of the state in upholding children’s rights and provides for state intervention in the lives of families where the protection of children is deemed to be necessary. It is this Article that establishes what is commonly known as the ‘best interests principle’, and allows the state power to make decisions to ‘ensure the child such protection and care as is necessary for his or her wellbeing’ (UNCRC, 1989, p. 2).

Article 9 of the Convention is considered here to be of significant importance, especially in the context of the above discussion pertaining to state intervention in the affairs of families where the needs of the child are deemed to be unmet.

It provides that states may remove children if such removal is deemed in their best interests:

*States parties shall ensure that a child shall not be separated from his or her parents against their will, except where competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child’s place of residence’ (UNCRC, 1989, p.2).*

Given that complex trauma is invariably the result of consistent and repeated abuse or harm (Shavers, 2013; Kezelman & Stavropoulos, 2012), it is this section of the Convention that is considered here to be most salient in the implementation of domestic laws that bestow power upon the state to remove

children from their families if the risk of such harm is deemed to be beyond a tolerable threshold. Articles 18 and 19 further provide for the state to provide appropriate assistance to parents and families to provide safe and nurturing environments for their children (a central argument in calls for governments to invest more heavily in prevention and early intervention initiatives that prevent children from coming in to contact with child protection systems in the first place), as well as to provide certain supports that protect children from violence, injury, abuse or neglect, the latter of which is often a core component of the experience of complex trauma for children and young people.

In considering the existence and nature of trauma that children and young people are vulnerable to experiencing, the Convention provides, at Article 39, that states ought to take responsibility for trauma amelioration and recovery. Specifically, it requires governments to make efforts to enable the recovery of children and young people who have been a victim of any form of neglect or abuse (UNCRC, 1989, p. 11).

It is worth noting that the United Nations Convention on the Rights of the Child has been critiqued through the lens of post-structuralism and has been found in some ways to represent 'grand narratives' of childhood which post-structuralism claims to reject. Gadda (2008) has noted that one of the deficits inherent in the Convention is that it doesn't pay due attention to the cultural differences in the conceptualisation of childhood, and that it inadvertently '...contributes to the normalisation of children and childhood according to Western norms and moral values' (Gadda, 2008, p. 7).

Although Gadda (2008) argues that the Convention and its normalisation of a 'good childhood' contributes to the kind of hegemonic grand narrative that post-structuralism rejects, she also notes that it is possible for the Convention to exist comfortably within a post-modern, post-structural discourse if the narrative of children's rights is shifted from one of 'saving' children and protecting 'ideals' of childhood to one of participation and emancipation of children that takes place within the context of their communities and culture (Gadda, 2008, p. 12).

In keeping with this critique of human rights, Ife (2012) notes that conceptualisations of human rights have often been critiqued from the perspectives of post-colonialism, feminism and post-structuralism for their positivistic and universalist nature. They have also been criticised for taking a largely individualised approach to the construction of rights, and that collective rights (as a third and very distinct category of rights) have often been omitted from mainstream human rights-based discourse.

Ife (2012) notes that 'Such an idea that groups as well as individuals possess rights is important, but it is readily marginalised because of the dominant individualist discourse of neo-liberalism. Locating collective rights in a separate category thus reinforces this individualism and it is surely more

appropriate not to list 'collective rights' as separate, but rather to understand most if not all rights as having both individual and collective aspects' (Ife, 2012, p.67).

In the context of this thesis, and indeed the current discussion of human rights and children's rights particularly, it is critical that we are able to readily align a discourse of human rights with the fundamental tenets of postmodernism and post-structuralism. Ife (2012) assists to reconcile what is often a philosophical quagmire, by suggesting that a human rights discourse can indeed exist in harmony with a postmodern discourse and paradigm.

Ife (2012) suggests that we can continue to engage in a postmodern discourse on human rights that deconstructs and reconstructs their ontology so long as we are careful to privilege multiple voices and perspectives in the conceptualisation of such an ontology. He continues to state that 'The privileging of other voices than that of the Western male with a law degree is imperative if human rights are to remain an authentic discourse within which human needs, aspirations and visions can be articulated. This points clearly towards a more postmodern perspective, in which a diversity of voices is valued and where any claim to universal truth is suspect' (Ife, 2012, p. 69).

Ife believes that so long as human rights are qualified in terms of not necessarily constituting universal truths, and where their classification is not overly rigid, then a human rights discourse can usefully exist alongside postmodern and post-structural ideologies. It is in keeping with this perspective that the current discussion on human rights and children's rights proceeds, noting that the specific means by which children's rights have been formulated and promoted have not always privileged the voices, needs and circumstances of the world's poorest and most vulnerable children.

Ife's commentary notes that '...Western modernity is increasingly revealing its limitations and contradictions, and if human rights are to remain relevant in a world of postmodernity, it is necessary to address the challenge raised by postmodernism. This challenge is posed most sharply in the debate about universalism and cultural relativism, which is one of the most important challenges for anyone with an interest in human rights' (Ife, 2012, p. 70).

Postmodernism does not negate the need for a set of mechanisms for protecting children against abuse or neglect, particularly given the power imbalances that exist between parents and their children, and that as a result of this, most children are relatively powerless when compared with their parents. Postmodernism and post-structuralism do not disagree with the values-based principle that children should be able to exercise some manner of self-determination and not be subject to unrestrained control or coercion by an adult/s.

In the context of textual analysis of legislation and policy that relates to both the prevention of harm, the protection of children and the provision of recovery oriented services and supports for children who have experienced abuse, neglect and trauma, the provisions of the United Nations Convention on the Rights of the Child (even despite the critiques of postmodernism and post-structuralism) are here deemed to be of critical importance, and the extent to which these measures are reflected and articulated in social policy (such that practice responses can be underpinned by them) constitute an important component of policy analysis.

### **Chapter Summary**

This chapter has situated this thesis within a field of research that seeks to examine the efficacy of state responses to complex childhood trauma that children in state care have experienced. It has described the means by which the research project coincided with the reform of the South Australian child protection in the wake of the Nyland Royal Commission of Enquiry, and has commenced a discussion on some of the critical gaps in child protection policy and practice in South Australia. It has introduced the concept of complex trauma and has clarified some of the definitional issues relevant to later chapters of this thesis.

This chapter has also outlined components of the contemporary human rights discourse and particularly a child rights discourse in understanding the rationale behind certain social policy responses to child abuse and child trauma. It has traced some of the conceptual parallels that exist in the international intervention in the affairs of states on the basis of humanitarian concerns and the domestic intervention in the private affairs of families on the basis of concerns for child welfare. Some of the postmodern and post-structural critiques of a human rights framework have been presented, however this chapter has shown, particularly by reference to the work of Gadda (2008) and Ife (2012) that the 'essence' of children's rights, that is, their ability to exercise self-determination and not be unnecessarily subject to coercion, control or abuse, is not contrary to the tenets of postmodernism or post-structuralism. It is this 'essence' that supports child protection policy, and which should ideally infiltrate all levels of child protection policy and practice.

## 2. BACKGROUND AND CONTEXT

### THE SOUTH AUSTRALIAN CHILD PROTECTION SYSTEM

This section of the chapter examines some of the major components of the South Australian child protection system as it currently exists. It explores in particular the themes of early intervention and prevention, contact with siblings as a potential protective factor for children in care, and the use of residential care as a particular care type for children and young people with high and complex needs.

Certain elements of the South Australian child protection system will also be described in the following section that deals with complex trauma. It will be demonstrated that many of the practices that occur for children in child protection systems serve to compound pre-existing trauma experiences.

The Office of the Guardian for Children and Young People is the South Australian statutory body that is charged with the advocacy and oversight of children's wellbeing in alternative care. The Guardian's Annual Report provides a statistical snapshot of the state of the child protection system as well as a demographic breakdown of the profiles of children and young people in alternative care. Whilst the statutory role of the South Australian Guardian does not actually provide the position with 'legal guardianship' over children and young people in state care, it does provide the role with certain investigatory and advocacy powers vis a vis individual children in care (Office of the Guardian, 2018).

The Guardian's 2017 – 2018 Annual Report cites there being 3,695 children and young people in the South Australian child protection system as at June 2018, many of whom are '...making the hard journey back from trauma and neglect' (Office of the Guardian, 2018, p.1). It is noted that the majority of children and young people in the out of home care system in South Australia live in what is called 'home-based care', meaning that they are either living with foster families or with kith or kin. Kinship care is a situation where the statutory responsibility for caring for a child is transferred from the biological parent to a member of the child's extended family, however statutory responsibility for the child's welfare and wellbeing is retained by the state and is exercised by the relevant Minister and / or the Chief Executive of the Department for Child Protection.

Across Australia, the number of children and young people in alternative care continues to rise at a rate of approximately 10% per annum (McDowall, 2013). In South Australia, it has been the case that the in-care population has grown in a similar fashion (see Figures 2.1 and 2.2). This poses significant challenges for child protection systems both in South Australia and across the country, particularly in the context of increasing levels of complexity, complex trauma and adequate service responses that can meet the needs of the children and young people who end up within these systems (AIHW, 2017; AIHW, 2018).

The next section of this chapter focusses on prevention and early intervention as a component of the child protection system, and one that seeks to prevent the entry of children into state care by supporting parents and families to create and maintain safe environments for their children. It is dealt with as a significant policy priority for child protection systems, even in the context of a South Australian reform agenda that focusses predominantly on the tertiary (statutory) end of the system.

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*Fig 2.1: Rising rates of children and young people in SA out of home care, 2006/07 to 2016/17 (Office of the Guardian, 2017)*

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*Fig 2.2: Rate of growth of the in-care population in South Australia from 2007/08 to 2016/17. (Office of the Guardian, 2017)*

## Early Intervention and Prevention

In the results of a survey published in September 2018, the Office of the Guardian for Children and Young People gave participants a hypothetical amount of one hundred dollars to apportion to a range of child protection and child safety interventions. The survey found that out of 282 respondents, 29.6% would allocate most of their \$100 investment to prevention and early intervention measures (Fig 2.3).



*Fig 2.3: Summarized results of the Office of the Guardian's survey, September 2018, showing a greater propensity for participants to invest hypothetical resources into prevention and early intervention measures*

If prevention and early intervention in child protection practice is considered from the perspective of health promotion, then the focus shifts largely to parental behaviour change and promoting the health and wellbeing of the family unit, whilst being mindful of the various social factors that influence parental ability to provide safe and nurturing environments for their children.

It has been noted that everyone who is engaged in health promotion activities must necessarily start from a position of knowing what health is and what health looks like (Naidoo & Wills, 2009, p.3); similarly, in the practice of work with families it is necessary to start with a foundational understanding of what positive family functioning looks like, and what the indicators are of safe and healthy environments for children and young people.

In much the same way as there are multiple influences on the determinants of individual health and wellbeing, there are a range of factors that will determine the wellbeing and functioning of the family unit within which children develop. These include social class, individual lifestyle factors, social and community networks, living and working conditions as well as general socioeconomic, cultural and environmental conditions (Naidoo & Wills, 2009, p.19). These same social factors that determine the health and wellbeing of individuals can also be seen to influence family dynamics and the environment within which children are raised.

The rationale for adopting a health promotion framework for defining prevention and early intervention work with families is largely based on an understanding of the way public health models have come to dominate discourse and practice in child protection. Understanding the benefits of investing in building family capacity to provide safe environments for children as well as modifying problematic parental behaviours before crisis occurs is in keeping with a health promotion approach to promoting positive family functioning (Council of Australian Governments, 2009).

As in the practice of health promotion, the focus of work is on more than simply 'preventing disease'; it is also concerned with providing the information, education and resources necessary for people to take control over their own health. When applied to child protection and work with families, this approach enables the focus to shift from simply preventing crisis and the subsequent removal of children from the family home to enabling families to know and understand how they can apply skills and resources to provide safe and nurturing environments for their children (Department of Community Services, 2008).

Prevention and early intervention are separate fields of activity that share some conceptual similarities. Preventative work can be categorized as primary, secondary or tertiary, and are detailed below (Naidoo & Wills, 2009, p.57).

Primary prevention seeks to prevent the onset of poor health or health crisis via the provision of universal services as well as through the identification of high risk groups; when applied to the practice of child protection, primary prevention seeks to offer services and supports to all families regardless of the inherent level of risk whilst actively seeking to identify those families who may be at risk of not being able to provide optimal or safe environments to their children (Naidoo & Wills, 2009).

Secondary prevention seeks to change health damaging behaviours for those who have been identified as being at some sort of health risk and to prevent the progression of poor health; when applied to child protection, secondary prevention would seek to identify families at risk and work with



them to actively change parental behaviours that may increase the risk of poor developmental outcomes for their children (Naidoo & Wills, 2009).

Tertiary prevention seeks to limit complications or crises arising from chronic or irreversible conditions and enhance quality of life wherever possible; when applied to child protection, tertiary prevention would acknowledge certain behaviours that cannot be changed as well as certain irreversible limits to parental capacity that need to be monitored such that appropriate support can be offered that limits the chances of children being exposed to unsafe environments or poor parenting practices (Naidoo & Wills, 2009; Oldham, 2011).

Early intervention can be conceptualized as an area of activity that is concerned with both intervening in the lives of families before crisis occurs and which is principally comprised of secondary and tertiary prevention activities. Early intervention ideally occurs within the first 1,000 days of a child's life such that the family environment is supported to provide as-close-to optimal conditions for the cognitive, psycho-social and emotional development of the child (Department for Human Services, 2019).

Strengthening community action is a core component of the work of a health promotion practitioner, and similarly in the field of child protection and work with families, supporting the role of the broader community to provide safe environments for children and young people is of paramount significance. Understanding what the community is and how the members of a given community define it in relation to themselves is critical in order to understand how community action can be mobilized to pro-actively support families to provide safe and nurturing environments for children (Department of Community Services, 2005).

The concepts of community development and community empowerment are particularly instructive, and in much the same way as they are conceptualized in both public health and health promotion practice can be aptly applied to the field of child protection and family support. If community development is here taken to constitute an umbrella concept related to building greater social justice outcomes and mutual respect between the members of the community, then community empowerment can be described as the specific field of activity in which agencies and professionals would engage in order to build tangible and objectively verifiable safer communities for children (Department for Child Protection and Family Support, 2015).

Community empowerment, when applied to child protection practice, would be defined as '...a process by which communities gain more control over the decisions and resources that influence their lives, including the determination of health. Community empowerment builds from the individual to

the group to the wider collective and embodies the intention to bring about social change' (Laverack, 2007, p.9).

Community empowerment, when applied to child protection and child safety, would include a specific range of activities that could potentially serve to reduce the levels of risk to children and young people living in situations of abuse or neglect. Identifying risk early and supporting families before they reach a crisis point could assist to reduce the rates of entry of children into child protection systems.

Activities could include building community consciousness about child safety and about the responsibility that all community members have for contributing to child wellbeing (Council of Australian Governments, 2009). This may incorporate social marketing and campaigning activities that seek to raise awareness and generate public discussion as well as improving the participation of community members in their own communities such that they are more able to provide support and have influence over situations that may lead to poor outcomes for children or environments where children may be at risk of harm.

Developing local leadership of community members who are particularly passionate about the need for identifying and acting on situations whereby families may need support to provide safe environments for their children could increase the ability of community leaders to assess the nature of the problems that families face and the resources that are available within the community that could assist families to provide more optimal environments for their children.

The role of schools is particularly important in this domain, helping to strengthen the linkages that community members have to local agencies, services, and resources. Schools could have a role in the significant provision of information and education across multiple layers of the community around what is available and for whom, and identifying the specific needs of mothers and fathers and the services and supports that are locally available to them which could assist them to enhance their parenting capacity (Crosson-Tower, 2003).

The specific and unique needs of parents cannot be understated, as it is parental capacity and ability that will ultimately have the greatest impact on the life outcomes of a child or young person. Harry Ferguson (2011) notes that '...mothers *are* child protection. Throughout its history, there has always been one corollary to the aim of keeping children safe: improving how women mother their children' (Ferguson, 2011, p.137). The problem with this narrow perspective is that it has the potential to lead to 'mother blaming' and a general ignorance of the various factors that inhibit mothers' abilities to provide safe environments for their children, many of which are systemic by nature and which can be described from an intersectional feminist perspective. Any work with mothers should assess and

examine the factors that are both intrinsic and extrinsic to the family home that impact on the wellbeing of the mother and the child, and subsequently on the mother's ability to provide a safe environment for her child (Buchanan, Power & Verity, 2013).

The challenges surrounding the way in which domestic violence is most often the result of men perpetrating abuse towards women and children can fundamentally shape the way in which fathers are engaged in prevention / early intervention work (Hervatin, 2019). Work with mothers and children can effectively be augmented by targeted work with fathers (where they are present) such that they are held accountable for their abuse and the factors contributing to it; the role of men and of fathers in also contributing to the material resources required to provide safe and nurturing environments for children and families is a key consideration for practice (Ferguson, 2011, p.151).

Work with parents is often underpinned by an appreciation of attachment and attachment theory, which is often used to refer to '...the relationship between an infant and their parent or caregiver...the most important time for a primary attachment to develop is between the ages of about six and 18 months' (Department of Community Services, 2006, p.1). The ongoing cognitive and social and emotional development of children and young people has previously been shown to be critically dependent on the nature of the attachment relationship that the child has with its parent and must form a cornerstone of work with parents to improve their capacity to provide adequate nurturance to their child as well as safety and security. It should be noted here that a discussion of the various critiques of attachment theory are provided later in this chapter.

Building on the successes of family home visiting schemes can form a fundamental component of planning for enhanced prevention and early intervention initiatives. It has been noted that family home visiting is not a single, uniform intervention but is '...a strategy for delivering a multiplicity of services. It is often used as a means of delivering services to vulnerable, first time mothers in need of support, or offered in conjunction with other services which target the child more directly' (Department of Community Services, 2005, p.1). In the context of a community empowerment approach to family work that is underpinned by a health promotion framework, the 'partnership model' of home visiting can be emphasized whereby the model provides services and supports that are '...often delivered by para-professionals or volunteer home visitors whose expertise is gained from life experience and personal social skills. Programs often encourage mothers to come up with their own solutions through the supportive 'friendship' of a home visitor' (Department of Community Services, 2005, p.1).

Whilst the professional health model of home visiting can be effective, enhancing the range of preventative measures available to families via the partnership approach could significantly improve

outcomes for families and children by drawing on the expertise and skills base of the not-for-profit sector and of the community more generally (Department of Community Services, 2005; Department of Community Services, 2008; Department of Community Services, 2011).

Other early intervention strategies have been variously defined as incorporating parenting programs, child-focussed programs and multi-component programs (Department of Community Services, 2008, p.1). These selective or targeted intervention programs are again important components of a service response for vulnerable families and can be the primary domain of the not-for-profit sector. The ability of non-government organizations to build and maintain strong and trusting relationships with families (particularly families who are at-risk of providing unsafe or sub-optimal environments for their children) is far superior to that of government agencies given that the power differential can be markedly decreased, and fear of engagement can be ameliorated more effectively.

Prevention and early intervention work with Aboriginal and Torres Strait Islander communities forms a critical component of the work that is required to reduce the significant over-representation of Aboriginal children in out-of-home care. Again, the application of the health promotion framework with an emphasis on community development and community empowerment is of paramount importance for successful engagement and ongoing commitment by families and communities to creating and maintaining safe environments for children and young people. Of overwhelming importance is the extent to which Aboriginal parents and families feel as though they are able to exercise power over their own decision making, and how well Aboriginal family parenting practices are understood and respected by non-Aboriginal practitioners (Atkinson, 1997; Atkinson, 2013; Hunter, 1998; Purdie, Dudgeon & Walker, 2010; Secretariat for Aboriginal and Islander Child Care, 2017) .

Ensuring the voices of Aboriginal children and families are heard in the planning of prevention and early intervention initiatives in the context of Aboriginal communities is necessary for prevention and early intervention. The continual prioritization of Aboriginal viewpoints (both within agencies and within families and communities) is a precondition of success for any new program that seek to keep Aboriginal children safe in culture and community. As has been noted elsewhere, ‘...the importance of non-Indigenous and Indigenous practitioners working in partnership’ cannot be understated (Bessarab & Crawford, 2010, p.179). The relationships that must be developed and maintained between Aboriginal and non-Aboriginal practitioners in order to successfully design and implement community empowerment initiatives that lead to enhanced outcomes for Aboriginal children need to be open, transparent, respectful and nuanced by deep cultural competence (Purdie, Dudgeon & Walker, 2010).

## Contact with siblings

Given that this thesis is concerned with policy measures that assist to ameliorate the effects of children's experiences of complex trauma, the issue of sibling contact is considered here to be particularly salient as a protective factor for children who are placed in to child protection systems.

It has been previously noted that '...throughout human history and in all human cultures, the family has been acknowledged as one of the essential social institutions...Families provide resources, social support, quality interactions and relationships, and an emotional climate and stability essential for effective socialization of children (Grusec, 2011).

For children who are placed into the out of home care sector, ensuring that siblings are placed together can lead to a continuation of a sense of family, reduce perceived isolation and feelings of sadness, and can greatly improve the chances of a stable placement (McKluskey, 2013).

Sibling relationships are emotionally powerful and critically important not only in childhood but over the course of a lifetime. As children, siblings form a child's first peer group, and they typically spend more time with each other than with anyone else (McKluskey, 2013). Children learn social skills, particularly in sharing and managing conflict, from negotiating with brothers and sisters. Sibling relationships can provide a significant source of continuity throughout a child's lifetime and are likely to be the longest relationships that most people experience (Child Welfare Information Gateway, 2013).

The nature and importance of sibling relationships vary for individuals, depending on their own circumstances and developmental stage. Typically, there is rivalry in the preschool years, variability in closeness during middle childhood (depending on the level of warmth in the relationship), and less sibling closeness in adolescence when teens are focused on peers. An extensive body of research addresses issues of birth order, gender, age spacing, and other influences on sibling relationships (Gass, Jenkins & Dunn, 2007; Herrick & Piccus, 2009; McCluskey, 2013). Research has demonstrated that warmth in sibling relationships is associated with less loneliness, fewer behavior problems, and higher self-worth (Stocker, 1994).

The importance of sibling relationships has been known for decades. Marjut Kosonen (1996) studied the emotional support and help that siblings provide and found that when they needed help, children would first seek out their mothers but then turn to older siblings for support, even before they would go to their fathers. She also found that for isolated children (as is the case for many children in foster care), sibling support is especially crucial. For these children, an older sibling was often their only perceived source of help.

In many families involved with child protection systems, sibling relationships take on more importance because they can provide the support and nurturance that are not consistently provided by parents. For children entering care, siblings can serve as a buffer against the worst effects of harsh circumstances. While sibling relationships in particular families experiencing adverse situations do not always compensate for other deficits, research has validated that, for many children, sibling relationships do promote resilience. For example, it has been argued that a young child's secure attachment to an older sibling can diminish the impact of adverse circumstances such as parental mental illness, substance abuse, or loss (Gass, Jenkins, & Dunn, 2007).

Adverse circumstances can magnify both the positive and negative qualities of sibling relationships. Some studies have found that the ties between siblings become closer as a result of helping each other through adversity, such as a parental divorce (Kunz, 2001).

A study of children's perspectives on their important relationships among 90 children ages 8 to 12 who were or were not in foster care concluded that the foster children's smaller networks of relationships with important persons made siblings proportionally more important (Kosonen, 1999). Nearly one third of the related siblings named by foster children in this study were not known to their social workers—most were half- or stepsiblings.

Kosonen's study also underscores the importance of obtaining children's perspectives on their family relationships. When siblings could not all be placed together, workers often decided to keep those closest in age together, resulting in placements that did not necessarily fit the preferences of the children. Since children in foster care experience more losses of significant relationships, siblings are often their only source for continuity of important attachments. For children entering care, being with their brothers and sisters promotes a sense of safety and well-being and being separated from them can trigger grief and anxiety (Folman, 1998; Herrick & Piccus, 2009). Therefore, it is especially important to protect these ties that offer support to children removed from their original families.

For children entering care, being with their siblings can enhance their sense of safety and well-being and provide natural, mutual support. This benefit is in contrast to the traumatic consequences of separation, which may include additional loss, grief, and anxiety over their siblings' well-being. Siblings have a shared history, and maintaining their bond provides continuity of identity and belonging. The benefits of keeping brothers and sisters together are most clearly evidenced from the perspectives of youth themselves.

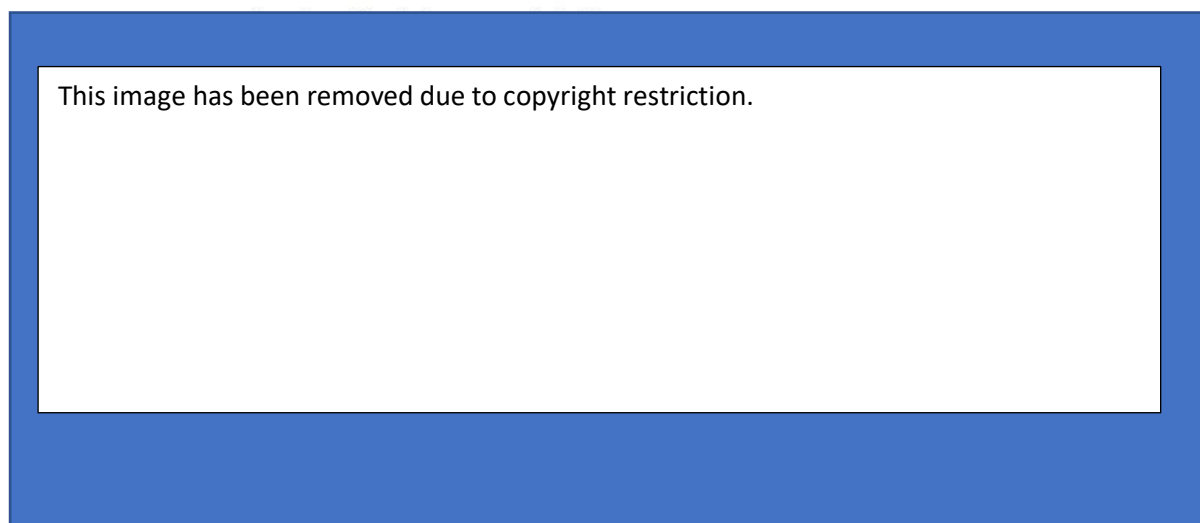
Whilst it is often the case that the children who have been removed from their families must be the priority of the child protection workers and case managers who go on to plan for their care, the

importance of understanding the needs and impacts of removal on the biological parents and families cannot be understated. Maintaining contact between children and their biological families is not only important for the stability of the child's identity but enhances any possibility of biological parents being able to make the requisite adaptations to be reunified with their children once the risk factors have been ameliorated or removed (Salveron & Arney, 2013).

### **Residential Care**

It is considered absolutely vital to deal with residential care as one of the more controversial of alternative care types for children who are removed from their families, both because of its purported orientation around the protection and safety of the child and the various models of care that have been designed to achieve this in residential settings, but also because of the residential care environment's propensity to produce poor mental and emotional health outcomes for the children who find themselves there (Clarke, 2011; Raymond, 2019).

The Office of the Guardian's Annual Report 2017 – 2018 notes that as at June 2018, 11 percent of children in alternative care in South Australia live in residential care, with the care environment constituting their permanent home. There are poignant and current questions and significant debate around the appropriateness of residential care environments for children and young people who have experienced abuse, neglect and the concomitant effects of complex trauma, with the residential environment itself being questioned as a contributor to compounded emotional and psychological issues and problems. The Guardian's report places a great deal of emphasis on the timeliness and appropriateness of therapeutic intervention and support for children and young people in residential care environments, noting that if trauma is not treated it can go on to '...cause a lifetime of damage' (Office of the Guardian, 2018, p. 6).



*Fig 2.4: Proportion of total children in alternative care who reside in residential care facilities. (Office of the Guardian, 2017)*

The Australian Institute of Health and Welfare publishes its annual report on the state of child protection systems across the country. *Child Protection Australia* reports have consistently demonstrated that residential care continues to be a significant component of the out of home care system both in South Australia and nationally, with many children and young people placed into residential care as their permanent home until they reach the age of eighteen. (AIHW, 2014, p. 46; AIHW, 2018). As at 30<sup>th</sup> June 2017, 11.1%, or 388 of the children in the South Australian child protection system were residing in residential care (AIHW, 2018).

The AIHW defines residential care as “...placement in a residential building whose purpose is to provide placements for children and where there are paid staff” (AIHW, 2014, p.46). Often it is the case (and certainly so in the South Australian context) that the residential care and commercial care workforce is comprised of staff on rostered, rotating shifts. This means that for the children residing in these facilities, they may often have contact with a range of different staff in the course of a day, which poses serious questions around the ability of children to connect or attach to a consistent adult figure.

Within South Australia, the majority of children and young people in alternative care are placed in home-based care (foster and/or kinship care), however for those who are placed in residential facilities it is often the case that they either have behavioural or psychological issues that cannot be managed in the context of a home based placement, or for some reason their placement within a home-based setting has broken down as a result of various factors, including difficult to manage behaviours.

Nationally, the AIHW (2014) noted that 93% of children and young people in alternative care are in predominantly home-based placements, with approximately 43% in foster care placements and around 48% in kinship care placements. The AIHW notes that across the country, approximately five percent of all children in alternative care are in residential care placements. As noted above on the importance of sibling contact and the need to minimize the trauma that comes with splitting or splintering sibling groups that are removed from their biological families, it has often been cited as the rationale for residential care that it be used to keep large sibling groups together in order to ameliorate some of the trauma of being removed from family (AIHW, 2014).

It has been suggested that Australia is not alone in its use of residential care for children and young people in alternative care that, due to complex behavioral or psychological needs, cannot be viably



placed in a family-based environment. There is international evidence that residential care continues to be an option of last resort for children and young people in statutory care systems (James, 2011).

It has been noted that to compare different models of residential care on an international scale is made complicated and often untenable by the fact that different residential care services are offered within different sectors of the human services (James, 2011). This often translates in to agreement that it can be challenging to arrive at uniform conclusions on what lends residential care to being more or less effective for children and young people due to the fact that services that are being contrasted don't always have the same service model or service approach, differences in outcome orientation, might not be provided to like populations of children and young people, or use like measures of wellbeing outcomes:

*Comparing and contrasting therapeutic residential care in Australia to international forms of out-of-home care, and particularly to different types of residential care, is complicated by the absence of clear definitions and conceptualisations of the different forms of care (AIFS, 2011).*

In the Australian context residential care that is provided to children and young people tends to find itself in two discrete categories; 'standard' and 'therapeutic' (AIFS, 2011). Both of these types of care have the objective to implement short-term and long-term residence and supplementary support to the children and young people who reside there. There are numerous government and third-sector agencies who can deliver a mix of standardized and therapeutic or therapeutically oriented care models across the country. There are agencies who provide residential care that are small and might only provide services to four or less children in one dwelling. Other agencies are quite large and have the capacity to provide residential care in dwellings across various locations and might oversee many residential care placement services.

Children and young people who are placed into care are almost always predisposed to have had their physical, emotional, cognitive and psycho-social development disrupted in numerous ways because of a plethora of factors which can include neglect and abuse, emotional and psychological trauma (Miller & Bromfield, 2012). There has often been noted an array of developmental retardations or delays that are due to other, more variable factors which can include nutritional deficits as well as exposure to toxins in-vitro as a result of parental substance abuse or addiction.

These children and young people may already be subject to quite marked mental health and psychological issues. There is an abundance of literature which has demonstrated higher levels of mental illness amongst younger children in care. 'More than 3 in 10 (36.5%) of the 5 to 10-year-old

children in care were reported to have conduct disorder, a serious behavioural disturbance.’ (Meltzer et al., 2003).

It has been further demonstrated that placement in a residential care setting can comprise a particular stressor for children and young people (Little et al., 2005). Research carried out into the deployment of residential care for children and young people showed that residential placements can enhance development as well as increase the overall risk for children (Little et al., 2005).

Where residential care is utilized and is therapeutic in its intent, there are a number of factors that are known to increase the likelihood of favourable psychological and emotional outcomes for the children and young people who are placed in such settings. These factors have been noted as including integrated, individually designed responses, a clear philosophy and orientation of care, a high quality care environment that provides love, care and attention to the children who reside there, an environment that is ‘home like’ and promotes inclusion as well as comfort for the child, an environment where the relationships between children and between children and staff are valued and nurtured, an environment where education is offered and encouraged, and an environment where communities and families are involved to some extent in caring for the children (Office of the Guardian, 2008).

In defining what factors create ‘well-functioning’ residential care systems, Anglin (2004) has concluded that some of the core features of effective and responsive residential care facilities include listening and responding respectfully to the children and young people who reside there, communicating within a framework of understanding, genuine attempts to build relationships and rapport between staff and children, establishing structure, routine and expectations within the residential ‘home environment’, inspiring commitment amongst staff to the wellbeing of the children living in the facilities, offering emotional and developmentally appropriate support to children, sharing power and decision-making as much as is practicable, respecting personal space and sharing as well as discovering and uncovering potential within the children and young people who live there (Anglin, 2004, p. 180).

The next section of the chapter turns its view to a discussion of social policy, what it is, how it is made and why it is important to situate this research within a clear understanding of the social policy context within which child protection policy is made.

## **SOCIAL POLICY AND THE COMPETITION OF VALUES AND PRIORITIES**

This section of the chapter represents a conceptual shift towards a discussion that scaffolds child protection policy within the broader social policy responsibilities of governments. The objective of this section is to situate the findings of this thesis within a clear and definitive understanding of what social policy is, where it originates and why it is considered to be important in the context of this particular study.

This section provides an explanatory framework of the theoretical foundations of social policy. If child protection policy is conceived (as it is here) as a sub-set of broader governmental social policy making, then it is important to contextualise the process of policy making in terms of competing values and priorities for the government policy makers responsible for setting the policy agenda and prescribing policy outcomes. In terms of this thesis and the research project, it is considered critical to discuss how child protection policy competes with other demands and government priorities.

Public policy is the way in which governments articulate policy problems and their proposed solutions. The 'doing' of public policy, and its implementation, becomes a competition between variable values and priorities. Public policy is the business of deciding what issues are of public concern, where the state has responsibility to act or respond and then deciding on the best way to do so, often in the context of competing demands on public resources (Bessant, Watts, Dalton & Smyth, 2006; Green & Clarke, 2016; Jamrozik, 2009; Maddison & Denniss, 2013; Wu, Ramesh, Howlett & Fritzen, 2010).

Public policy can be conceptualised as a sphere of activity that encompasses all areas of public concern. Macroeconomic policy and fiscal policy, whilst not often considered within the realms of 'social policy' are examples of such public issues, the impacts of which can have far reaching ramifications for vulnerable and disadvantaged members of our society (Green & Clarke, 2016; Maddison & Denniss, 2013). Immigration and foreign policy, again not often considered within the realms of social policy, do have impacts on the social fabric of societies, and in turn will shape government thinking about health, education and welfare policy (Head, 2008; Head, 2010; Head & Alford, 2015).

It has been noted that public policy decisions by their very nature are inherently complex, in that they include the weighing up of a range of competing public interests and perceived public values in the context of resource constraints. Maddison and Denniss (2013) have shown that policy processes can be conceptualised as both authoritative (with governments arriving at policy decisions through a hierarchical and top-down process of decision making) as well as involving 'structured interaction', whereby horizontal relationships exist between policy actors and policy drivers, with the final policy

solution being the ‘...product of compromise and the accommodation of competing interests’ (Maddison & Denniss, 2013, p. 5).

Maddison and Denniss (2013) proceed to provide an account of the types of public policy that can be subjected to analysis, and describe two broad ‘kinds’ of policy, which in their view are either ‘substantive’ or ‘procedural’ by nature. A substantive policy is one that addresses substantive issues, problems that are of central concern to the maintenance of a cohesive polity and society. Such issues as public infrastructure, the environment and climate change, defence and foreign policy, immigration and education are all examples of ‘substantive’ public policy. Procedural public policy on the other hand concerns procedure, or how governments intend to do certain things. Strategies, action plans and Acts of Parliament can be thought of as procedural policies, in that they are often involved in articulating ‘how’ governments intend on addressing the policy problem (Maddison & Denniss, 2013, p. 9).

The ‘doing’ of public policy, the implementation of government plans or strategies, is often the core remit of public managers and public administrators. These roles are often bureaucratic by nature and are carried out by public servants at various levels within government departments or agencies. The policy functions that public managers are often articulated in terms of core components of a ‘policy process’, which are comprised of political, technical and organizational considerations. It has been suggested that the core components of the policy process (or the ‘policy cycle’) are agenda setting, policy formulation, decision making, policy implementation and policy evaluation (Wu, Ramesh, Howlett & Fritzen, 2010, p.7).

If public policy is considered as the umbrella term that is provided to the process by which governments articulate public problems and their solutions, then social policy can be conceptualized as a branch of public policy that is concerned quite specifically with *social* problems and their potential solutions (See figure 2.5).

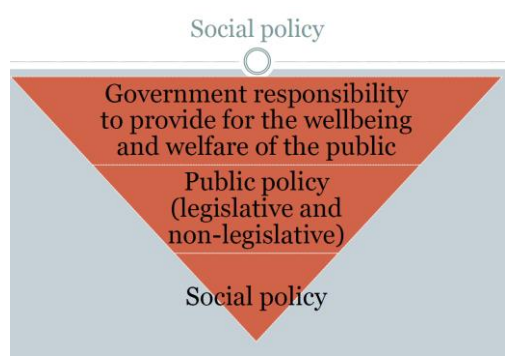


Fig 2.5: Social policy can be conceptualized as a sub-set of policy making that occurs within public policy settings.

Social policy has been variously defined and is manifest in a range of instruments of government and the public service. Social policy is evident and can be found in legislation, in non-statutory policy documents, in departmental and agency strategies, action plans and as well as in the terms of reference for various government committees, task forces and decision-making fora. So varied and diverse are the examples of social policy instruments, that their analysis and evaluation can be a high complex and resource intensive task (Green & Clarke, 2016; Jamrozik, 2009).

Social policy has been broadly defined as referring to those public policies that are specifically designed to address problems associated with 'human need', and these needs include things like shelter and housing, education and training, food security, health, mental health and employment. As these examples demonstrate, the '...boundaries of what constitutes social policy are hard to define' (Green & Clarke, 2016, p. 3). Social policy can also be thought of as those processes by which governments articulate and define the ways in which they regulate social relations '...for the purpose of affirming the significance of certain values and interests through the implementation of appropriate means designed to achieve corresponding ends' (Jamrozik, 2009, p. 49). Social policy is principally concerned with the quality of life of members of a given society and the means by which governments cater to this.

Social welfare and social policy have its origins firmly contained within the ideology of the 'welfare state'. The welfare state describes a concept whereby the state (governments) is charged with the provision of certain welfare guarantees to society in terms of universal provision of healthcare, income support and income redistribution, universal aged care and provision of the aged pension. The welfare state is also responsible for regulating the excesses of economic markets and providing support to those who are unable to participate in free market economies (Jamrozik, 2009; Bessant, Watts, Dalton & Smyth, 2006).

Charles Lindblom (1959) wrote that 'It is a matter of common observation that in Western democracies public administrators and policy analysts in general do largely limit their analyses to incremental or marginal differences in policies that are chosen to differ only incrementally...Democracies change their policies almost entirely through incremental adjustments. Policy does not move in leaps and bounds' (Lindblom, 1959).

Whilst Lindblom's analysis was aimed at the explication of how values and objectives gained traction through the development of public policy in the world of a 1960's public administrator, the observation resonates strongly when we cast our view to contemporary social policy making, particularly in the realm of child protection and responses to complex childhood trauma.

It would be all too convenient to suggest that modern social policy is designed and executed in a neat, clean, and staged manner whereby the problem to be solved is clearly articulated, the range of possible solutions are known and have been previously tested, and where there is broad based support for the stated objectives of the social policy measures being proposed (Bessant, Watts, Dalton & Smyth, 2006). If this were the case, social policy could be designed in a manner that is responsive, dynamic and unafraid of challenging the political status-quo, given that the benefits of the outcome being sought far outweigh the costs of implementing policy that some might find uncomfortable. There would, after all, be a substantial repository of evidence compelling even the most conservative policy maker, administrator or politician to accept that a new way of ameliorating the social ills of the day is required.

The debate around the extent to which we have witnessed the decline and cessation of the welfare state in Australia (or whether current public policy is designed and implemented in a post-welfare state context) is not the subject of this thesis. However, in the context of social policy and child protection policy specifically, there are salient questions to be asked around the extent to which welfare state ideologies continue to permeate government thinking about their role in supporting families and protecting vulnerable children.

Of all the areas of social policy, child protection policy is arguably one of the most complex. Easily meeting the criteria of a 'wicked' policy issue given the overwhelmingly vague definition of the core problems that child protection policy actually seeks to address and the highly contested nature of proposed solutions (Head, 2008; Head & Alford, 2015), it is an area of policy and of practice that is complicated, intersecting, and marked by uncertainty over outcomes. Analysing and evaluating the efficacy of child protection policy from both an outcomes perspective and also from a resource-flows perspective is made exceptionally convoluted given that it is almost impossible to attribute any one particular input or intervention to the overall life course outcome of a child or young person who ends up in the child protection system.

Like all social policy, child protection policy has as its hallmark a divergence of perspectives relating to the question: what is the core policy problem? That children come in to child protection systems as a result of court determinations that they are unsafe in their homes is the *raison d'être* of these systems. Further, social work interventions that exist within these systems are principally geared to case management approaches that keep children and young people safe within acceptable thresholds (Ferguson, 2011). The attention of policy makers and public managers within child protection systems does not often turn to considerations of the core policy problems, as discussed in the introduction to this thesis. Such core policy problems are variously cited as intergenerational poverty, locational

disadvantage, unemployment, economic insecurity, the impact of intergenerational trauma, lateral violence, poor educational attainment, low levels of parenting skill and cognitive capacity, mental health issues or mental illness, drug addiction and dependence, domestic and family violence or any number of permutations of these (Anglin, 2002; Ferguson, 2011; Fineran, 2012; Lumsden, 2018; Salveron & Arney, 2013; Sammut, 2010; Sammut, 2015).

There is no single area of social policy that can, on its own, and in isolation from other policy considerations, satisfactorily address the multi-faceted nature of the 'child protection problem.' Perhaps it is for this reason that despite decades of effort in Australia and internationally, as well as multiple Royal Commissions of Inquiry that have sought to understand the deficiencies within child protection systems, the number of children and young people entering care systems in Australia continues to rise (AIHW, 2018).

As noted above, social policy can be reflected and articulated in both statutory and non-statutory instruments. Acts of parliament can be a source of social policy, however not all social policy requires legislation to give it effect. Child protection policy is one such area of social policy that has both statutory and non-statutory sources. In South Australia, the *Children and Young People (Safety) Act 2017* underpins much of the work of the Department for Child Protection and the proceedings of the Youth Court, and much of the policy that comes out of that Department tends to orient towards how the Act should be implemented in practice. Other policy instruments (strategies, action plans etc) that are not directly related to the Act are still required to align with the provisions of the legislation, and it is for this reason that child protection policy is often considered to be rigid and risk averse by nature.

The next section of this chapter discusses the literature relating to trauma, complex trauma and looks specifically at complex trauma in the context of child protection systems. It introduces alternative conceptualisations of complex trauma including developmental trauma disorder and 'adverse childhood experiences.'

## **TRAUMA**

This section seeks to define and clarify some of the key themes that have emerged from over a century of research into the experience of trauma; it attempts to distil content from across a range of professional and academic explorations of trauma as well as to draw out some of the most salient and relevant conceptualizations of trauma and its effects on the life course of those who have experienced it. This section seeks to clarify and define terms and concepts, as well as provide a discussion and assessment of the validity and applicability of findings in relation to the current research project, and draws particularly on the works of Judith Herman, Bruce Perry, John Briere, Babette Rothschild, Catherine Scott and Bessel Van Der Kolk.

This chapter takes a deliberately socio historical as well as a psychological and psychiatric approach to an examination of the existing research and literature on complex trauma for two reasons. Firstly, the nature of the evolving understanding and scholarship of trauma and complex trauma within different fields of inquiry has meant that more nuanced and complex interpretations of the trauma experience have developed over time, in tandem with evolving projects in psychiatry and psychology.

Secondly, in order to situate complex trauma as a social and public health issue, it is necessary to acknowledge the origins of scholarship in the Western medical model (principally psychiatry) so that we can progress to a discussion of trauma as a sociological phenomenon of import to social policy makers. It has been noted of trauma experiences that 'people who have endured horrible events suffer predictable psychological harm. There is a spectrum of traumatic disorders, ranging from the effects of a single overwhelming event to the more complicated effects of prolonged and repeated abuse' (Herman, 2010, p.3).

It is the latter manifestation of the trauma experience that is the primary focus of this study. For children who have entered the child protection system and must live in alternative forms of care, it is the impact of prolonged and repetitive abuse and neglect which presents the child protection practitioner with the most salient of trauma related behavioural effects amongst the children with whom they work (Agaibi & Wilson, 2005; Anglin, 2002; Becker, Greenwald & Mitchell, 2011; Bradey, 1990; Collins, 2011; Cruise, 2011; D'Andrea, Ford, Stolbach, Spinazzola & Van Der Kolk, 2012; Golding, 2008; Leon, Saucedo & Jachymiak; 2016). In order for practice responses to be targeted and appropriate, it is first necessary that complex trauma is acknowledged as a phenomenon at the policy level.

For those policy makers who are actively engaged in the design and commissioning of therapeutic care and support for children in child protection systems, this thesis takes the position that having a deep and nuanced understanding of the impacts of trauma ought to be a necessary component of their professional remit. The goal of therapeutic interventions with children and young people in child protection systems is often to ameliorate or attenuate the impacts of the traumatic experience, and to assist children to begin the process of rebuilding their identities and their lives (Cloitre, Stolbach, Herman, Van Der Kolk, Pynoos, Wang & Petkova, 2009; Rothschild, 2011; Van Der Kolk, Ford & Spinazzola, 2019). Such a goal is often coupled with the complex work of assisting the biological family of origin to create a safer and more nurturing environment into which the child may eventually be returned. It is the argument of this author that policy makers, responsible for the design and procurement of service responses, must have a requisite baseline level of knowledge of complex



trauma and its manifestations in order to appropriately direct service responses that therapeutically treat complex trauma (Streeck-Fischer & Van Der Kolk, 2000).

It has been suggested that ‘...because the traumatic syndromes have basic features in common, the recovery process also follows a common pathway. The fundamental stages of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community’ (Herman, 2010, p.3). It is this process of recovery that is the principle remit of the child protection worker in contemporary child protection systems, and the goal of various therapeutic interventions and frameworks that are deployed in the context of residential and out-of-home care environments. Recent work within the Department for Child Protection (DCP) in South Australia has highlighted the need for trauma responsiveness to be a principle component of the social worker’s practice approach with children and young people in the state’s child protection system (Government of South Australia, 2016).

The socio-historical context in which the study of trauma arose is particularly important, in that the discourse that grew up around trauma experiences had the effect of ‘othering’ those who found themselves as the objects of study. It has been suggested by Herman (2010) that the evolving understanding of trauma has followed political and historical lines:

*The systematic study of psychological trauma...depends on the support of a political movement. Indeed, whether such study can be pursued or discussed in public is itself a political question. The study of war trauma becomes legitimate only in a context that challenges the sacrifice of young men in war. The study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the sub-ordination of women and children. Advances in the field occur only when they are supported by a political movement powerful enough to legitimate an alliance between investigators and patients and to counteract the ordinary social processes of silencing and denial. In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness (Herman, 2010, p.9).*

In this vein, the process of actively seeking alternative narratives to explain the subjective trauma experience is one that requires political and social will; the reversal of the victimization of the trauma survivor cannot take place in a context that prefers to explain trauma in terms of individual weakness or which attempts to rationalize and excuse the actions of the perpetrators (Sammut, 2010).

Herman further goes on to elaborate on the historical occasions by which trauma and its effects have shifted from the periphery and adopted a central space in public consciousness, and notes that on each of these occasions there has been some brand of affiliation with a particular political movement. She notes that:

*The first to emerge was hysteria, the archetypal psychological disorder of women. Its study grew out of the republican, anticlerical political movement of the late nineteenth century in France. The second was shell-shock or combat neurosis. Its study began in England and the United States after the First World War and reached a peak after the Vietnam War. Its political context was the collapse of a cult of war and the growth of an antiwar movement. The last and most recent trauma to come into public awareness is sexual and domestic violence. Its political context is the feminist movement in Western Europe and North America (Herman, 2010, p.9).*

Herman pays particularly close attention in her exposition on the historical development of the study of trauma to the role played by Sigmund Freud in his early studies of 'hysteria' with women in France. She notes that Freud began his study from a position of open and unbiased enquiry, but was quickly forced to repudiate the claims of the female trauma survivors with whom he was engaged, on the basis that their experiences of childhood sexual abuse were so severe and so prolific that were he to give them any credence and validity he would have been forced to accept the widespread phenomenon of rape, incest and childhood sexual abuse in both the French proletariat as well as the bourgeois (upper classes). Such an acceptance and acknowledgement was too insurmountable a task, and Freud instead stopped listening to his patients.

Herman posits that 'out of the ruins of the traumatic theory of hysteria, Freud created psychoanalysis. The dominant psychological theory of the next century was founded on the denial of women's reality. Sexuality remained the central focus of inquiry. But the exploitative social context in which sexual relations actually occur became utterly invisible' (Herman, 2010, p.14).

Freud's repudiation of the childhood trauma experiences of women is of critical importance when we begin to explore the socio-political context in which the discourse of trauma is allowed to exist, and the terms by which it is engaged. We are shown that it is possible to erase the lived realities of individuals from the public consciousness if these realities are deemed to be too uncouth for public discussion or too uncomfortable to admit. These are themes that will be explored in the context of this current research, with particular attention paid to the ways in which children's voices can be silenced or simply ignored in respect to their complex trauma experiences, and the multitude of ways in which child protection practitioners can fall afoul in their assessments of risk when they don't

actively seek out the child's narrative of their experiences of family life (Lumsden, 2018; Ferguson, 2011).

Trauma has been described as a 'direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity.' (Briere & Scott, 2013, p.7) Briere and Scott further describes the response to the trauma event as feeling either intense fear, helplessness or horror, and that in children this may manifest in disorganized or agitated behaviour.

Describing the psychological impact of trauma, Rothschild (2011) provides a psychological model of the trauma response:

*Psychological trauma is the response of the mind and the nervous system to an experience that is so overwhelmingly frightening and life threatening that it cannot come to terms with it. As a result, psychological and psychosomatic symptoms develop at a level that may interfere with normal functioning (Rothschild, 2011, p.18).*

Rothschild argues that normative understandings of trauma relate to the specific physical and psychological responses to a particular event that threatens life or bodily integrity and which trigger extreme stress reactions within the body. Rothschild makes a distinction between three primary classes of traumatic event that have the capacity to trigger the stress response, those being natural events or disasters, accidents and interpersonal transgressions which include physical, psychological and emotional abuse (Rothschild, 2011, p.19).

It has been noted particularly of child trauma that '...repeated trauma in childhood forms and deforms the personality; the child trapped in an abusive environment is faced with formidable tasks of adaptation' (Herman, 2010, p.96).

The states of either hyper-vigilance or dissociation that can ensue as the young person attempts to adapt to unpredictable and unsafe environments have been noted to have lifelong impacts on the psychological development of the young person. Perry (2003) notes that these reactions to trauma can have '...long term chronic and potentially permanent changes in the emotional, behavioural, cognitive and psychological functioning of the child' (Perry, 2003, p.8). In a similar vein, Herman (2010) describes the '...development of extraordinary capacities, both creative and destructive' in children who experience trauma, and which can crucially shape their personalities as they develop into adulthood (Herman, 2010, p.96).

The impacts of early childhood experiences of trauma cannot be understated. Perry (2004) notes the importance of stability and predictability for the developing child:

*Human beings become a reflection of the world in which they develop. If that world is safe, predictable, and characterized by relationally and cognitively enriching opportunities, the child can grow to be a self-regulating, thoughtful, and a productive member of family, community and society. In contrast, if the developing child's world is chaotic, threatening and devoid of kind words and supportive relationships, a child may become impulsive, aggressive, inattentive, and have difficulties with relationships. That child may require special educational services, mental health or even criminal justice intervention (Perry, 2004, p.1).*

It is well documented that the experience of trauma for children and young people increases their vulnerability to a range of mental health problems and mental illnesses (Perry, 2003; Van Der Kolk, 2005; Van Der Kolk, 2016; Van Der Kolk & Sterk, 2012). It has been demonstrated that trauma increases the risk of a young person being diagnosed with conduct disorder, ADHD, personality disorder(s), depression and anxiety as well as post-traumatic stress disorder (PTSD) (D'Andrea, Ford, Stolbach, Spinazzola & Van Der Kolk, 2012; Ford, Grasso, Greene, Levine, Spinazzola & Van Der Kolk, 2013; Perry, 2003; Perry, 2004).

The implications of trauma for young people in later life are not limited to mental and emotional distress. The ability to engage in meaningful education and employment is shown to be markedly decreased for young people who have been in care. There is an elevated risk for engagement with the criminal justice system as a result of manifestations of anger and aggressiveness (Cloitre, Stolbach, Herman, Van Der Kolk, Pynoos, Wang & Petkova, 2009; Perry, 2003; Perry, 2004).

The impacts of trauma on children and young people have been well documented in the fields of psychiatry, psychology and mental health (Perry, 2003; Perry, 2004), as have the impacts of the experience of trauma across the lifespan (Cook, et. al. 2005; Van Der Kolk, 2005; Van Der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005)

Clinical strategies and interventions have also been designed and deployed with a focus on 'evidence-based practice' shifting to the fore in contemporary treatment plans and settings (Conradi, 2011). It has already been noted that some of the more common mental illnesses that can result from complex trauma include the range of anxiety disorders, clinical depression, somatization disorder and conversion disorder, PTSD, dissociation disorder, brief psychosis, borderline personality disorder as well as in some cases, traumatic brain injury (Briere & Scott, 2013; Van Der Kolk, 2005; Van Der Kolk, 2016). Where these presentations occur, often it will be the case that the social worker will not be able to assess and treat these disorders in isolation. A multidisciplinary team of general practitioners, psychiatrists, psychologists and social workers may be necessary to adequately treat the resulting mental illness as well as any issues of comorbidity. Briere and Scott (2013) also describe a range of

interventions that can be deployed for both acute and chronic trauma, which include debriefing, narrative therapies, group therapies, psychological first aid, cognitive behavioural therapy, mindfulness therapy, psycho-education as well as pharmacological interventions (Briere & Scott, 2013).

In considering longer term relationally oriented treatments for chronic trauma, Herman (2010) places emphasis on the interpersonal and relational factors that can be leveraged for therapeutic outcomes; these are considered here to be particularly important, as they augment and extend the psychiatric approach to understanding trauma and its treatment. These include entering in to and maintaining healing relationships with therapists, family and friends that include the use of 'contracting', building and sustaining environments in which relationships are safe and secure and conducive to long term recovery, acknowledging the critical role of grief and grief work that allows for 'remembrance and mourning' with due emphasis given to reconstructing narratives around trauma and transforming the traumatic memories, reconnection with a positive and stable sense of self and reconnection with significant others in trusting, secure relationships. All of these therapeutic modalities are provided for in the context of a long term, realistic treatment agenda that recognizes the profoundly deep and complex impacts of trauma (Herman, 2010).

The range of psychotherapeutic approaches that may be useful or beneficial for trauma survivors has been provided elsewhere (Corey, 2013; D'Andrea, Ford, Stolbach, Spinazolla & Van Der Kolk, 2012; Perry, 2003). Children and young people who have experienced trauma as a result of abuse or neglect may benefit from the range of postmodern, narrative based approaches (which include narrative therapy) that encourage young people to review and reconstruct core narratives about themselves and who they are in the world. Such approaches can be deployed in group settings that are less confrontational than formal, clinical settings, and may allow young people an opportunity to begin acknowledging the reality of their trauma experience without having to commit there and then to intensive psychological treatment for which they may not yet be prepared (Raymond, 2019; Streeck-Fischer & Van Der Kolk, 2000).

Herman again appropriately captures the extent of the adaptations that the child makes in abusive environments and which most prominently shape the child's sense of self and sense of place in the world thusly:

*'In a climate of profoundly disrupted relationships the child faces a formidable developmental task. She must form her primary attachments to caretakers who are dangerous or, from her perspective, negligent. She must find a way to develop a sense of basic trust and safety with caretakers who are untrustworthy and unsafe. She must develop a sense of self in relation to*

*others who are helpless, uncaring or cruel. She must develop a capacity for bodily self-regulation in an environment in which her body is at the disposal of others' needs, as well as a capacity for self-soothing in an environment without solace. Ultimately, she must develop a capacity for intimacy out of an environment where all intimate relationships are corrupt, and an identity out of an environment which defines her as a whore and a slave' (Herman, 2010, p.101).*

The kinds of trauma that precipitate these adaptations are numerous and range from physical abuse to emotional neglect. The lifelong impacts of these kinds of trauma cannot be understated, and the one of the most fundamental challenges for the child protection policy maker as well as the social worker is to firstly understand the deep psychological and emotional implications of these. Being able to recognize the immediate behavioural signs of trauma is equally important for short term treatment planning and intervention. It has been noted that 'the emotional state of the chronically abused child ranges from a baseline of unease, through intermediate states of anxiety and dysphoria, to extremes of panic, fury, and despair' (Herman, 2010, p.108). Being able to distinguish these from more normative responses to stressful situations is a challenge for the child protection worker planning for an appropriate intervention.

Herman describes the confounding nature of trauma responses as 'the dialectic of trauma':

*In the aftermath of an experience of overwhelming danger, the two contradictory responses of intrusion and constriction establish an oscillating rhythm. This dialectic of opposing psychological states is perhaps the most characteristic feature of the post-traumatic syndromes (Herman, 2010, p.47).*

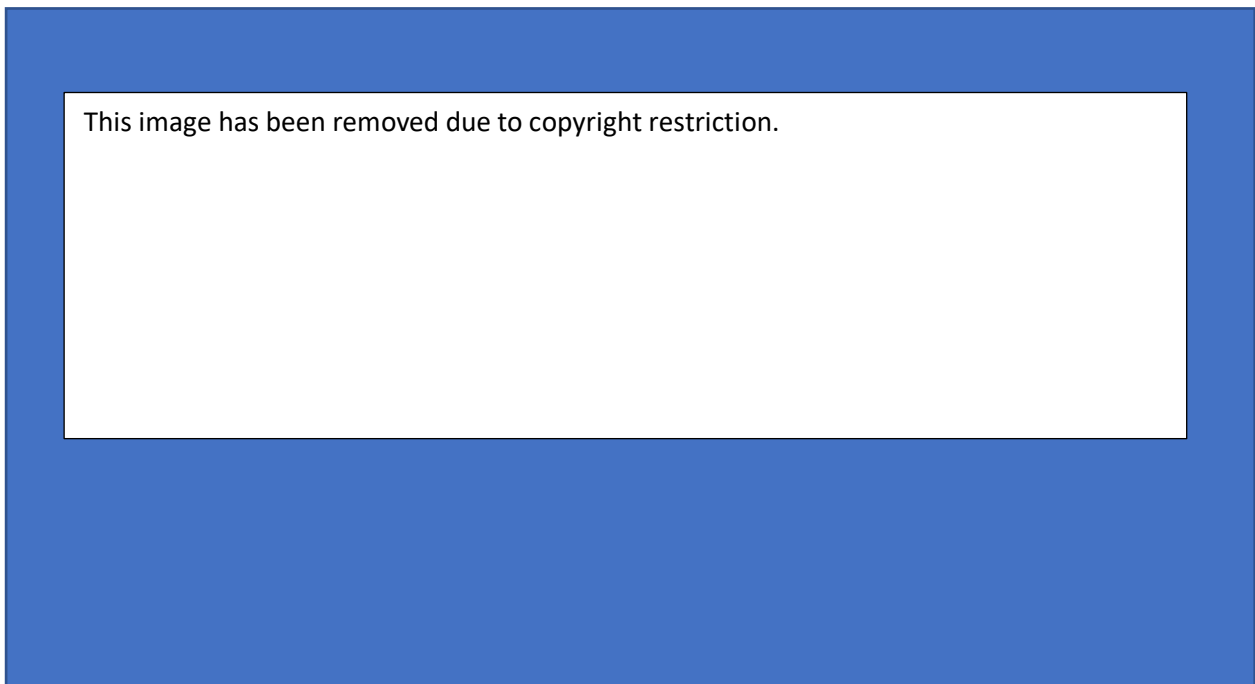
Herman's definitions of intrusion and constriction relate to re-living of the traumatic experience and dissociation or 'numbing', respectively. These features of post-traumatic stress disorder are almost ubiquitous in their presentation in trauma survivors and are often complex and difficult to observe in children who have survived a complex trauma experience.

Experiences of and responses to trauma are particularly significant in the context of psychiatric and psychological understandings of child trauma (D'Andrea, Ford, Stolbach, Spinazzola & Van Der Kolk, 2012; Van Der Kolk, 2016); the kinds of behaviours that may signify the impact of trauma can be nuanced when displayed by children and young people, and the practitioner working to address its effects will need to be suitably versed in the identification of such behaviours. Child abuse (including physical, sexual and emotional) constitutes one of the major types of trauma (Scott, 2013, p.8) and is the primary reason for which child protection interventions remove children and young people from

their biological families. It is well known in the child protection field that ‘...child abuse and neglect is likely to constitute one of the greatest risk factors for later psychological difficulties’ (Scott, 2013, p. 9), and hence the reason for removal decisions to be made before the cumulative impacts of abuse and neglect cause significant and lifelong emotional and psychological deficits. In practice however this can be far easier said than done.

It has been suggested that minimization of the impact of trauma on children and young people can have deleterious effects, and that it is folly to assume that children are by their very nature ‘resilient’ and able to bounce back from traumatic experiences. Experiences of trauma that are pervasive by nature and chronic in their effects afflict millions of children worldwide, and that at least half of all children who do experience such trauma will go on to develop psychiatric symptomology (Perry, Pollard, Blakeley, Baker & Vigilante, 1995, p. 273).

Especially salient in the study of the trauma experience of children and young people is the finding that neuronal changes in the developing brain occur in a use dependent fashion; the more certain synapses are triggered as the result of chronic trauma experiences, the greater the likelihood of their being permanently embedded in the child’s brain. The subsequent symptomology that results from a process of sensitization to particular neural responses becomes more evident as the child grows and matures, with significant response patterns of either hyper-arousal or dissociation occurring as a result of what may seem to only be minor stressors or triggers (Perry et. al, 1995, p. 275). (See figure 2.6 below)



*Fig 2.6: Patterns of responses to threat in children and young people (Perry et. al, 1995, p. 280)*

The variable symptoms of trauma amongst children and young people have been well known for at least three decades. Ryan (1996) noted that particular symptoms of trauma in children and young people included mood disturbances, alexithymia, depressive symptoms, traumatic play, anxiety states, sleep disturbances, difficulty with interpersonal relationships, emotional numbing and hyper-arousal. Specific neuroendocrine adaptations that take place in the context of chronic and repeated trauma have been strongly linked to the observation of significant mood changes in children and the manifestation of provocative behaviours (Ryan, 1996, p. 291).

The range of mental health implications for children who have experienced the trauma of child abuse and neglect are considerable. Greeson (2011) notes that the experience of 'complex trauma' by children present in child protection systems results in profound dysregulation across emotional, behavioural, interpersonal, physiological and cognitive functioning, and is often indicative of mental health pathology later on in adult life (Greeson, 2011, p. 93).

The commonly held understanding that exposure to chronic and cumulative trauma can lead to diagnoses of such illnesses as post-traumatic stress disorder later in life presents challenges for practitioners working with young children who have experienced trauma (Perry, 2003; Perry, 2004; Van Der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005). The assumption that PTSD will come to exist as a formal diagnosis as an inevitable result of their exposure to traumatic events may unduly influence the decision-making processes around clinical intervention and support (DeYoung, Kenardy & Cobham, 2011, p. 231). It may be the case for especially young children that have been removed from the source of traumatic experience that re-socialization and connection with attachment figures in safe and secure environments *may* stem the inevitable manifestation of illnesses such as PTSD, however this cannot be consistently demonstrated (Streeck-Fischer & Van Der Kolk, 2000; Van Der Kolk, Ford, & Spinazzola, 2019).

These sorts of interventions should not detract from an appreciation of the findings of research in the field of early childhood trauma that '...young children *do* develop psychiatric disorders such as anxiety, depression and oppositional defiant disorder (DeYoung, Kenardy & Cobham, 2011, p.231). It has also been noted here that infants, toddlers and pre-schoolers can indeed manifest the traditional three PTSD symptom clusters of re-experiencing, avoidance and numbing and hyper-arousal, suggesting the same underlying bio-psychosocial changes as a result of trauma as experienced by older children and adults (Perry, Pollard, Blakely, Baker & Vigilante, 1995; Perry, 2003; Perry, 2004; Pferrbaum, Noffsinger & Wind, 2012).

An in-depth analysis of treatment modalities for trauma fall outside of the scope of this research project, however it must be noted that as the understanding of trauma and its aetiology has evolved



over time, so have the various modalities that have sought to address them. Much of what constitutes modern treatment protocols for trauma and post-traumatic stress disorder have their origins in military psychiatry (Valent, 1999), as well as new understandings of the trauma inherent in experiences of crime, disaster, rape and torture. It has been noted that modern treatment approaches have invariably drawn upon a combination of non-specific treatments that leverage on the provision of a safe environment and assuredness of physical security, symptomatic treatments that blend pharmacotherapy and psychological interventions, hypnotherapy, cognitive-behavioural therapies and psychodynamic therapies (Valent, 1999, p. 21).

The body of literature on the treatment of trauma, including the treatment of complex trauma in children and young people reiterates common elements including provision of safety and security, recognition and validation of the trauma experience, counter-trauma measures, symptomatic treatment that involves distress reduction and affect regulation training and integration of the trauma experience and memory of it via cognitive reprocessing (Briere & Lanktree, 2012; Briere & Scott, 2013; Rothschild, 2010; Rothschild, 2011; Ryan, 1996).

Specific treatment modalities (relevant for social workers and mental health practitioners) for adult survivors of trauma have been proposed in detail by John Briere (2002), and involve an undertaking to provide interventions within a 'therapeutic window' that allows for the clinician to straddle the fine boundary between 'overwhelming exposure' and 'excessive avoidance', and provide therapy that '...challenge and motivate psychological growth, desensitization, and cognitive processing, but do not overwhelm internal protective systems and thereby re-traumatize and motivate unwanted avoidance responses.' (Briere, 2002, p. 10)

In their study of the practices of psychotherapists working with children and young people who had experienced trauma and abuse, Edwards and Karnilowicz (2012) provide a preamble that recognizes that complex trauma that has its origins in childhood abuse and neglect represents a poignant public health concern for the governments of developed nations such as Australia. In attempting to better understand the factors that either support or constrain therapists to work effectively with children who have experienced neglect or abuse, the authors concluded that the organisational and environmental context within which therapy takes place is a critical indicator of therapeutic efficacy (Edwards and Karnilowicz, 2012).

### **Complex Trauma – a new diagnosis**

This section marks the shift of focus into a discussion on the nature of complex trauma, which, as has been alluded to above, is a uniquely different typology of trauma that warrants its own designation.

This section will argue that complex trauma is distinctive, unique and is a common experience for children and young people in statutory care systems.

Complex trauma has been defined as ‘...a subset of the full range of psychological trauma that has as its unique trademark a compromise of the individual’s self-development. What is distinctive about complex trauma is its pervasive effects; it is not only a range of functions which are negatively impacted but development and functioning of the self per se’ (Kezelman and Stavropoulos, 2012, p.46).

Additionally, it has been noted of complex trauma that:

*‘In contrast to what is often referred to as single incident’ trauma (which relates to an unexpected and out-of-the-blue event such as a natural disaster, traumatic accident, terrorist attack or single episode of assault, abuse or witnessing it), complex trauma is cumulative and repetitive. It is the product of overwhelming stress which is interpersonally generated, such as ongoing abuse, including within the context of intimate and familial relationships, and includes community violence, war and genocide...The cumulative impact of intentional, premeditated and multiple abusive episodes (which are frequently extreme, and which occur over many years at the hands of a care-giver from whom protection would ordinarily be expected) involves particular, and particularly damaging, dynamics. The term ‘betrayal trauma’, captures the depth of some of what is involved, and itself highlights a key point of difference from single incident trauma (Kezelman and Stavropoulos, 2012, p.47).*

The experience of complex trauma for children and young people entering child protection systems seems ubiquitous; the chronic nature of the abuse and neglect that many children are removed from is particularly damaging during the formative years of a child’s life (Rothschild, 2010; Rothschild, 2011; Ryan, 1996).

Perry (2004) notes that ‘in the first four years of life, a child’s rapidly developing brain organizes to reflect the child’s environment. This is because neurons, neural systems and the brain change in a ‘use-dependent’ way...each brain adapts uniquely to the unique set of stimuli and experiences of each child’s world. Early life experiences, therefore, determine how genetic potential is expressed, or not.’

Perry further notes that during these first years of a child’s life, the child is particularly vulnerable to environmental and relational threats:

*The very biological shifts that make early childhood a time of great opportunity also make children very vulnerable to negative experiences: inappropriate or abusive caregiving, a lack of nurturing, chaotic and cognitively or relationally impoverished environments, unpredictable stress, persisting*

*fear, and persisting physical threat. These adverse events could be associated with stressed, inexperienced, ill-informed, pre-occupied or isolated caregivers, parental substance abuse and/or alcoholism, social isolation, or family violence. Chronic exposure is more problematic than episodic exposure (Perry, 2004, p.2).*

Exposure to complex and cumulative trauma during childhood has profound implications for the cognitive and psycho-social development of the child which can have life-long impacts on the structuring of a resilient identity. It has been noted that the neurobiological implications can be 'catastrophic', and that trauma represents a '...movement from the learning brain to the survival brain [and that] adaptation to trauma, at an early and vulnerable developmental point, becomes a state of mind, brain and body around which all subsequent experience organizes' (Kezelman and Stavropoulos, 2012, p.61).

Briere and Lanktree (2012) have suggested that 'complex trauma usually involves a combination of early and late-onset, sometimes highly invasive traumatic events, usually of an ongoing, interpersonal nature, frequently including exposure to repetitive childhood sexual, physical, and/or psychological abuse' (Briere & Lanktree, 2012, p.1). It is critical to note and reiterate that one of the most salient and defining features of complex trauma is its chronic nature; complex trauma is repetitive, ongoing, and often takes the form of psychological and / or emotional neglect, as well as physical and sexual abuse. Very recent research by Van Der Kolk, Ford and Spinazzola (2019) has found that a more apt description for complex trauma may be 'developmental trauma disorder', given the range of potential variable diagnoses that complex trauma can lead to (Van Der Kolk, Ford & Spinazzola, 2019).

Recent research into the occurrence of complex trauma and the lifelong consequences of experiencing it has resulted in the relatively new description of 'adverse childhood experiences'. Similar to conceptualizations of complex trauma and developmental trauma disorder, adverse childhood experiences (ACE's) encompass experiences of child maltreatment, parental substance abuse, parental incarceration, parental experiences of mental illness, domestic and family violence and resultant child internalizing and externalizing behaviours (Hunt, Slack & Berger, 2017).

Research in to ACE's has yielded significant insight into such phenomena as the distributions of ACE's across populations and their effects, the variable means by which ACE's are understood and communicated within professional settings, life course outcomes and instances of mental illness amongst adults who have experienced ACE's, the contribution of maternal parenting stress on the instances of ACE's, implications for brain development and brain function as well as the relationship between attachment and early brain development that could be protective in the context of ACE's (Carrion & Wong, 2012; Chronholm et. al., 2015; Jones, Nurius, Song & Fleming, 2018; Kalmakis &

Chandler, 2013; Merrick, Ports, Ford, Afifi, Gershoff & Grogan-Kaylor, 2017; Moe, Soest, Fredriksen, Olafsen & Smith, 2018; Navalta, McGee & Underwood, 2018; Newman, Sivaratnam & Komiti, 2015).

The linkage between socio-economic status and the likelihood of experiencing complex trauma has been described, with environmental factors appearing as a strong indicator of the risk of children and young people being exposed to situations of chronic abuse or neglect. Briere and Lanktree (2012) have noted that 'The fact that negative economic and social conditions increase the risk of interpersonal victimization has direct implications for treatment...optimal assistance to such youth often requires not only effective therapy, but also advocacy, collaboration and systems intervention' (Briere & Lanktree, 2012, p.8).

### **Complex Trauma in the context of child protection systems**

That trauma is the oft-experienced phenomenon for children and young people who end up in child protection systems is widely known to child protection practitioners (Ferguson, 2011; Golding, 2008; Holmes, 2001; Lumsden, 2018; Rothschild, 2011). The varying nature of the 'at-risk' family environment means that children potentially face a myriad of traumatic circumstances and events; these range from physical and sexual abuse to emotional and psychological neglect.

Children and young people in out of home care in Australia comprise one of the most vulnerable and disadvantaged youth cohorts in the country. They are removed from their families as part of state and territory child protection policy and practice where the young person is at short or long term risk of abuse, harm or neglect (McCluskey, 2013; McDowall, 2011; McLoyd, 1998; Price-Robertson, Bromfield & Lamont, 2014)

Placement of children and young people into alternative care arrangements is a complex process that must take account of both the needs and wants of the child, but also the capacity of different care environments to cater to their specific needs. Sometimes it is the case that due to a range of complex behaviours that result from experiences of trauma and neglect, children must be placed in therapeutic residential environments where their behaviours can be monitored and diagnosed for treatment (Raymond, 2019). Where this is not the case however, a family-based placement is always the first preference for child protection workers trying to find an alternative care arrangement for the child after they have been removed (Children and Young People (Safety) Act, 2017; Child Welfare Information Gateway, 2013; Golding, 2008; Government of South Australia, 2016; Lumsden, 2018).

Children and young people may be placed with extended family (kinship care) or with carers who elect to care for them on behalf of the child protection authority in question (foster care). Where this is the

case, often carers are required to manage the resulting loss and bereavement grief that children experience (Fineran, 2012; Hutchinson, 2005; Kosonen, 1996).

While bereavement is defined as the sense of loss that someone experiences after the death of a loved one, it has been observed that children and young people who have been removed from their families experience a similar type of bereavement grief, particularly when ongoing family or sibling contact is not possible, or not made available (Hunter, 1998; Kosonen, 1996; Herrick & Piccus, 2009; Hutchinson, 2005; McCluskey, 2013). It is important in the context of child protection work to acknowledge the continuum of trauma, grief and loss that many young people coming in to care will experience, and the need to integrate interventions and therapeutic processes that address both the impacts of trauma and the impacts of grief.

Children come into the child protection system for a range of reasons that are often complex, and their immediate psychological and emotional care can often take on a lesser priority for crisis intervention workers where their physical wellbeing and safety is at stake. Often it is the case that protection from physical harm or neglect is the predominant factor in decisions to remove young people from their biological families, and the time and resources that are dedicated to their psychological support can come sometime after the event of removal (Lumsden, 2018).

When new care arrangements can be negotiated, often it is the case that the trauma of removal can match the psychological impact of the cumulative trauma experienced in the home environment. Trauma and grief, whilst linked, are not the same psychological entity, and must be addressed in nuanced, sensitive and appropriate ways by the social worker managing the case (Brockhaus & Brockhaus, 1982; Hunter, 1998; Kosonen, 1996; Herrick & Piccus, 2009; Hutchinson, 2005; McCluskey, 2013).

It has been noted as early as 1982 that when children enter foster care, they experience a number of significant losses including their connection with biological parents, siblings, aunts uncles and cousins, grandparents, neighbour's, peers and friends. 'As well as interpersonal losses, the child experiences loss of home, loss of community and other familiar surroundings and, sometimes, loss of cherished personal belongings and objects that would provide a sense of identity or roots' (Brockhaus & Brockhaus, 1982, p. 9).

The idea that children placed into foster care are not provided with adequate space to grieve these losses is significant; the multiple losses that a child experiences in a short space of time can lead to the child exhibiting '...behaviours indicative of inadequate resolution of the grief process' (Brockhaus & Brockhaus, 1982, p. 9). It has been further noted that 'the most severe and profound losses that

affect children are those that involve loss of relationships. These losses occur with the deaths of a significant person or separation from significant persons for long periods of time' (Brockhaus & Brockhaus, 1982, p. 10). Where this is the case, and as a result of fear of further loss, often children and young people in foster care will struggle to forge new relationships that are significant and long lasting.

Where adoption can take place for the young person in alternative care arrangements, there are significant grief-related challenges that foster parents must deal with. It has been noted that 'adoptees from various backgrounds often wrestle with identity development and feelings of loss and grief throughout their life resulting from relinquishment' (Watson, Stern & Foster, 2012, p. 433). Whilst age of adoption may have a role in the extent to which the child experiences grief related to relinquishment, it has also been noted here that certain feelings of loss are common for adoptees when they first find out that they were relinquished by biological parents.

Edelstein, Burge and Waterman (2001) have noted that grief and loss in foster care environments is not contained to just the child or young person. Changes in the care placement decisions made by case managers can result in significant challenges for foster carers, and '...are accompanied by a lessened attention to the grief and loss of foster families as the welcome, care for and bid farewell to society's most vulnerable children' (Edelstein, Burge & Waterman, 2001, p. 6). Clearly, the need for both foster parents and foster children alike to access and receive support for loss and grief related issues is required.

*Children in these situations often struggle with the identification of conflicting feelings, grief resulting from the absence of the parents, and reorientation to life in a new family (Fineran, 2012, p. 369).*

Part of the overall rationale for the removal of children in environments of chronic abuse or neglect is an appreciation of the cumulative effects of trauma on the development of the child's psychological and emotional self into adulthood. It has been shown that the '...personality formed in an environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy and initiative. She approaches the tasks of early adulthood – establishing independence and intimacy – burdened by major impairments in self-care, in cognition and memory, in identity, and in the capacity to form stable relationships' (Herman, 2010, p.110).

Particularly salient for the child protection policy makers as well as professionals working with adolescents who have experienced complex childhood trauma is the increased propensity for these young people to engage in anti-social behaviours as a result of decreased ability for self-regulation

and self-control. The complex relationship between violence exposure and violence perpetration as well as trauma experience and problematic offending behaviours often leaves many young trauma-exposed young people in contact with criminal justice systems and caught in a perpetual cycle of recidivism (Cruise & Ford, 2011, p.337).

Given the over-representation of Aboriginal and Torres Strait Islander young people in Australian child protection systems, it is instructive to consider the experiences and impacts of trauma from the perspective of this particular cohort of young people. While it has been noted that trauma research specific to the experiences of Aboriginal young people is still in its infancy, there is a range of evidence that does suggest how trauma informed services and practices can be beneficially deployed to address the trauma experiences of Aboriginal young people in alternative care (Atkinson, 2013, p.1).

An understanding of how such practices and services are developed and then deployed is crucial for the practitioner seeking to provide a culturally appropriate and timely response to Aboriginal young people who are coming into care. For Aboriginal young people, trauma can be experienced either directly or secondarily. Direct trauma includes the same traumas that might be expected for non-Aboriginal children who are removed from their biological families as a result of abuse or neglect, however secondary trauma is particularly unique for this cohort given the intergenerational effects of the Stolen Generation, forced adoption practices, disconnection with land, culture and language, as well as the very complex nature of regional – urban migration for many Aboriginal family groups. Acknowledging the new set of complexities that these factors present for an understanding of child trauma as it impacts on Aboriginal children and young people is an absolute practice priority for the child protection social worker who finds themselves working with Aboriginal children in alternative care (Atkinson, 1997; Atkinson, 2013; McKendrick & Thorpe, 1998) .

From a more generalized practice perspective, work with children and young people in out of home care who have been the victims of traumatic experience needs to take place in a 'trauma-informed' context (Greeson, 2011; Griffin, 2011; Hendricks, Conradi & Wilson, 2011; Hunter, 1998; Hutchinson, 2005; James, 2011; Little, Kohm & Thompson, 2005; Perry, 2004; Raymond, 2019). This equates to a deep understanding and appreciation of the effects of trauma on the child's developing brain and the way that this manifests in their day to day behaviours. 'Problems with affect regulation, identity disturbance, and difficulties in forming positive and lasting relationships with others' (Briere & Scott, 2013, p. 23).

The next section of this chapter provides a discussion on the means by which resilience is conceptualised both in terms of a trait and psychological characteristic, but also as a description of positive life-course outcomes for children who have experienced complex trauma. Resilience is

considered to be an extension of the discussion on trauma, and for this thesis is considered one of the key objectives of policies designed to ameliorate the effects of such trauma for children in child protection systems (Government of South Australia, 2016).

It has been noted that 'one of the most important things to remember is that experiencing abuse or living in adverse environments is responded to differently by different children – and some grow stronger from the experiences...There has been considerable research into the factors that make some children manage the adversity they experience more effectively than others' (Lumsden, 2018, p. 106). It is this observation that leads into the next section.

## **RESILIENCE**

The conceptual and functional relationship between trauma and resilience is the focus of this section, where some of the key concepts and findings from the resilience literature are explored. The ways in which processes of resilience building can occur despite experiences of trauma are of particular interest, and the literature here is subjected to an assessment of how well the two processes are conceptually linked. This research project deliberately makes the connection between experiences of complex trauma and resilience on the basis that the ability of children to heal from experiences of trauma has been shown in past research to be correlated with levels of interpersonal resilience (Masten, 2001; Masten, Best & Garmezy, 1990; Masten, Garmezy, Tellegen, Pellegrini, Larkin & Larsen, 1998; Werner, 2005).

The current research project is concerned with the ways in which social policy, and particularly child protection policy is capable of informing trauma informed practice with children and young people in child protection systems. Given the role of the child protection social worker in attempting to assist children and young people to heal in the wake of having experienced abuse and neglect, and in applying therapeutic measures to help children to build resilient identities, this section seeks particularly to describe those concepts that are of most interest in the policy context, that is, how processes of resilience in children and young people can be harnessed and supported.

### **Key Concepts in the study of resilience**

'Resilience refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development' (Masten, 2001, p.228).

Existing scholarship about resilience is significant. Various studies over the last thirty years have shown the means by which children are able to develop resilient identities, even in the face of significant traumas (Agaibi & Wilson, 2005; Bonanno, 2005; Bonanno, Bucciarelli & Vlahov, 2007; Boyden &



Cooper, 2007; Boyden & Mann, 2005; Brokenleg, 2012; Fergusson & Horwood, 2003; Garmezy, 1985; Garmezy, Masten & Tellegen, 1984; Harvey, 2007; Hoge, Austin & Pollack, 2007; Jones, 2007; Luthar, 2003; Luthar, Cicchetti & Becker, 2000; Masten, 2001; Masten, Best & Garmezy, 1990; Masten & Coatsworth, 1998; Masten, Garmezy, Tellegen, Pellegrini, Larkin & Larsen, 1988; Phillippe et al., 2011; Werner, 2005).

The following section of this chapter draws on some of the significant work undertaken by Ann Masten (2001) and presents some of the most influential findings in to the 'ordinary' processes of developing resilience as children as it relates to this thesis.

Masten (2001) notes that there are often two major approaches that characterize the design of studies aimed at explaining variation in resilience outcomes amongst high-risk children. The first of these approaches is *variable focused* and deploys the use of multivariate statistics to test for linkages among measures of the degree of risk or adversity, outcome, and potential qualities of the individual or environment that may function to compensate for or protect the individual from the negative consequences of adversity. The second of these approaches, is *person focused*, and compares people who have different profiles within or across time on sets of criteria to ascertain what differentiates resilient children from other groups of children (Masten, 2001, p.229).

Person-focused approaches attempt to capture the configurable patterns of adaptation that naturally occur, in much the same ways that classification systems for mental disorder organize symptoms into patterns that have been observed to occur together; '...Most person focused approaches seek to identify groups of individuals with patterns of good versus poor adaptive functioning (judged on multiple criteria simultaneously) in a life context of high versus low risk or threat, in order to examine what might account for the differences in outcome (Masten, 2001, p.232).

In adopting a person focused design, studies of individual resilience attempt to capture some of the more '...striking patterns in the real lives of people' in ways that multivariate statistical analysis may fail to do (Masten, 2001, p.229).

Masten (2001) posits that some of the notable deficits in existing research around resilience relate to comparisons across high risk and low risk groups; 'What is missing from the classic [person focused] design are the low-risk groups, which could address the question of whether resilient children differ from children who are doing equally well but do not have high-risk profiles. Full classification models of resilience include low-risk groups (Masten, 2001, p.233).

In order to obtain the highest possible levels of explanatory power from person focused studies of resilience, it has been shown that studies should feature '...a focus on healthy versus maladaptive

pathways of development in lives through time and give special attention to turning points in people's lives' (Masten, 2001, p.233).

Of the studies of resilience that have previously been carried out, it has been suggested that

*Most of the resilience investigators of the past decade have assumed that resilience arises from many dynamic interactions within and between organisms and environment, but the systematic study of such patterns and pathways is in the nascent stage. To date, much of the discussion of resilient pathways has drawn upon case examples of individuals, often within longitudinal studies (Masten, 2001, p.233).*

Such case examples and anecdotes have suggested that opportunities and choices at critical junctures play an important role in the life course of resilient individuals; these include finding personal mentors, entering the military, finding a new or deeper faith, marrying emotionally healthy and stable partners, leaving deviant peer groups, or in other ways taking action that has positive consequences across the life-course (Masten, 2001 p.233).

The work of Ann Masten (2001) has been instructive in the development of this thesis as it seeks to understand how child protection policies can influence practices that seek to achieve states of 'subjective wellbeing' as a life trajectory outcome for people who have experienced complex trauma in childhood. Subjective wellbeing is taken in this thesis to contribute to internal criterion of resilience and resilient identities.

The measurement of subjective wellbeing is often assumed to be restricted to measuring 'happiness', however it has been demonstrated that subjective wellbeing covers a wide range of concepts than just happiness. Subjective wellbeing can be here defined as 'Good mental states, including all of the various evaluations, positive and negative, that people make of their lives and the affective reactions of people to their experiences' (OECD, 2013, p.10).

The definition provided above is useful in that it is highly inclusive and canvasses the full range of different aspects of subjective wellbeing identified in the literature and includes measures of how people experience and evaluate their lives as a whole.

Methodological issues have been identified in the collection of measurements of subjective wellbeing. It has been noted that the precise concept being measured is often not as clear as more straightforward, 'tangible' concepts such as income, gender or age. It is for this reason that a clear conceptual framework around the 'what' of subjective wellbeing (that is to say 'what is being measured') is of paramount importance.

The *OECD Guidelines on Measuring Subjective Wellbeing (2013)* have noted the following:

*The first element of a conceptual framework for the measurement of subjective wellbeing is to define exactly what is meant by subjective wellbeing. This is important because there are potentially a wide range of phenomena on which people could report, not all of which would necessarily fall under the heading of 'wellbeing'. It is also important to define subjective wellbeing in order to be able to communicate clearly what is being measured. Often, the measurement of subjective wellbeing is conflated with measuring 'happiness'; however, this is both technically incorrect (there is more to subjective wellbeing than happiness) and misleading, and thus lends support to sceptics who characterize the measurement of subjective wellbeing in general as little more than 'happiology' (OECD, 2013, p.29).*

For the purposes of this project, subjective wellbeing will be taken as 'Good mental states, including all of the various evaluations, positive and negative, that people make of their lives, and the affective reactions of people to their experiences' (OECD, 2013, p.29).

It has been noted that the phenomena of resilience is often more ordinary than might be expected given the '...extraordinary case histories that often inspired its study' (Masten, 2001, p.234). Instead of unique and remarkable factors that lead to both external and internal indicators of resilience, it has been suggested that 'Resilience appears to be a common phenomenon arising from ordinary adaptive human processes. The great threats to human development are those that jeopardize the systems underlying these adaptive processes, including brain development and cognition, caregiver-child relationships, regulation of emotion and behaviour and the motivation for learning and engaging in the environment' (Masten, 2001, p.234).

Contrary to the notion that resilience develops as a result of numerous sets of variables, studies over the last thirty years highlight the salience of only a small set of universal factors that have been shown to result in higher levels of resilience. These include connection to competent and caring adults during childhood, cognitive and self-regulation skills, positive view of self and self- concept as well as a generalized motivation to be effective in one's environment or community (Garmezy, 1985; Luthar et al., 2000; Masten et al., 1990; Masten and Coatsworth, 1998).

Research in the field of resilience has noted that there are two major components or variables under scrutiny. The first is the nature of the threat that a person experiences; '...individuals are not considered resilient if there has never been a threat to their development; there must be current or past hazards judged to have the potential to derail normative development' (Masten, 2001, p.228).

The kinds of threats that a person could experience during childhood is often couched in the literature in terms of 'demonstrable risk.' Risk factors can and have included socioeconomic status, the number of life events that have occurred in previous months or over a lifetime, community level trauma, low birth weight, as well as experiences of divorce. Of the diversity of these risk factors that have been studied, it has been noted that it '...presents a problem for comparing and interpreting results across studies', making systemic analysis somewhat complicated (Masten, 2001, p.228).

The second component of interest in studies of resilience is the particular criteria by which the quality of adaptation or development is considered to be 'good.' It has been noted of this second component that '...there is little debate about whether such criteria exist, but much controversy remains about who should define resilience and by what standards' (Masten, 2001, p.228).

Adaptation or development in the face of risk can be conceptualized in terms of external 'adaptive' criteria, such as academic achievement or the absence of delinquency, or in terms of internal criteria which have included psychological wellbeing, happiness or low levels of distress. (Masten, 2001, Masten, Best & Garmezy, 1990; Masten & Coatsworth, 1998; Masten, Garmezy, Tellegen, Pellegrini, Larkin & Larsen, 1988)

The notion of 'compensatory effects' has been cited in the literature on resilience, and refers to the idea that '...enough positive assets could offset the burden in a child's life from one of the many risk influences', and that intervention approaches ought to focus on assisting in the building of these resources or assets to counterbalance the negative effects of high levels of adversity (Garmezy, Masten & Tellegen, 1984; Masten et. al., 1988).

The role of experiences of poverty has been explored in relation to the resilience of children, and it has been found that '...economic hardship effects on children appear to be at least partially mediated through parenting ...[the] findings support an indirect pathway whereby the effects of economic crisis on adolescents are mediated by effects on the mood and interaction of parents that undermine the effectiveness of parenting behaviour' (McLoyd, 1998; Conger, Conger & Elder, 1997; Conger et al, 1992).

The critical role of effective parenting has also been explored; however, it has not yet been clearly demonstrated which specific factors lead to pro-social or adaptive behaviours that could be espoused as external criteria of resilience in children. Masten (2001) notes that '...experimental intervention designs that demonstrate a change in child behaviour as a function of changes in parenting behaviour support the conclusion of resilience investigators that parenting quality has protective power,

particularly against anti-social behaviour in risky environments...parenting appears to play a key mediating role linking major life stressors to child behaviour' (Masten, 2001, p.232).

Some of the best recent evidence of resilience in terms of a 'recovery-to-normal' trajectory of development has been suggested to be found in the follow up studies of children adopted away from institutional rearing that had been characterized by extreme deprivation; '...studies of Romanian adoptees provide dramatic documentation of developmental catch-up in many of the children, both physically and cognitively' (Masten, 2001, p.233). Of these particular studies however, it has been noted that despite many examples of developmental catch-up and observable adaptive resilience in the children studied, 'Significant numbers of children from Romanian orphanages, as well as from other situations of extreme and long-term adversity, have serious and chronic problems that appear to be the residual of their experiences' (Ames, 1997; Gunnar, 2001).

Masten (2001) notes the linkages between research on resilience and the burgeoning field of research into positive psychology. She suggests that the study of resilience and human adaptation has helped to re-ignite the movement of positive psychology, and that the latter poses important questions for resilience investigators about the critical differences between challenging experiences that undermine development versus those that promote development. Inversely, the ongoing study of resilience raises fundamental questions for positive psychology about '...the nature and development of optimal functioning: whether it arises from an unusual alignment of normative rather than extraordinary processes, what it means under conditions of severe adversity and how it is scaffolded by the social context over the course of development' (Masten, 2001, p.235).

In discussing the findings of the Kauai Longitudinal Study on Resilience, Werner (2005) has noted that the often 'retrospective' approaches of those studying the impacts of trauma on the subsequent development of resilience has '...created the impression that a poor developmental outcome is inevitable if a child is exposed to trauma, parental mental illness, alcoholism, or chronic family discord, since it is examined only in the lives of the "casualties", not the lives of the successful survivors' (Werner, 2005, p.11).

Of the results of the Kauai study, most salient has been the observation that '...even among children exposed to multiple stressors, only a minority develop serious emotional disturbances or persistent behaviour problems' (Werner, 2005, p.11). These findings then challenge future research into the dynamic between childhood experiences of trauma and later life outcomes couched in terms of resilience and resilient identities. That positive adaptation can occur even in the face of trauma and adversity leads us to a future research agenda that seeks to better understand and account for the nuances that give rise to this (Luthar, 2003).

The significance of the Kauai Study findings cannot be understated in the context of any future work that seeks to better understand the forces at play that shape resilient identities. It is the only longitudinal study to date that ‘...has examined development from birth to midlife. The study explores the impact of a variety of biological and psychological risk factors, stressful life events, and protective factors on a multi-racial cohort of 698 children born in 1955 on the Hawaiian island of Kauai’ (Werner, 2005, p.11).

The most significant findings of the Kauai Study have been noted as follows:

*One in three of these children grew in to competent and caring adults. They did not develop any behaviour or learning problems during childhood or adolescence. They succeeded in school, managed home and social life well, and set realistic educational and vocational goals and expectations for themselves. By the time they reached age 40, not one of these individuals was unemployed, none had been in trouble with the law, and none had to rely on social services. Their divorce rates, mortality rates and rates of chronic health problems were significantly lower at mid-life than those of their same sex peers. Their educational and vocational accomplishment were equal to or even exceeded those of children who had grown up in more economically secure and stable home environments. Their very existence challenges the myth that a child who is a member of a so-called ‘high-risk’ group is fated to become one of life’s losers (Werner, 2005, p.12).*

In accounting for these differential outcomes for children growing up in environments of adversity, the Kauai Study identified three broad clusters of protective factors; temperaments that elicited positive responses from caregivers, close bonds with an emotionally stable person who was sensitive to their needs, and supports that were readily available within the community (Werner, 2005, p.12).

Recovery that took place during adulthood which resulted in positive life outcomes by age 40 were attributable to certain turning points or ‘epiphanies’; these included continuing training or educational opportunities, service in the armed forces, marriage / relationships with a stable partner, conversion to a religion that required participation in a community of faith, recovery from a life threatening illness or accident, and to a lesser extent, formal psychotherapy (Werner, 2005, p.12).

It has been firmly established elsewhere that whilst certain risk indicators in familial environments may signal the development of adverse later-life outcomes, this is not always the case and is the subject of significant, ongoing enquiry:

*Young people reared in disadvantaged, dysfunctional or impaired home environments have increased risks of a wide range of adverse outcomes...what distinguishes the high risk child*

*from other children is not so much exposure to a specific risk factor but rather life history that is characterized by multiple familial disadvantages...despite the often strong relationship between exposure to accumulative diversity and developmental outcomes, this relationship is by no means deterministic and it has been well documented that children exposed to extremely adverse environments appear to avoid developing later problems (Fergusson & Horwood, 2003, p.2).*

In their discussion of findings from the 21 year longitudinal study, Fergusson and Horwood (2003) reflect on the evidence that ‘...with increasing exposure to childhood adversity there were corresponding increases in rates of both externalizing and internalizing disorders’ (Fergusson & Horwood, 2003, p. 17). The finding that is most salient for the purposes of the current study was that even at relatively high levels of exposure, not all of those young people studied developed problems in later life. The authors comment that ‘...these findings are suggestive of the presence of resilience processes that mitigated the effects of exposure to adversity’ (Fergusson & Horwood, 2003, p. 17).

The powerful effects of affiliations and attachments were discussed in the context of longitudinal study findings, where the authors suggest that both peer relationships as well as parent/child attachment play a significant role in mitigating the effects of trauma exposure. They suggest that in the context of multiple relationships with both parents and peers that the quality of these relationships has additive effects on protecting against the impacts of trauma experiences in childhood and adolescence (Fergusson & Horwood, 2003, p. 20).

## **ATTACHMENT**

It should be noted at the outset of this section that attachment theory, despite its prevalence in child protection policy, can and has been critiqued for its status as a ‘grand narrative’, and a hegemonic theory of healthy parent-child interaction (Birns, 1999; Hays, 1998; Mercer, 2011; Quinn & Mageo, 2013; Zeanah, 1996). Whilst research into and broad-based acceptance of attachment is prevalent, it needs to be stated that in the context of a post-structural research project such as this, any discussion of attachment theory is provided only as scaffolding, and not as tacit endorsement of its status as the dominant perspective taken in the study of children’s development.

Providing an overview of attachment theory is considered to be important in the context of the current research project, in that the nexus between attachment, trust and recovery from experiences of complex trauma is readily accepted in the field of child protection policy and practice. Given its status as a dominant narrative in child protection policy, it cannot be ignored even despite the validity of its various critics.

This section seeks to clarify definitional issues, make a clear linkage between attachment and trust that is specifically accepted in the context of child protection policy and practice, and to map the current research in the field of attachment and trust psychology.

In the context of understanding processes of child and adolescent development, it is difficult to escape attachment as a predominant and cross-cutting theory that seeks to explain the various ways in which children develop relationships and interpersonal scaffolding. Although attachment theory has been variously critiqued, both for its Western orientation towards single-parent attachment (Thompson & Raikes, 2003; Quinn & Mageo, 2013) as well as the way in which it places the female caregiver / mother as the primary object of analysis, bearing the full burden of child rearing (Knudson-Martin, 2012), it nonetheless remains as the mainstay of much of the developmental psychology which informs child protection practice.

For practitioners working with children and young people, an understanding of developmental processes is often considered by this author to be core, requisite practice knowledge.

Attachment theory has been variously used to explain and illustrate processes of child development in such a way as to highlight the critical role of the parent – child relationship; it has been noted that ‘attachment theory is a theory of child development that focuses on the influence of early relationships on children’ (Golding, 2008, p.23).

Attachment theory is generally attributed to the various work of John Bowlby (Bowlby, 1982, 1998) and Mary Ainsworth (Ainsworth et al, 1978) in their studies of the ways in which children attach emotionally and psychologically to their caregivers. Golding (2008) notes that:

*It is a theory of child development. It focuses on how children develop within relationships, and the impact that this has for later social and emotional development. This in turn impacts on cognitive development: the way the child learns about and understands the world (Golding, 2008, p.24).*

Holmes (2001) likens attachment processes to that of a ‘psychological immune system’, and proffers that ‘Attachment theory takes as its starting point a... need for psychological security and sees much psychological ill-health as resulting from compromised safety systems’ (Holmes, 2001, p.1).

Holmes continues to cite Winnicott (1965) who suggested that ‘there is no such thing as an infant, only mother and infant together.’ Further, ‘our physical and psychological security depends utterly on our connections with other people’ (Holmes, 2001, p.1).



For Holmes (2001), attachment bonds and their relative function can be utilised to explain many phenomena of psychological ill-health. He describes human beings as inherently social creatures who are unable to survive without creating and maintain attachment bonds with others within our close family unit. He conceptualises of identity formation in children as a function of attachment bonding, and suggest that:

*Self-esteem and security are intimately linked. We feel good about ourselves to the extent that we feel part of a network of family and friends and valued within that network. With the backing of such a group we feel we 'cannot fail'. As we go about our business – which is for the most part relational – we are constantly appraising situations and our part within them (Holmes, 2001, p.2).*

Furthering the metaphor of attachment as the psychological immune system, Holmes suggests that in much the same way as the physical immune system is activated in the presence of allergens or infectious agents, the psychological system of interpersonal appraisal acts as a form of psychological immunity, detecting threats to integrity when attachment bonds are weak or malformed (Holmes, 2001, p.2).

The work of Holmes in identifying the factors that lead to disorganized attachments amongst children who have experienced 'traumatic care giving' is considered highly relevant here. Holmes posits that experiences of trauma can lead to disorganized attachment styles:

*Disorganized attachments are associated with traumatic care giving. Trauma overwhelms and disrupts the psychological immune system altogether. Disorganized responses and narratives lack any clear coherent strategy for self-protection. They are likely to arise when a care giver is him or herself a source of threat, an extreme example of which is seen in child abuse. This sets up the typical approach – avoidance oscillation seen in borderline disorders. [In these] cases, the child may resort to extreme defensive measures to maintain some sort of internal coherence: splitting, dissociation, role reversal and excessive controllingness (Holmes, 2001, p. 4).*

That patterns of attachment have been observed amongst infants and children across countries and cultures may help to explain the predominance of attachment theory in the fields of child development and child psychology, and has added weight to its explanatory power of how patterns of attachment in childhood go on to predict patterns of identity development and interpersonal relationships in adolescence and adulthood (Quinn & Mageo, 2013).

In their studies of cross-cultural patterns of attachment, Van Ijzendoorn and Sagi (1999) summarized their findings on universal patterns of attachment under four primary hypotheses. These are the 'universality hypothesis', which stipulates that in all cultures, infants will become attached to one or more than one specific care figure; the 'normativity hypothesis', which suggests that upward of seventy percent of children become securely attached to their primary caregiver(s) with the remainder being insecurely attached, and that further, securely attached children will settle more readily in response to stressors; the 'sensitivity hypothesis', which requires that secure attachment patterns are dependent on sensitive and responsive care-giving; and the 'competence hypothesis', which states that variations in attachment security can invariably explain variances in social competence, with securely attached children being more likely to develop functional relationships with peers and teachers, and are less likely to engage in or be subject to bullying behaviour (Van Ijzendoorn & Sagi, 1999, p.792).

In their description of various cross-cultural studies of networks of attachment relationships, Van Ijzendoorn and Sagi (1999) refer to observed patterns of intergenerational transmission of patterns of attachment, describing it as '...the process through which parents' mental representations of their past attachment experiences influence their parenting behaviour and the quality of their children's attachment to them' (Van Ijzendoorn and Sagi, 1999, p.803). They further provide that:

*In several studies of Western cultures, a concordance rate of about 75% has been found between the security of the parents' mental representation of attachment and the security of the parent-child attachment (Van Ijzendoorn and Sagi, 1999, p.803).*

This is a conceptualisation of the means by which parent's responsiveness and sensitivity to the needs of their children may be either supported or hindered by the parent's own experiences of being raised and parented, and may usefully be applied to understanding how intergenerational cycles of child protection system involvement occur for certain vulnerable, at-risk families.

Whilst dominant expositions of attachment tend to focus on the mother-child relationship that develops during a child's infancy, there is of course a body of knowledge that exists in relation to the attachments that form between children, their fathers and other male supportive members of the child's family. Babies are observed to become attached to their fathers soon after they have developed an attachment relationship with their mothers, however it has been consistently noted that in many family situations, the resource of 'time' appears to be more limited for fathers than it is for mothers and other female caregivers and as such, fathers tend to spend less time on average with their infant children than mothers do (Kail, 2004, p.320).

It has been noted that in the context of the normative, nuclear family, the role of mothers and fathers in relation to infants is different:

*Fathers typically spend much more time playing with their babies than taking care of them. And even their style of play differs...Given the opportunity to play with their mothers or fathers, infants more often choose their fathers...Thus although most infants become attached to both parents, mothers and fathers typically have distinctive roles in their children's early social development (Kail, 2004, p.321).*

Attachment processes are purportedly still active as the child moves into adolescence, and this is deemed critical knowledge in the context of the care and protection of children in alternative care systems. Santrock (2003) notes that 'Adolescents do not simply move away from parental influence into a decision-making world all on their own. As they become more autonomous, it is psychologically healthy for them to be attached to their parents' (Santrock, 2003, p.164).

Santrock (2003) further stipulates that '...secure attachment to parents in adolescence can facilitate the adolescent's social competence and well-being, as reflected in such characteristics as self-esteem, emotional adjustment and physical health...securely attached adolescents have somewhat lower probabilities of engaging in problem behaviours' (Santrock, 2003, p.165).

Child protection policy and practice appears to accept that patterns of attachment have been shown to have significant influence over processes of socialization and the development of pro-sociality amongst adolescents. It has been suggested that 'the very earliest years of a child's life provide experiences that are critical for the child's later development and ability to make close relationships' (Golding, 2008, p.25). The 'internal working model' that children develop as they attach to parents and other caregivers has quite some bearing on the way in which children form expectations about future relationships as they move through adolescence to early adulthood. Golding notes that:

*Children have expectations about how other people will relate to them based on their early experience. Children therefore approach these relationships in ways that are in line with these expectations. Children also have expectations about the type of person they are. If children's experience is that they are not very likeable they will approach other people in a way that conveys this feeling about themselves (Golding, 2008, p.28).*

This observation is resonant for any policy maker or practitioner working in child protection settings, as the experience of complex trauma for many of the children and young people with whom they will work will undoubtedly have exposed the child to maladaptive patterns of attachment with their primary care-givers. The internal working model for these children is in many cases dominated by a

belief on behalf of the child that they are inherently bad, unworthy or un-loveable, a belief that has often been reinforced by parental dismissiveness and non-responsiveness (Golding, 2008). These beliefs tend to give rise to processes of identity development in which the child approaches the world expecting other people to treat them badly, reinforcing many of the anti-social and self-protective behaviours that the child protection worker observes as they work with these children and young people. As has been noted above however, attachment theory and attachment processes have been variously critiqued, and so it is important to identify other socially mediated mechanisms by which children develop their identities (Brinkman, Rabenstein, Rosen & Zimmerman, 2014; Ruble, Alvarez, Bachman, Cameron, Fuligni, Coll & Rhee, 2004).

### **Chapter Summary**

This chapter has provided the background and context for this research project and has described in detail a range of concepts that are considered to be critical in an exploration of complex childhood trauma, child protection policy and practice. It has described the contemporary understanding of complex trauma and its unique nature, and it has also described processes of resilience that can unfold, even despite early childhood experiences of complex trauma. Issues related to attachment and attachment theory were also explored and linked to child protection policy and practice. The chapter has provided a broad overview of the South Australian child protection system as it currently exists and has made some observations around early intervention and prevention, sibling contact, family-based care and residential care. It has described the nature of social policy and social policy making, and how child protection policy exists within a broader framework of social and 'welfare' oriented policy.

The tension that has arisen, and which guides the methodology and method for this research project, is that the research on trauma, complex trauma and adverse childhood experiences is well developed. The factors that ameliorate the life-course impacts of complex trauma experiences are well known, as are the kinds of therapeutic interventions which are of most benefit for children and young people in care systems and who have experienced complex trauma. With such ample literature from which to draw in order to shape effective, therapeutically oriented child protection policy, the fundamental tension is the observed lack of policy recognition of the implications of complex trauma and the means by which to address it at a whole-of-system level.

### 3. METHODOLOGY

#### Aims and Objectives

The research question guiding this project was: ***How effectively does social policy, specifically child protection policy, respond to the issue of the complex trauma experiences of children in state care in South Australia?***

The overarching aim of this research project was to gain an in-depth and detailed understanding of the extent to which complex childhood trauma is conceptualised and addressed in social policy that seeks to drive responses for children and young people in South Australian child protection systems.

The research project had two primary objectives:

- 1. To conduct a review of selected child protection policy in South Australia in order to critically interrogate the extent to which policy measures are prescribed for adequately addressing complex childhood trauma and fostering resilience in children and young people; and**
- 2. To explore the current state of the South Australian child protection system, as well as the reform process that was initiated as a result of the Nyland Royal Commission in order to discover the extent to which addressing the impacts of complex child trauma is tied to the subsequent review and re-development of child protection policy in South Australia.**

#### Overview

The role of social policy actors (government and senior bureaucrats as well as policy influencers in the non-government sector) in conceptualizing and operationalizing social policy responses (that in turn influence practice with children and young people in child protection) was a key consideration of this research project.

This research project approached its aims and objectives in two principle ways. The first was to conduct a critical discourse analysis (CDA) of selected child protection policy documents, with the CDA approach being supported by a broader theoretical framework informed by critical theory and post-structuralism.

The second was via semi-structured interviews with 23 research participants who were selected via convenience sampling for their perceived ability to leverage child protection policy discourse in South Australia.

Interviews with social policy actors were conducted relative to the second project objective, namely to explore the South Australian child protection system and its reform in order to discover the extent to which addressing the impacts of complex child trauma was tied to the subsequent review and re-development of child protection policy in this state.

Key policy makers in the South Australian case study were interviewed in order to inform a critique of the sector reforms that were commenced in 2016, in an attempt to demonstrate the variable influences on the success or otherwise of the reform of child protection policy and practice in this state

The rationale for interviewing key policy makers and those involved in influencing the development of public / social policy was underpinned by a post-structural conceptualization of the way in which discourse is transposed in to policy; the language used to problematize an issue (namely complex childhood trauma) and to propose solutions has been seen as critical in the formation and implementation of policy responses. Data collected from the interviews was used to inform an analysis of the language used to construct popular discourses around complex childhood trauma, responses to trauma and the ways in which these were, or were not, transposed into social policy. Critical discourse analysis (CDA) has been central in the analysis of the language and discourse that the study uncovered.

The 'tone' of social policy texts has been previously discussed in detail by Jamrozik (2009) and has been related to the ways in which social policy is expressed, communicated and interpreted. An ancillary component of the analysis of both the policy based and interview data was to attempt to understand which 'tone' was being expressed and at which level; the 'four tones' as expressed by Jamrozik represent four aspects, or four 'realities' to which policy is applied and understood, and this was deemed of particular interest for the purposes of critiquing policy responses to complex childhood trauma.

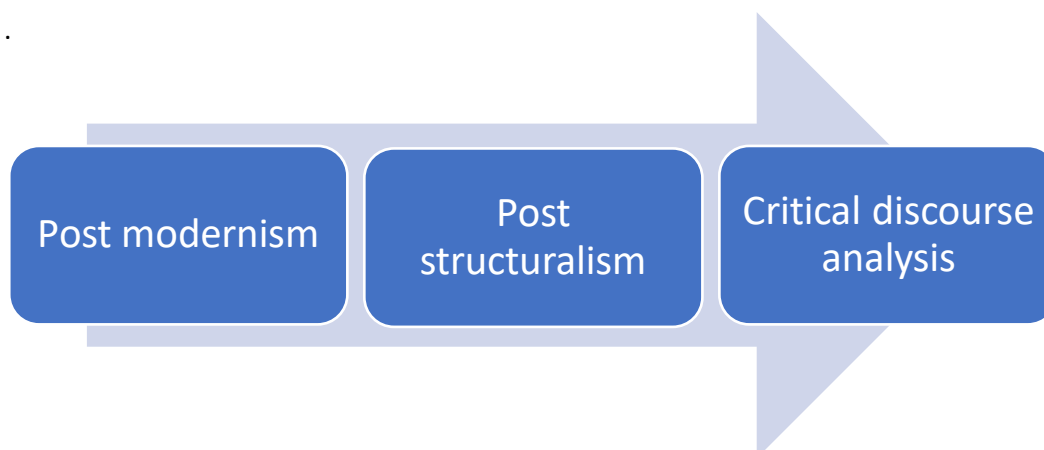
This study sought to employ specific qualitative methods that were built on an epistemology informed by a synthesis of critical theory, post-structuralism and critical discourse analysis (the latter as the principle mode by which policy texts were analysed).

Several critical features of the post-structural movement were considered particularly important in the analysis of relevant social policy in the child protection sphere; the rejection of 'grand narratives' that over-simplify social policy issues or 'problems'; the identification of centralization or dispersed / localized relationships of power and control; the identification of 'truths' and the way in which these are articulated and reinforced in the social policy context; and the way in which social policy and

associated discourses seek to control individual and group behaviour and to what effect (Bessant, 2006).

The research was concomitantly informed and shaped by a critical theory approach that assisted to articulate and highlight the systematic failures of child protection policies to adequately address the impacts of complex childhood trauma, while identifying innovative and unique examples of where social policy has been successful in embedding trauma-informed approaches to restorative, therapeutic work with children and young people in order to facilitate the development of resilience and resilient identities.

The research approach utilized critical discourse analysis (CDA) in the analysis of textual and conversational data. Critical discourse analysis was taken here to refer to the process of ‘...analysing texts and interactions, and indeed any type of semiotic material (written texts, conversations, television programmes, advertisements)...but it does not begin with texts and interactions; it begins with the issues which preoccupy sociologists, or political scientists or educationalists.’ (Fairclough, 2014, p.230)



*Figure 3.1: The methodology for this research project was developed with a post-modernist influence, adopts a post-structuralist lens to the conceptualization of discourse, and deploys critical discourse analysis as the primary mode of analysing and understanding textual and semiotic data.*

The design and methodology for this project has applied a synthesis of perspectives and approaches to the research process in order to represent a nuanced and reflexive means by which to study policy, discourse, power and the application of these to the way in which social policy influences social work practice with children and young people who have experienced complex trauma.

In considering the ‘type’ of research that this project represented, it was principally exploratory and in places, descriptive by nature. The project sought to make ‘...careful observations and detailed documentation of a phenomenon of interest’ (Bhattacharjee, 2012, p.6), in this case, the range of

policy responses in South Australia, nationally and internationally that provide sufficient (or insufficient) guidance and context for practice response to complex trauma.

The research was qualitative and, in parts, interpretative in its approach; the modes by which data were collected and analysed mirrored some of the traditions of grounded theory, with patterns and relationships being observed and analysed as the data was collected. Whereas grounded theory attempts, in the main, to build theories utilizing an inductive method to data collection, moving ‘...from specific observations or interactions to general ideas and theories’ (Alston & Bowles, 2012, p.13), this project has been principally exploratory by its nature and did not expect at the outset to yield an overarching theoretical orientation or explanation for the findings (as might be expected with an explanatory research design).

Whilst this research project was established with an exploratory orientation, the use of critical discourse analysis and the influence of critical theory on both methods and data analysis does create some tensions. It cannot be suggested that the research did not yield some explanatory outcomes because, as will be demonstrated in the results and discussion chapters, certain explanations as to why complex trauma has not been integrated in to social policy are provided. The tension between designing an exploratory study but using a methodology that yielded explanatory outcomes has been overcome in the concluding chapter whereby a discussion on differing emergent ‘dominant discourses’ is provided.

Abductive methods to data collection have been utilized, particularly in the linking of themes uncovered in the interviews to the kinds of discourses created by policy texts; there has been a nuanced and reflexive moving back-and-forth between observation of the data and the particular theories or ideas that may help to make better sense of them.

The research has aligned itself with facets of an emancipatory approach, which compliments CDA, (with a distinct recognition that knowledge is socially constructed and political, and is all about power and relationships) and a principally post-modern, post-structural epistemology (noting that truth and knowledge is created through language and meanings, and is different for different people, depending on their experiences) (Alston & Bowles, 2012, p.22).

The research project has drawn on in parts, the traditions of critical theory. Critical theory has been utilized as part of the project’s methodological synthesis given that it ‘...attempts to uncover and critique the restrictive and alienating conditions of the status quo by analysing the oppositions, conflicts and contradictions in contemporary society, and seeks to eliminate the causes of alienation and domination’ (Bhattacharjee, 2012, p.8).



Whilst postmodernism and post-structuralism are often contrasted as differing approaches with their own unique and sometimes mutually exclusive methods, it has been noted by Zeeman, Poggenpoel, Myburgh and Linde (2002) that in fact postmodernism and post-structuralism are mutually supportive ideas or perspectives that each '...set about dismantling most of our normal ways of thinking about how meaning interpretation and reality works' (Zeeman, Poggenpoel, Myburgh & Linde, 2002, p.96).

This project has quite deliberately made a theoretical and philosophical linkage between the traditions of postmodernism and post-structuralism and has situated the overwhelmingly post-structural approach within a broader tradition or philosophy of postmodernism. Such an approach is supported by Zeeman, Poggenpoel, Myburgh and Linde (2002), with their assertion that 'postmodernism creates distance for the generation of alternatives in...culture, language, ways of thinking, stories and interpretations' and that post-structuralism is supported by this in its '...critique of metaphysics: of the concepts of causality, of identity, of the subject of power, knowledge and of truth' (Zeeman, Poggenpoel, Myburgh & Linde, 2002, p.98).

It is post-structuralism that gives rise to the particular perspective, approach and set of tools with which the research has actually been carried out or operationalized. In understanding the influence of post-structuralism, it has been noted, quite importantly, that 'structuralism and post-structuralism have a great deal in common. Post-structuralism retains structuralism's emphasis on language; furthermore, they retain the structuralist belief that all cultural systems can be represented as coded systems of meaning rather than direct transactions with reality' (Whisnant, 2012, p.1).

This has been considered to be a critical influence in the context of this project, with its focus on language, systems of meaning and the way in which these shape relationships of power and control over policy priorities and social policy responses to complex trauma. Post-structuralists have a tendency to doubt the existence of an objective reality and emphasize the extent to which widely understood differences between 'ideas' and 'reality' is constructed through language and by the variable discourses that language produces. Post-structuralists can be said to have 'given up the search for universal truths' and tend to focus on those things that make us different; they are principally interested in the ways that language and discourse structure thought, and how thought leads to the development of systems and power imbalances (Whisnant, 2012, p.1).

It has been noted by Harcourt (2007) that 'post-structuralism resists then, the fourth tenet [of structuralism]: structures of meaning are not universal and do not reflect ontological truths about human or society. Poststructuralists focus on *the gaps and ambiguities in the system of meaning* and find meaning there...the idea is not to find regularity, but instead to probe what the discovered regularity could possibly mean (Harcourt, 2007, p.18). This has been a resonant theme in this research,

and the project has certainly uncovered a range of gaps and ambiguities in the way in which social policy broadly and child protection policies specifically have represented the key 'problems' and potential 'solutions' to the trauma that children experience both before and after their contact with child protection systems.

The post-structural influence on this project's methodology has been defined by Harcourt (2007) who suggests that the 'central question that post-structuralists pose in their work is how knowledge becomes possible at any particular time under specific historical conditions (Harcourt, 2007, p.18).

The post-structuralist movement has assisted the analysis of social policy and has been progressed in the context of the current study. The first feature of post-structuralism utilised here is the analysis of 'grand narratives' when they are presented in the context of policy texts (Bessant et. al., 2006, p.55). This project has absolutely made itself interested in the 'grand narratives' of social policy and child protection policy in particular.

This study has drawn strongly on the post-structural critiques of 'grand narratives' and has sought to identify and unpack them in the context of social policy, as well as descriptions that seek to embed the 'truth' or 'rightness' of particular social policy responses to childhood complex trauma, and which influence in turn social work responses to this trauma. Additionally, the study has attempted to identify policies that serve to 'normalize' practice and behaviour amongst social work practitioners and which serve, in part, as mechanisms of disciplinary power and control. Particularly salient has been an analysis of how language and discourse influence practice and behaviour and which in turn guide responses to complex trauma and resilience building.

Taking post-structuralism as the perspective with which analysis of social policy has taken place, with its emphasis on power, truth, language and discourse, the study has deployed a critical analysis of social policy texts and the language used by social policy makers to define complex trauma and responses to trauma that seek to build children's resilience.

The principal method that has been utilized in the analysis of textual and conversational data was critical discourse analysis (CDA). CDA was selected deliberately as it represents a mode of analysis that is situated cleanly within the bounds of post-structuralism and critical theory. It aligns itself closely with the fundamental tenets of post-constructivism (an empirical orientation to the social construction of knowledge and reality), post-structuralism (the focus on language and discourse and the subsequent shaping of power relationships) and critical theory (a focus on unsettling or disrupting relationships or systems that disempower and marginalize).

In elaborating on why critical discourse analysis has been selected as the primary method the selection of policy texts, the construction of interview questions, and for data analysis, CDA has been described thusly:

*'CDA brings the critical tradition in social analysis into language studies, and contributes to critical social analysis a particular focus on discourse, and on relations between discourse and other social elements (power, ideologies, institutions, social identities etc.) Critical discourse analysis is normative and explanatory critique. It is normative critique: it does not simply describe existing realities but also evaluates them, assesses the extent to which they match up to values that are taken (contentiously) to be fundamental for just or decent societies (e.g., certain requisites for human wellbeing). It is explanatory critique: it does not simply describe and evaluate existing realities but seeks to explain them, e.g., by showing them to be effects of structures or mechanisms or forces which the analyst postulates and whose reality s/he seeks to test out'* (Fairclough, 2013, p.178).

Textual and discourse analysis undertaken within the framework provided by CDA has, in part for this project, been complimented by attention to the 'tones of voice' with which particular examples of social and child protection policy have been articulated. (Jamrozik, 2009, p.68) The tone of voice with which a particular policy is articulated represents the way in which it is presented to the public, or 'interpreted in more than one version' (Jamrozik, 2009, p.68).

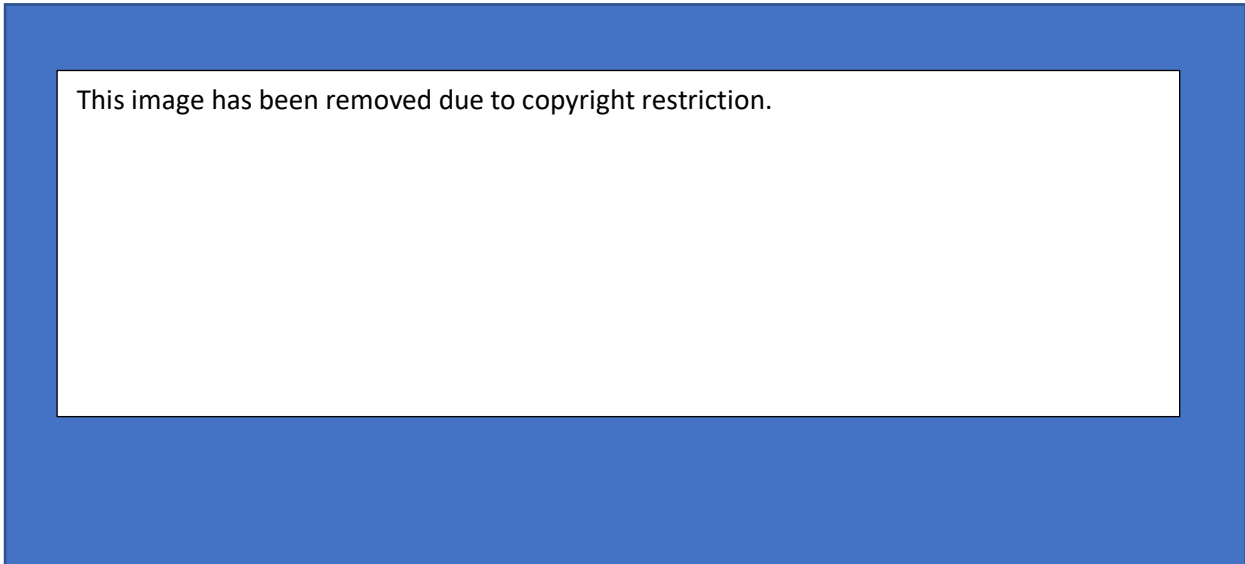


Figure 3.2: A framework for understanding Jamrozik's 'tones of voice' in social policy analysis. (Jamrozik, 2009, p.70)

In utilizing steps within the CDA approach of Fairclough, an additional and supportive analysis of which 'tone of voice' a policy has been presented in or interpreted by has provided some useful insights into how discourse around responses to complex trauma have been shaped by variable manifestations of

understanding by social policy makers, actors and practitioners. In the main, there have been described four tones of voice by which policy can be articulated or explained (see Figure 3.2);

*'The manifest tone is the official version of the policy that will be found in government documents...the assumed tone is the policy as it is understood, interpreted and implemented by administrators and service providers...the extant tone is the version that may be closest to what would be perceived as the reality experienced by the service providers and the recipient of services...and the requisite tone is the version of social policy that is expressed by policy-makers as the desirable state of affairs, which, unfortunately is impossible to achieve due to the scarcity of resources'*(Jamrozik, 2009, p.69).

By utilizing an analytical framework that seeks to identify various tones of voice inherent in child protection policy and subsequent discourse surrounding the translation of policy to practice in the field of complex childhood trauma, it was anticipated that numerous incompatibilities between the different tones of voice would be uncovered. It has been noted that 'the four tones of voice represent four aspects, or four social realities of policy' (Jamrozik, 2009, p.69).

Analysis of child protection policy documents has been supported by both attention to the 'tone of voice' that is expressed in the content of the policy, but also by attention to the extent to which 'trauma informed perspectives' have been integrated into the policy documents themselves. It has been argued that a 'trauma informed perspective on social policy' is both possible and desirable for social policy analysis, and in the context of this study it has been considered appropriate that child protection policies should be weighed by the success with which they guide (or do not guide) trauma informed practice responses to complex trauma. Further rationale for an analysis of policy that focuses on trauma informed practice is given as follows:

*Trauma informed care is conceptualized as an organizational change process centered on principles intended to promote healing and reduce risk of re-traumatization for vulnerable individuals...Because a social determinants of health perspective drives public health towards an emphasis on promoting health in all policies, we argue that the principles of trauma informed care constitute a meaningful framework for analysing social policy and guiding advocacy efforts...trauma informed policy analysis has the greatest salience for policies addressing social problems related to trauma, such as violence, homelessness, addiction and chronic disease* (Bowen & Murshid, 2016, p.223).

The authors here have provided a set of principles for trauma informed social policy which can be deployed as a framework for policy analysis. The principles relate to safety, trustworthiness and

transparency, collaboration and peer support, empowerment, choice and intersectionality. Where these principles are appropriately articulated in the context of policy, such a policy is considered to be 'trauma informed'; this is suggested as desirable given that '...when social policy becomes more trauma informed, it will be more participatory, transparent and collaborative, and it will be better able to promote the safety and empowerment of its target constituents and, ultimately, disrupt trauma-driven disparities in health and wellbeing' (Bowen & Murshid, 2016, p.228).

In the context of the current study, child protection policies have been analysed and evaluated to the extent that they integrate the above principles of trauma informed care, and further scrutinized for the way in which they adequately inform trauma informed practice within the child protection workforce.

In consideration of this study's concomitant interest in the practices of resilience building that has the potential to take place alongside the treatment of complex trauma in children, policy documents have been scrutinized to the extent that they facilitate a practical discourse around resilience and resiliency development. The capacity for the language of resilience to feature in child protection policy and thereby inform practice approaches and discourses has been considered here to be significant.

## **Method**

### *Carrying out Critical Discourse Analysis:*

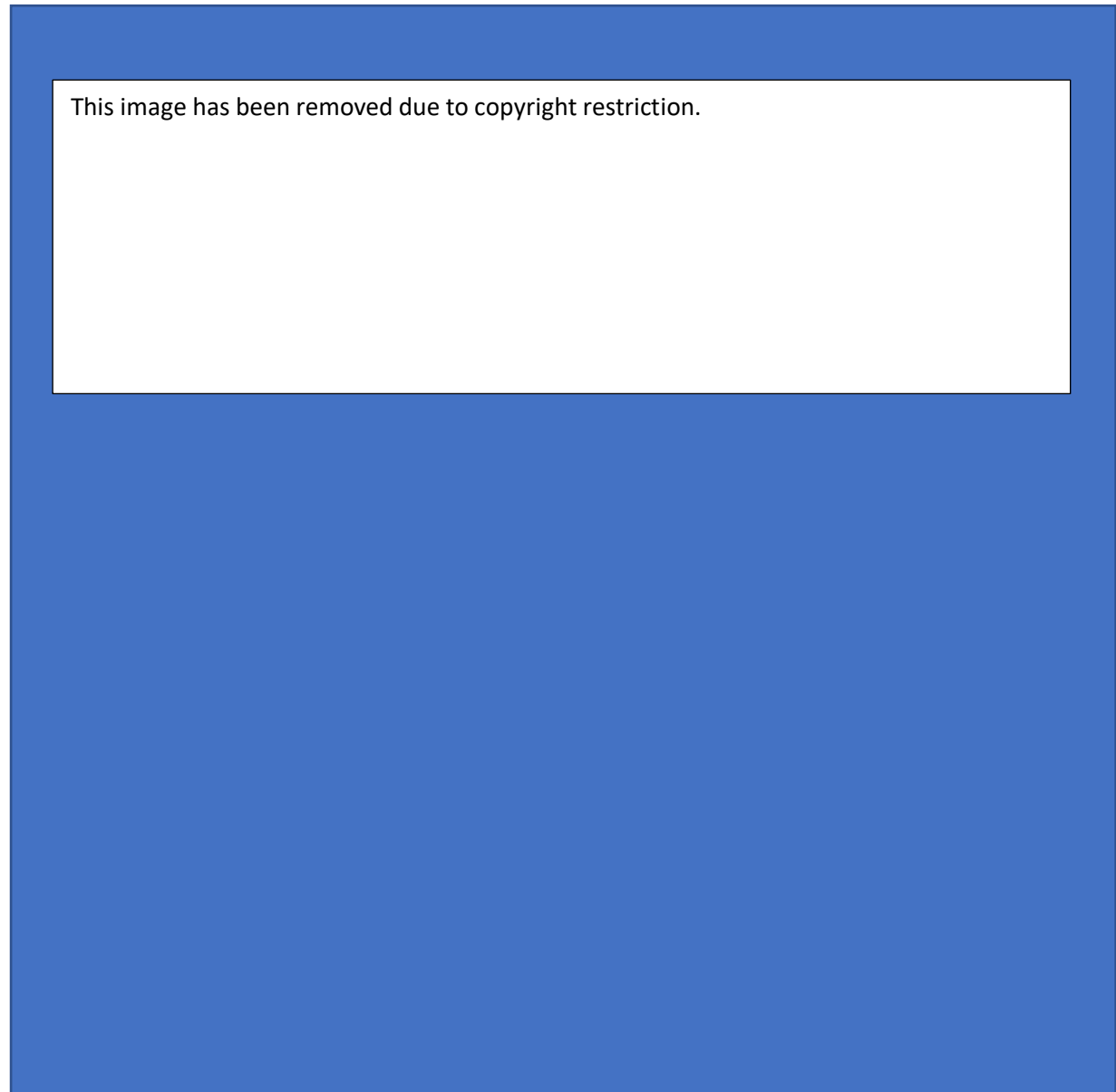
As has been noted above, the principle method by which policy texts were selected and deconstructed, and how interview questions were crafted and conversational data analysed, was via the deployment of critical discourse analysis. CDA has been supported by attention to the tones of voice inherent in policy texts, as well as to what extent policies themselves can be described as meeting the criteria of 'trauma informed policy'.

Carrying out critical discourse analysis of textual and conversational data for the purposes of this project has been underpinned by the framework presented by Norman Fairclough in his chapter 'The Discourse of New Labour: Critical Discourse Analysis' in Wetherell, Taylor and Yates' (2009) text 'Discourse as Data: A Guide for Analysis'.

In his chapter on CDA, Fairclough demonstrates how it can be utilized as a tool for analysing textual and 'semiotic' materials by focusing on the use of language in the process of meaning making. He further describes the means by which CDA is capable of describing and understanding relationships of power within given societal structures and the critical role of language in constructing these relationships of power. Fairclough describes CDA's critical concern with semiotic analysis, and the way in which it allows for an analysis of 'all forms of meaning-making'(Fairclough, 2009, p.234). He further

describes the way in which 'CDA is analysis of the dialectical relationship between semiosis (including language) and other elements of social practices' (Fairclough, 2009, p.234).

The 'analytical framework' that is presented by Fairclough, and which has been adopted as the primary mode of data analysis for the purposes of this project is presented below (Figure 3.3):



*Figure 3.3: An analytical framework for CDA (Fairclough, 2009, p.236)*

*Policy documents:* Specific social policy documents (textual data) that have been analysed by reference to critical discourse analysis included the following, and were selected as the key 'guiding' policies that underpin the South Australian child protection system:

- The Children and Young People (Safety) Act, 2017

- ‘The Life the Deserve’ – Final Report of the South Australian Royal Commission into Child Protection Systems (Margaret Nyland)
- ‘A fresh start’ – The South Australian Government’s response to the findings and recommendations of the Nyland Royal Commission
- ‘Getting it Right Early’ – The South Australian Government’s Prevention and Early Intervention Strategy for Child Abuse and Neglect 2018-2019

These particular policy documents / policy texts were selected as the suite of policies released by the South Australian government at the time of the commencement of the child protection system reform process. They were deemed at the time to be the most contemporary examples of government policy thinking about child protection systems reform, and the means by which an awareness of complex trauma could be demonstrated.

*Interview participants:* 23 participants were invited to take part in semi-structured interviews that focused on their perspectives around where the significant gaps were in the translation of child protection policy to outcomes for vulnerable children and their families. Emphasis was given to how well outcomes have been supported in relation to complex trauma by virtue of government policy that seeks to ameliorate the impacts of such trauma. Participants were sought from both government and non-government agencies and were considered to be either policy makers (government) or policy advocates (non-government / third sector) in the context of their respective roles. The importance of critical discourse analysis (CDA) in both participant selection and question formulation is provided in the way in which the diverse voices of policy actors are deemed crucial in understanding how policy problems are variously framed and potentially resolved.

*Interview data collection:* Interview data was collected from interview participants in the form of written notes reflecting a transcript of the nature of the discussion and the key themes and emphases that arose. Interview notes were provided to participants for verification and validation prior to being utilized as data. Participants were selected utilizing a convenience sampling methodology that was supported by the networks established by the researcher in his professional and industry role. Participants were invited to participate voluntarily and anonymously in the interview process and were provided with the ability to a) opt out of the interview or choose not to answer specific questions, and b) to make amendments to the interview transcript once they were provided with it for validation.

*Data analysis:* Data have been analysed through the lens of critical discourse analysis (for policy documents and texts), with the themes within the data being identified as a result of particular words, phrases, sentence structure and thematic orientation. A combination of generalized thematic analysis as well as critical discourse analysis was used for interrogating the interview data. Words and language

were coded and re-coded (in a similar manner to that utilized within a grounded theory approach) in order to organize data and draw out salient themes from the interviews themselves. NVivo software was utilized in various ways in order to assist in the analysis of textual data, including word frequency and phrase frequency in policy texts and for the purposes of coding and thematic analysis of interview transcript data. There was a process of shifting between the data and the various explanations that may have assisted in the understanding of the data, which was in keeping with an abductive approach to analysis. It was hoped that by doing so, a process of gradually understanding and describing the linkages between social policy and social work practice could be better understood and described.

*Ethical considerations:*

Ethics approval was obtained for this research project via the Flinders University Research Ethics Committee (Project number 7718, July 2017). All interviewees were treated confidentially and opinions and views documented were de-identified for the purposes of the research, unless otherwise permitted by the interviewee. In order to minimize the risk of participants feeling coerced in to participating, invitations to interview were sent by the primary supervisor indicating that participants were not required to respond if they did not wish to or were not able to participate. Any prospective participants who notified the supervisor that they are willing and able to participate had their details forwarded on to the research candidate. All interview participants were provided with a letter of introduction and a project information sheet and were also asked to sign an informed consent form prior to taking part in the interview.

There was a minor risk associated with identification of interviewees in senior government and NGO roles where such identification and documentation of their attitudes and opinions in relation to contemporary child protection policy may have adversely impact on their professional standing. It is for this reason that all interview participants had the option of remaining anonymous. The risk of participant identification was discussed with participants prior to interview to ensure that they understood that they may be identifiable due to the nature of their responses. Any real or perceived coercion was minimized by making express provisions for potential interviewees to opt out of taking part in an interview on the basis that they either did not have adequate time, did not feel that they have any significant thoughts or opinions to convey, or would prefer not to have their views or opinions documented.

This chapter has outlined the methodological approach of the research project and has firmly situated it within a postmodern and post-structuralist paradigm. Critical discourse analysis has been introduced as the principal, post-structural method by which policy texts were analysed, with thematic analysis as the method by which interview texts were analysed. The chapter also described supportive



methods of analysis that have been utilised including Jamrozik's (2009) 'tones of voice', and Bowen and Murshid's (2016) 'trauma informed policy'.

#### 4. ANALYSIS OF THE LIFE THEY DESERVE

This section provides an overview and analysis of the Final Report of the Nyland Royal Commission entitled '*The Life They Deserve.*'

Given the size and volume of the final report, this section will employ a high-level thematic analysis supported by NVivo and will include a critical discourse analysis of some of the report's more salient chapters.

In determining which chapters of the final report were deemed to be 'most salient', those chapters that provided macro-level context and background to the Royal Commission, as well as those which framed some of the broad and systemic issues encountered by the child protection system were selected. Chapters were selected from the beginning of the final report in order to ascertain the extent to which they provided 'whole-text organization' and summary findings and themes for the report. The chapters were also deliberately selected on the basis of their 'representational' nature. That is, as summary chapters they should 'represent' the texturing of the full report, meaning they set out the textual style, tone of voice, phraseology, structure of the whole document and dominant orders of discourse (further explanation of 'whole-text organization', 'representation' and 'texturing' is provided by Fairclough, 2009).

The report is considered with analysis focussing on how the 'problem' of child protection is conceptualised and presented, how child abuse and complex trauma are represented and what the implications of these may be for future policy development.

The South Australian government's response to the report and the concomitant recommendations are contained in the document entitled 'Child Protection: A Fresh Start', and this document will be subjected to a separate textual analysis in the next section as it is considered to be a more salient example of government child protection policy.

*The Life They Deserve* is the outcome of a Royal Commission of Enquiry. For the purposes of this analysis, the report serves as a foundation for subsequent policy development initiatives of government in responses to its findings and recommendations and is hence considered worthy of some level of analysis. The means by which the report itself frames the key policy problems to be addressed in terms of the South Australian child protection system, the conceptualization of trauma and complex trauma and how it should factor in to policy responses, as well as the recommendations of the report are considered vital elements of the policy reform process in child protection that commenced in 2016 in South Australia.

Whilst in the commencement of the report it is noted that the origins of the Nyland Royal Commission lay in the criminal activities of convicted paedophile Shannon McCoolle, the scope of the Commission's investigation went far beyond a singular case of criminal misconduct and child sexual abuse. Systemic issues that had as their aetiology significant policy and practice deficits within the former Families SA became the broader subject of analysis, and the final report represents significant and highly detailed observations on these deficits.

The summary of the report commences with a phrase that clearly and concisely frames the problem that the Royal Commission sought to investigate, and in the opinion of this researcher, frames the policy problems to be subsequently considered and addressed. It states –

*Many children in the care of the state have been abused and neglected, not only by their families but by the system that was supposed to protect them. It is time for that to change. It is time for all of us to work together to give all our children the life they deserve (Nyland, 2016, p. xiv).*

Of interest in this framing statement is the way in which the principal problem is the same as that provided for in the Children and Young People (Safety) Act 2017, that being the inability and incapacity of parents to adequately care for and provide safety for their children. The problem is squarely stated as one that exists within families but does concede that certain 'systems' have also worked to actively prevent the safety and wellbeing of children. This is a concession that is deemed to be important in the context of this analysis, because it shifts the 'blame' from being only on families and shares it with a network of practices that exist within broader systems and social structures that may be outside of the control of individual family units. The problem is further described in terms of '...children living in dire circumstances who desperately need someone to take action on their behalf' (Nyland, 2016, p. xiv). The phraseology deployed here further describes the problem as one of children's inherent vulnerability and the responsibility of others to protect them.

In considering 'what' the system is constituted by, the summary comments note that it is not just the statutory agency (then Families SA) responsible for system level deficits. It notes that there are a range of government and non-government bodies who *should* be responsible for responding to the needs of vulnerable families and young people. The use of the word 'should' clearly implies that such collaboration between agencies and actors has not occurred in such a way as to protect children and young people.

*The heavy focus of this report on reforms to the statutory agency should not be taken as implying that the agency alone is responsible for the safety of children. For sustainable*

*improvements to the quality of life for children at risk of harm, changes are required well beyond statutory functions at both a government and community level (Nyland, 2016, p. xiv).*

In considering the ways in which policy changes are stimulated and encouraged, Royal Commissions of Inquiry are deemed in this analysis to be mechanisms that push policy changes beyond incremental adaptations to new and emerging social policy problems. The way in which the report describes spheres of responsibility for child protection that transcend a singular statutory government agency is considered critical in an analysis of the depth and breadth of policy reform that may result. In the analysis of the Children and Young Person (Safety) Act 2017, it was clear that the focus was on reforming the network of practices that lay within the boundaries of the judiciary and the current Department for Child Protection, however the Nyland Report clearly identifies a need for reform that moves beyond legislative and administrative amendments to process.

In considering issues within the child protection system's practices and processes, the summary notes that the system is built on an 'outdated model', and that the contemporary understanding of child abuse and neglect is far more sophisticated and that simply responding to incidents on a case-by-case basis will no longer suffice. Particularly instructive for this analysis is the observation that –

*The child protection system in this state (and in other jurisdictions) has developed with little reliance on understanding and developing the evidence base for interventions and strategies. Other professional disciplines, such as medicine, intervene only after an evidence base is established and the interventions are consistently evaluated. In child protection practice, this approach is less common, it is difficult to know whether the interventions offered are good value for the investment, in the sense that they are making a real difference to outcomes for children and their families (Nyland, 2016, p. xiv).*

This finding is consistent with comments provided by interview participants in this project around the lack of application of the evidence base to child protection interventions and will be the subject of further analysis in following sections of this thesis. The deficient application of evidence and theory to practice has been found in this analysis to be one of the more salient themes uncovered by the Royal Commission and is supported by recent research conducted by the Australian Centre for Child Protection (ACCP) around evidence-based practice frameworks and their use across Australia (Finan, Bromfield, Arney, & Moore, 2018).

Of critical concern for this research project was the way in which complex trauma has been conceptualised, integrated into child protection policies and then translated in to social work practice responses with children and young people who have experienced complex trauma. Social work

practice and the translation of policy in to practice responses can be viewed in terms of a workforce challenge, as it is the social and community worker workforce that is charged with the implementation of interventions with children and young people. Workforce issues are captured as a salient theme in the report's summary –

*Similarly lacking is investment in growing the knowledge base of the workforce charged with managing this complex work. The gap between the complexity of the task and the resources and skills of the agency required to manage it, has been filled with innumerable policies and processes in an attempt to bring structure and certainty to the work. However, this array of 'guidance' has made little impact on the quality of the work. One of the most striking observations made by the Commission is the yawning gap between policy requirements and day-to-day practice in many areas (Nyland, 2016, p. xiv).*

Furthering this observation, it is noted in the summary that what should be avoided is the construction of more layers of policy and procedure in order to create and maintain systems level change, with an acknowledgement that whole of system change cannot be achieved by bolstering the regulatory regime within which the system operates; growing the knowledge base and practice abilities of the workforce is instead proposed as a desirable policy solution.

The observations of numerous interview participants in this research project have demonstrated quite clearly that despite the above perspective provided by the Nyland findings, the assumed policy changes (and the assumed tone that those policy changes represent) that have been implemented by government and by DCP as a result of the Royal Commission have been largely legislative and administrative and have represented *exactly* what the Commissioner cautioned to avoid; the addition of additional layers of policy and procedure.

An important observation provided in the summary relates specifically to the quality of care provided to children and young people once they enter the care system. Given the high levels of complex trauma that has been experienced by the majority of children who enter state care as a result of neglect, the report provides that the system requires a greater emphasis on the provision of therapeutic care and support, with assessment of therapeutic need being led by the Child and Adolescent Mental Health Service (CAMHS) which currently sits within the Women's and Children's Health Network (Nyland, 2016, p. xix). One of the findings from the research interviews in this study is that participants did not agree that enough emphasis had been placed by the Department for Child Protection on commissioning and procuring therapeutic services and supports for children and young people in care, both in residential and specialist foster care placements. The report of the Commission found specifically that in relation to the provision of therapeutic residential care, substantially greater

investments need to be made in the ongoing training and professional development of residential care staff in order to appropriately care for children with high or complex needs. Again, the extent to which this has been achieved over two years since the release of the recommendations has been found to be highly questionable, with increases in training and development opportunities for staff dependent on decisions made at a management, not an organizational level.



*Fig 4.1: The recurring themes of the final report of the Nyland Royal Commission that informed the recommendations. (Nyland, 2016, p. xv)*

### **Orders of discourse**

Fairclough (2009) in describing an analytical framework for critical discourse analysis prefaces his proposed framework with a discussion on genres (various ways of acting and constructing social life), discourses (different ways of representing elements of social life) and the manner by which certain social practices, when combined or ‘networked together’ create a specific social order. In his view, the way in which different genres and discourses are combined to produce ‘reality’, and the subsequent

semiotic aspects of the prevailing social order is called an 'order of discourse'. Fairclough provides that 'One aspect of this ordering is dominance: some ways of making meaning are dominant or mainstream in a particular order of discourse, others are marginal, oppositional or alternative' (Fairclough, 2009, p. 235).

In Fairclough's conceptualisation, an order of discourse is created by the specific combination of particular genres that relate to or 'deal with' certain discourses, and the social order or social reality that this particular order of discourse produces can be dominant (as we might expect to be reflected in public and social policy), oppositional (we might see oppositional orders of discourse represented in policies of a shadow government) or alternative (as we could expect in the perspectives put forward by non-government organisations or lobby groups).

If we take the final report of the Nyland Royal Commission, and question what order of discourse it represents, we are faced with a number of conclusions. The first is that the description of the 'problem to be solved' and the manner by which it ascribes responsibility for the problem to certain social actors (governments, service providers, families, community organisations) does not align with a 'dominant' order of discourse; it does not make the familiar connection between the problem (parental inability to care for children) and who is to blame. Rather, the report takes an alternative view, and ascribes blame to a number of systemic elements that are outside of the control of the family unit.

The final report deploys a number of different genres (including interview analysis, thematic analysis, formal research findings, government opinion, policy analysis) and discourses (such as the formal discourse on the psychological implications of abuse and neglect, the managerial discourse on workforce development and skills training, the social policy discourse of government investment, commissioning and procurement of services) and combines them in such a way that the final report of the Royal Commission represents an alternative order of discourse that, whilst not an example of social policy per se, serves to provide a unique platform upon which social policy and child protection policy can be adapted, amended or recreated. It also provides a foundation for new and different orders of discourse to be adopted by government in the creation of new ways of framing social policy problems and potential solutions to them.

The following section provides a brief review and analysis of Chapter Two of *The Life They Deserve* which is entitled 'The Persistence of the Child Protection Problem'. It is considered salient to review this chapter given the means by which a critical discourse analysis (CDA) approach establishes how certain policy problems are framed and articulated. The analysis in this section will be augmented by attention to the tones of voice that are present in the text of the chapter.

## How the problem is framed: Chapter Two of *The Life They Deserve*

The section that follows serves to fulfil the first stage of a critical discourse analysis of the text, which is to focus upon and describe the problem and its semiotic components, as well as the second stage, which is to identify the particular obstacles to the social problem to be solved via policy measures.

This chapter frames child protection as a ‘wicked’ problem; a policy problem that is highly complex, intersecting, resistant to change and where disagreement on solutions is a feature (Head, 2008; Head & Alford, 2015). The report notes that the ‘wicked’ nature of child abuse as a social problem results from the high level of interconnectedness of issues that lead to family incapacity to provide safe and nurturing environments for their children, and that linear policy solutions that address specific ‘problems’ in isolation from other problems that contribute to it are ‘bound to fail’ (Nyland, 2016, p. 8).

In considering the policy drivers that underpin policy development in the area of child protection, the report notes that ‘Traditionally contested values about the role of the state in the family, strong community emotions, intense media attention and political sensitivity become the major drivers of policy development’ (Nyland, 2016, p. 9). The report notes that there are a number of assumptions, of both governments and communities, that are unsupported by evidence and which delimit the development of new policy ideas or solutions to the problem; these are shown in the figure below.

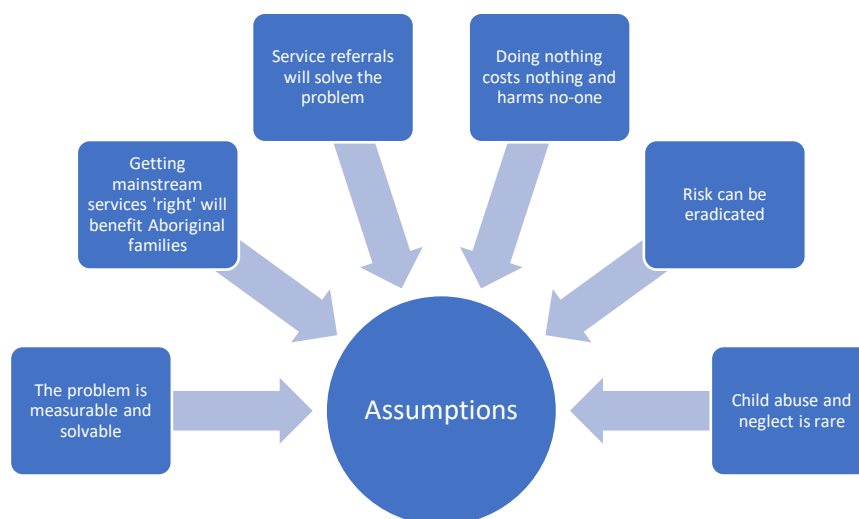


Fig 4.2: The key unsupported assumptions that prevent the development of new and innovative policy solutions (Nyland, 2016, p. 9).

The problem of child protection is globalized, crossing state borders and besetting both developed and developing nations across the globe. The inherent vulnerability of children and young people, despite their ethnic or cultural background is a ubiquitous feature. In the Australian context, the report finds that from at least 1985 onwards, child protection systems in all jurisdictions have been in need



of reform however there have been few successes to this end. It states that ‘...policy makers have found it difficult to fix problems with the system because legislation and interventions are underpinned by unsupported assumptions’ (Nyland, 2016, p. 8). These assumptions have been explored throughout the course of this research endeavour, and one of the most salient assumptions that has been uncovered is that *outcomes for children who are removed by the state from situations of abuse or neglect will be better than if they remained within the family environment*. It is this assumption that has prevented the exploration and implementation of more robust and universally provided prevention and early intervention initiatives.

The report takes a pronounced macroscopic perspective on the origins of the child protection problem and compares the social issues that South Australia faces with those experienced in other Australian and international jurisdiction. In this manner, it extends the view of the issue to one that is rooted in the social fabric of Western societies, and not simply a localized problem. It compares outcomes for vulnerable children and families in Australia, the United Kingdom and the United States, where the emphasis is on the receipt and investigation of reports of abuse and neglect, with those of nations such as Norway and Sweden where the emphasis has been on a ‘family services approach’ that views the care and protection of children as a shared responsibility between families and government (Nyland, 2016, p. 8).

Other macroscopic considerations are canvassed. The intersecting issues of mental illness, substance abuse and dependence, young parenthood, domestic and family violence, intergenerational abuse and neglect, homelessness and experiences of material poverty are all depicted as salient contributors to the ongoing child protection problem. In analysing how and where ‘blame’ is attributed, the report emphasises that many of these issues are firmly linked to systems and networks of practices that are enmeshed and which are beyond the control of families who suffer as a result. The social relationships that exist between families and the dominant capitalist economy that demands full time employment can be critiqued from an interactional perspective, with expectations flowing unidirectionally from the economy down to the family who may not have the capacity to participate in it; poverty is often the result and has far reaching consequences.

When considering the chapter of the report from an interdiscursive perspective (a salient element of critical discourse analysis), it is interesting to note that one of the core assumptions, that abuse and neglect are rare occurrences in the Australian context, is challenged on the basis of child abuse and neglect being a public health problem, not simply a child protection problem. The report notes that –

*The consequences of an incident-based system approach [to child protection] is that the shortcoming of the system become the focus of reform, perpetuating the myth of rarity instead*

*of exposing the larger problem of child maltreatment, which is a genuine public health problem (Nyland, 2016, p. 10).*

From an interdiscursive perspective, the discourse of public health and the discourse of child protection are fundamentally different in a range of paradigmatic ways. Where the discourse of child protection focuses upon risk and the elimination of risk to children's safety and wellbeing, the discourse of public health is oriented towards a health promotion paradigm that seeks to prevent sources of risk from arising in the first place. The public health research methodology of epidemiology assists the formation of policy that understands patterns of disease and illness in such a way as they can be prevented at a population level. Conversely, no such research methodology exists to better furnish child protection policy, and instead of taking a population level approach, interventions are designed at the family (micro) level and fail to address the macro-level issues which are the aetiology of child abuse and neglect.

In considering the various genres that are available to represent the issue of child safety and child protection, and the way in which these can impact on the policy discourses that result, the report notes that the popular media has a distinctive role to play, particularly in terms of how it has the capacity to shape public perception in a manner that is unsurpassed by the manifest and requisite tones of public policy documents and government media releases. The mainstream media is able to shape policy problems and represent public policy solutions in an assumed tone more readily understood by the public (the way in which public policies are understood and interpreted by service users) and extant tone (the closest interpretation of the policy position in terms of how outcomes are actually experienced by service users.) The popular genres often utilised by the mainstream media include newspaper articles which are usually short and with a tendency to over-simplify the problem, television bites which are again short and not representative of the totality of the policy problem as well as interviews on radio and television with 'experts' who are able to shape the perspectives and opinions of the public. When these 'partial' perspectives become the drivers of government policy responses, the responses are often ill-conceived and rushed. The report notes that –

*The fast-paced media environment, the need for newsworthy stories, a focus on politically oriented reporting, restricted publication space, and the non-cooperation of official child protection sources can result in child protection issues being sensationalised, distorted and incompletely reported by the media (Nyland, 2016, p. 14).*

The role of the media in shaping social policy responses to the problem of child safety cannot be understated; the role of public perception in influencing how governments conceptualise of problems and shape responses is powerful and plays into political posturing and debate in the parliament

around desirable policy responses. The way in which the mainstream media can direct public attention to particular deficits and failures within a system has the deleterious consequence of also shifting government attention to those same failures, with solutions only focussing quite narrowly on parts of an overall whole. The report notes of media attention to certain system deficits that ‘...this attention often has the inadvertent consequence of adding to already overburdened services by arguing for narrowly conceived responses which result in increases in notification of children and applications for children to be placed in out of home care’ (Nyland, 2016, p. 14).

### **How abuse and neglect are conceptualised: Chapter Three of *The Life They Deserve***

Given that a central undertaking of this thesis is to understand to what extent trauma and complex trauma are represented in social policy (and the ways in which this is then translated in to practice), it is considered here to be worth conducting a close analysis of Chapter Three of *The Life They Deserve* given that it deals specifically with the issue of how neglect and abuse impacts upon children and young people in such a way as to frame the problem of child protection and the need for systems reform.

The nature of trauma and complex trauma has been presented in some detail in the background to this thesis. Of note is that complex trauma cannot be defined in terms of single-incident trauma which has as its hallmark a sudden and overwhelming fear response to perceived threat. Instead, complex trauma is repetitive, occurs over an extended period of time, has a uniquely relational element in that the abuse or neglect usually occurs at the hands of a caregiver, and is often of a psychological or emotional nature. Such a distinction is considered important to keep at front of mind as the analysis of this chapter is worked through. This analysis will be particularly mindful of whether or not the Chapter can lead to the development of trauma informed social policy as described by Bowen and Murshid (2016).

The chapter notes that in child protection systems, historical responses were oriented around ‘battered child syndrome’ and that harm was conceived of in terms of physical abuse only. Given the burgeoning research in to developmental psychology and child and adolescent development, the report notes that ‘...the Commission has taken a broad view of what risk of harm means, which includes threats to children’s physical, developmental, emotional and psychological safety’ (Nyland, 2016, p. 22).

Much of Chapter Three can be clearly read as written in the requisite tone; much of the description focuses on what ‘should’ be the desired state or environment within which children and young people are raised. The report states in the second paragraph of the chapter that:

*A good childhood is one in which children have their physical, developmental, emotional and psychological needs met, and their care environment and experiences do not significantly compromise their ability to achieve their life potential. A good childhood provides a child with the developmental foundations for physical, mental and economic wellbeing as adults. Securing good childhoods therefore improves the collective prospects of the next generation (Nyland, 2016, p. 22).*

The requisite state of affairs, or the desired outcome that is articulated, is that of the 'good childhood' and it is represented here as one that leads to physical, mental and economic wellbeing upon entry to adulthood. The way in which a predetermined set of values and attitudes (which orbit around differential determinants of wellbeing) about what constitutes a good childhood has been directly transposed into the body of the text and has implications for the way in which subsequent policy responses might be conceptualised and shaped. It could be anticipated that policy would attempt to encapsulate notions of wellbeing into its objectives, and as will be demonstrated further in this thesis, this has indeed been the case in the South Australian context.

From an interdiscursive perspective, we may well question what constitutes a good childhood, and how childhood might be represented in other genres in a semiotic sense. Good childhoods appear as a cultural artefact on television, with children's programming particularly shaping an iterative and highly interactional discourse on what a childhood should 'look' like. These discourses, often represented through speech and acts of play, are particularly aimed at children and young people, with one of the immediate and pervasive effects being that children may well internalise self-schemas that are incongruent with their actual lived experiences; the child growing up in situations of extreme poverty or who is regularly exposed to domestic and family violence does not find a relatable childhood represented in the television programming (genre) to which they are exposed. The dominant and iterative discourse of what makes for good childhoods as represented through television may actually serve to alienate and create internal dissonance for children growing up in situations of poverty and disadvantage.

The concept of a good childhood is comprised of a set of public values around how children should be treated and protected due to their inherent vulnerability; there is little to be debated in terms of the need for physical safety and the freedom from harm. There may well be much however that could be debated on the subject of psychological and economic wellbeing, and how these should be both represented in a normative sense, but also how they ought to be experienced by children.

From an inter-cultural perspective, the concept of psychological wellbeing is not universal and normative. Aboriginal cultural knowledges and understandings of psychological wellbeing extend in

to the interpersonal and the spiritual realms and are represented more holistically as 'social and emotional health' (Purdie, Dudgeon & Walker, 2010). These authors have noted that:

*Indigenous Australian people usually take a holistic view of mental health...The holistic view incorporates the physical, social, emotional and cultural wellbeing of individuals and their communities...Unique protective factors contained within Indigenous cultures and communities have been a source of strength and healing when the effects of colonisation and what many regard as oppressive legislation have resulted in loss, grief and trauma (Purdie, Dudgeon & Walker, 2010, p. xxvi).*

It has also been noted by the authors that iterations of Aboriginal mental health and wellbeing policy and guiding principles should be underpinned by a deep and abiding respect for the fundamental importance of the relationship between Aboriginal people and land. They note that 'Land is central to wellbeing. Crucially it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist (Purdie, Dudgeon & Walker, 2010, p. xxvii).

The particular role of trauma and specifically 'inter-generational trauma' cannot be understated when discussing conceptions of Aboriginal health and wellbeing. The fact that the trauma of colonisation and the subsequent dislocation of Aboriginal people from land and from kin, culture and language persists must be acknowledged and incorporated into any policy response that seeks to facilitate the achievement of wellbeing for Aboriginal people in Australia.

Chapter Three of *The Life they Deserve* makes due reference to the importance of the family environment in mediating healthy childhood development. The moral authority of the family (as discussed in the introductory section to this thesis) is respected in so far as the report states that families should be at liberty to determine how to achieve the best developmental outcomes for their children. There is a relational and interactional assumption that is provided in the text whereby the state should 'allow' families to raise their children without state intervention so long as pre-determined developmental outcomes are being achieved. The interactional component here is the existence or absence of state intervention in family life.

On the issue of state intervention in the lives of families for the wellbeing of children, the report states that '...supporting a family to parent well rather than removing the child from that family is morally and economically responsible social policy' (Nyland, 2016, p. 22).

It is interesting to note the pairing of the words 'morally' and 'economically' in this sentence, because it has very real implications for the way in which policy is subsequently crafted. From an interdiscursive perspective, the discourse of morality and moral codes differs significantly from the discourse of

economics and the laudable nature of economic growth and flourishing. There is some ambiguity presented in the text as to which is the greater of the two values which should be encapsulated in policy responses. The question may be asked, 'What is more important? Moral values that centre on the wellbeing of children, or economic values that represent children as future economic agents and productive components within an economically organised society?' This is indeed a salient question to be asked of policy makers who are charged with crafting policy responses to the 'problem' of family wellbeing and child safety, particularly if there is a concern that economic priorities will overshadow moral obligations to protect children and their families.

The chapter introduces its reader to the discourse of 'good enough parenting' which is a popular discursive artefact in the child protection landscape both in Australian and internationally. Exactly what constitutes 'good enough parenting' has often been ill-defined, and largely focuses on the behaviour and competencies of parents and not the external and environmental factors that either support or delimit the ability of parents to be 'good enough.' The idea of the good-enough parent was originally founded in the work of Donald Winnicott who famously argued that no parent was able to achieve perfectionism in parenting, and that 'good enough was sufficient to raise a child successfully' (Choate & Engstrom, 2014, p. 369).

One of the core problems with the concept of 'good enough parenting' is that it has not yet been quantitatively described and is often left to the discretion of the presiding social worker or case manager to decide whether base line standards of parenting have or are being achieved for a family who is under investigation or undergoing assessment. When workers are required to make assessments of family functioning, the presence or absence of complex trauma may be difficult to identify. It has been noted of the worker role in such situations that:

*There is also a lack of consensus around key terms such as what is abusive or what or what is not normative. Workers need to make case decisions about when a parent is good enough despite the lack of definitional consensus and, typically, with unreliable or incomplete data...Subjective decision-making is, to some extent, an inevitable part of this process (Choate & Engstrom, 2014, p. 369).*

In their consideration of the factors that might constitute elements of good enough parenting, the figure below represents Choate and Engstrom's (2014) conceptualisation of key factors.

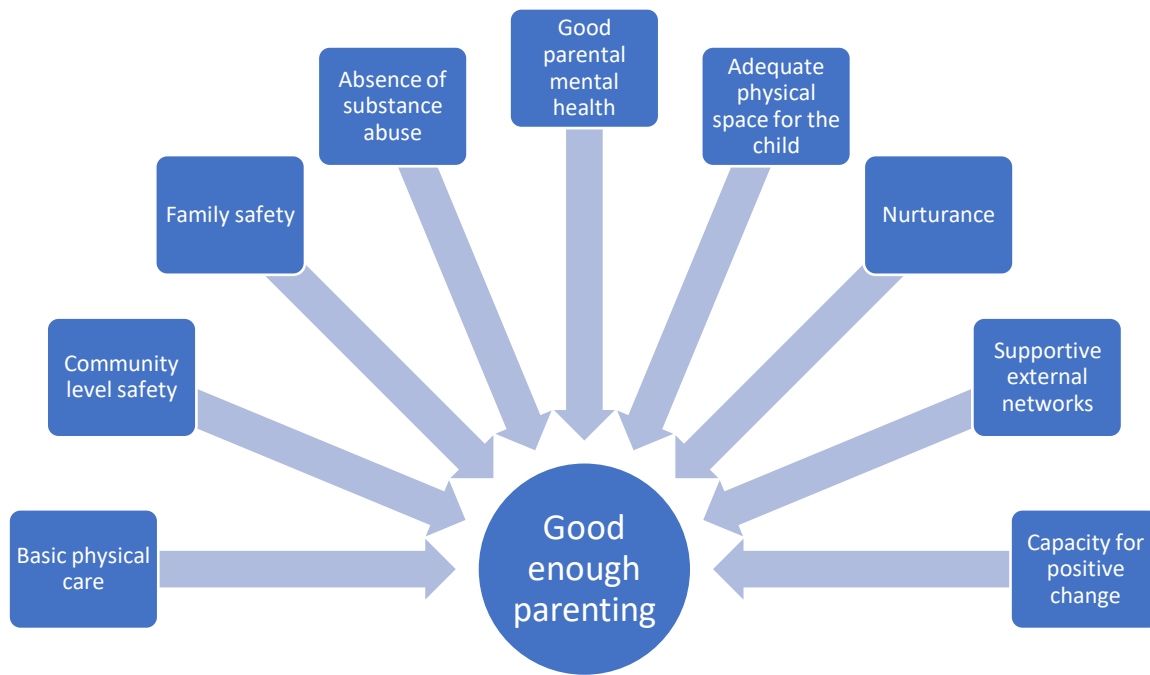


Fig 4.3: Choate and Engstrom's (2014) factors that constitute 'good enough parenting'.

In considering the factors that contribute towards good enough parenting, the report makes due reference to supportive external networks, and notes the ways in which these can be leveraged to contribute towards the development of resilience in children, even despite the lack of an ideal home and family environment. It notes that protecting children includes the fostering of a range of extra-familial, social conditions that can serve to reinforce the protective factors that a child has access to. Such conditions and factors are given to include the neighbourhood in which the family resides, early childhood services and programs, including education, housing and health services. It suggests that 'If society intervenes early enough, outcomes for disadvantaged children can be improved' (Nyland, 2016, p. 22).

The role of attachment is given significant consideration; indeed, the nature of complex trauma is often defined in terms of attachment deficits (Nyland, 2016, p. 26). Where strong, positive attachment relationships are present, the child is able to explore their external world but have the safety to return to the soothing and comfort of a protective caregiver. Even if the child is exposed to some manner of trauma, the attachment relationship can serve to ameliorate the trauma response given the protective nature of the parent-child soothing that occurs. The report notes that:

*If the stress response is extreme and long lasting, and buffering relationships are unavailable to the child, the result can be damaged, weakened stress systems and brain architecture, with lifelong repercussions (Nyland, 2016, p. 24).*

Given that secure attachment relationships provide infants and children with a heightened capacity to cope with and integrate trauma experiences, the availability of nurturing caregivers who are able to furnish secure attachments is considered to be a critical protective factor; such availability provides for the development of positive or tolerable stress responses to adverse events whereas its absence can lead to toxic stress responses, which if long-lasting can '...increase the risk of stress-related disease and cognitive impairment, well into the adult years' (Nyland, 2016, p. 24).

The chapter finishes with a description of complex trauma in the context of emotional and psychological abuse, neglect and parental incompetence to meet emotional and psychological needs. The definition of complex trauma that is provided follows:

*'Complex trauma' describes the range of cognitive, affective and behavioural outcomes that arise from experiencing trauma. A characteristic of complex trauma is a disturbed ability to relate to others and form healthy relationships. Sufferers often have difficulties with emotional regulation and an impaired sense of self and of wellbeing (Nyland, 2016, p. 29).*

It is noted that complex trauma and 'cumulative harm' are often inter-related, and that both occur over extended periods of time, and often occur in the context of close familial or interpersonal relationships between children and caregivers. The fact that long term harm is more salient in children who have experienced chronic neglect in environments of complex trauma is provided in the report to be a new axiom in the field of child protection policy, research and practice.



## 5. ANALYSIS OF A FRESH START

In the wake of the August 2016 release of Commissioner Margaret Nyland's final report on the child protection system's royal commission of inquiry, the then South Australian Labor government, led by Premier Jay Weatherill, released their response to the report and subsequent recommendations.

Entitled '*Child Protection: A Fresh Start*', (hereafter 'A Fresh Start') the government's response was released in October 2016 and aimed to provide a policy blueprint for the child protection system's reform which was to be undertaken.

In the context of this analysis, '*Child Protection: A Fresh Start*' represents the most significant source of social policy for child protection in South Australia since the reforms that commenced implementation in 2004 under the banner of '*Keeping them safe: the South Australian government's child protection reform program*' (Government of South Australia, 2004), which coincided with the release of the Layton Review's final report in to South Australia's child protection system.

Given the scope and size of the current analysis, the final report of the 2003 Layton Review entitled '*Our Best Investment*' as well as the content of the '*Keeping them safe*' reform program has been deemed to fall outside of the remit of this thesis, however it has been noted here that a detailed comparison of the two reform agendas and subsequent outcomes during the period 2004 to 2018 would constitute a useful project.

### **A descriptive and interactional analysis of the foreword and introduction to *Child Protection: A Fresh Start***

What follows is a high level, descriptive analysis of themes that resonate within the text of the *Fresh Start* document. A more detailed critical discourse analysis will follow in the next section.

*A Fresh Start* can be viewed as an example of high-level or 'big-P' policy. It sets out a strategy and plan of action for which the government assumes responsibility for implementing, and it can be read as a type of policy from which other lower level, operationally oriented policies may have as their genesis. In this analysis, *A Fresh Start* is considered to be the most cotemporary South Australian example of broad, strategic and whole of government policy thinking about the issue of child protection and child safety. The document itself outlines specific commitment to the 260 recommendations made by Commissioner Nyland in *The Life they Deserve*, and separate implementation of these in to three discrete phases.

The foreword to the document sets a clearly manifest tone of voice, in that the text conveys the actual intention of government in setting out the policy direction for child protection system reform. It opens with the following:

*The health, happiness and safety of our children and young people is one of our greatest responsibilities. Our children deserve the best possible system to protect their safety and wellbeing, but our present system is failing too many children (Government of South Australia, 2016, p. 2).*

Of note is the focus in the opening paragraph on the 'system' that is failing children; in this analysis, such a focus is considered narrow and does not allow for the range of broader discussions around the factors outside of the child protection system that are protective, and which serve to keep children safe. This will form a particular focus for the critical discourse analysis in the next section.

Whilst much of the foreword to the text is written in an expressly manifest tone, there are numerous examples of requisite tone or 'flourishes' that express an ideal world scenario for the South Australian child protection system; this analysis has found that much of the policy text that emanates from the highest levels of government are replete with such examples, and serve to paint a picture of the 'ideal world', and which could actually be better conceptualized as 'stretch targets'.

Examples of requisite tone phrasing in the foreword include the following, and serve to highlight the textual and discursive manner by which the text seeks to convey confidence, commitment and the tenacity of government in addressing what is a fundamentally 'wicked' social policy issue (Government of South Australia, 2016, p. 2-3):

*We made an initial funding commitment of \$200 million... **It's time for a fresh start.***

*The government is committed to reorienting and building better systems that protect our children...**to help inform our way forward.***

*It is absolutely essential that all child protection reform work is rigorous and undertaken within the context of our **child-friendly state.***

*...We must heighten our focus on the **earliest of interventions...***

*The work of the department is supported by a **dedicated collective of community groups**, non-government agencies and individuals. This collective must be supported, allowing them to **respond swiftly and effectively** to prevent further abuse and neglect.*

***Giving children the power to influence the decisions that affect them** and putting the child at the centre of everything we do.*

*We recognise that we have a special responsibility to assist and strengthen Aboriginal families, to address the unique challenges they face, and to ensure **Aboriginal children have the strongest possible connection to their people and their Culture.***

***Your job is incredibly difficult**, requiring a level of commitment and strength that is unique to your sector.*

***Child protection is everybody's business**, and your work makes a real difference in children's lives every day.*

*A fresh start provides a framework for reform, leading us towards a strong, resilient and effective child protection system. **As a united community dedicated to all children**, and especially the most vulnerable, we can give our young people the life they deserve.*

The flourishes that are textually represented in the foreword are evident in the choice of specific words and phraseology and provide a tone of voice that is overwhelmingly requisite. The intention of government and the values that underlie the policy positioning are semiotically represented in the use of emotive language intended to evoke emotionally and even philosophical interaction with the intended audience. Identification of the modes of interaction with the audience and their intended response, that are textually and semiotically attempted in the foreword (interactional analysis as a fundamental component of critical discourse analysis) is presented in the table below:

Text	Mode of interaction with the audience
It's time for a fresh start	Signifies a watershed moment; a new approach; a historically important event; a reform that starts from scratch; intended to evoke a sense of newness, freshness, innovative thinking and approaches to the problem of child protection
To help inform our way forward	The reform is forward-looking; the government seeks to forge ahead; intended to convey sincerity and conviction and inspire confidence in the government's ability to implement the reform
Child-friendly state	Alludes to the fact that South Australia is already a 'child-friendly' state; that there are already measures and mechanisms in place that provide for the safety and wellbeing of children; a value statement that presupposes that the audience values 'child-friendliness' and understands what this means

Earliest of interventions	Signifies an earnest commitment to preventing children from entering the child protection system; illustrates a level of understanding as to what kinds of policies and practices are required to implement prevention and early intervention measures; invites the audience to consider what the 'earliest' kind of intervention ought to be to strengthen families
Dedicated collective of community groups	Highlights the 'dedication' of the child protection workforce and the community organisations that comprise the support sector; invites the audience to experience pride and honour in their work if they are a member of this lauded 'in-group'; seeks to reaffirm government's appreciation of the workforce and its efforts
Respond swiftly and effectively	Signifies that children's safety will receive a 'swift and effective' response from government; children at risk will not be left to languish in dangerous situations; acts on the audience to inspire confidence and faith in the ability of government to 'swiftly' protect those children who are most vulnerable
Giving children the power to influence decisions	Demonstrates that the government values the views and opinions of children; positions children as central to the decision-making process; articulates a respect for the autonomy and agency of children; invites the audience to consider the necessity of children's involvement in decision making processes
Aboriginal children have the strongest possible connection to their people and their Culture	Affirms government acknowledgement and commitment to the 'unique' needs of Aboriginal children and families; reiterates the necessity of having the 'strongest' of connections to their

	people; capitalization of Culture confirms the import of this concept and the understanding that government has of culture as a protective factor; invites the audience to view Culture as something that is important, vital, central
Your job is incredibly difficult	Speaks directly to the workforce; invites the audience members who are members of the child protection workforce 'in-group' to experience pride; could be perceived as condescension even in spite of the tone being one of appreciation, admiration and respect; a textual device that interacts on a personal level with the intended audience
Child protection is everybody's business	Reiterates the government's commitment to the National Framework for Protecting Australia's Children; signifies strategic alignment with national policy priorities
A united community dedicated to all children	Invites the audience to conceive of a 'united' community that is in some manner bound together for the safety of children and young people; emphasises the importance of community; pre-supposes that the audience is a member of a community that is capable (and willing / motivated) of supporting vulnerable children and young people

*Table 5.1: Modes of interaction with the intended audience that are textually mediated in the foreword to 'A fresh start'.*

The table above provides some preliminary analysis of the means by which an interactional analysis can identify semiotic and textual devices that are deployed in a deliberate fashion to both communicate intent, articulate value positions and invite specific audience responses. A range of inter-discursive perspectives are presented, with a clearly dominant order of discourse representing a desired social reality where children are safe, nurtured and supported by community.

The following section comprises a more detailed analysis of *A fresh start* utilising the analytical framework for critical discourse analysis, and is presented in a linear and staged fashion in order to

understand the way in which the document frames the problem to be addressed, the obstacles to those problems being addressed as well as possible ways of overcoming the obstacles.

### ***A Critical Discourse Analysis of 'A fresh start'***

#### *Stage One – Focus upon the social problem*

As noted in the preceding section, the first reference to a social problem in the text of the document is that of a failing system; ‘...our present system is failing too many children’ (Government of South Australia, 2016, p. 2).

If the social problem for which the policy is constructed and to which it is to be applied is conceived as the failure of the child protection system, then too narrow a focus has been adhered to and there will undoubtedly be a failure to address the intersecting and highly complex systems issues that lead to unsafe environments for children and young people. The fundamental issues of poverty, locational disadvantage and intergenerational trauma fall far beyond the remit of the child protection system to address in isolation from other systems, government portfolios, agencies and sectors. The focus however appears to be firmly on systems failure and the need to urgently reform the tertiary end of the overall child safety and wellbeing machine; the chapter notes that ‘The current child protection system fails to tackle a number of interconnected challenges’ (Government of South Australia, 2016, p. 6). The problem of systems reform is also richly described, with the entire child protection system requiring complete reorientation such that it involves agencies involved in health services, social housing, police and law enforcement and the judiciary.

The issue of ‘systems flexibility’ is described in detail. The introductory chapter notes that:

*It is also essential that the revised system balances structure with flexibility. A high-performing system requires a commitment to continual improvement and finding new ways of working. We must be willing to change the system as we learn from experience, and to remove barriers that hinder progress (Government of South Australia, 2016, p. 8).*

From a purely discursive perspective, it is interesting to note that no definition of ‘the system’ is provided as a base from which to analyse its constituent parts and components. Social systems such as that which is described as the ‘child protection system’ involve not just administrative and legal structures and processes, but importantly, the actions and decisions of human beings as members of the workforce. An integrated analysis of how the human and non-human parts of the system interact in order to create outcomes for vulnerable families and children will be discussed in detail in the next part of this analysis.

The opening paragraph of the introductory chapter also situates the social problem as existing inside of family units, noting that ‘families and parents...have a natural obligation to love, care for and protect [their children] from harm’ (Government of South Australia, 2016, p. 6). Whilst the role of communities in supporting families is also alluded to, the inability of parents to provide safety and security for their children is situated firmly at the centre of the problem definition. Indeed, Chapter Three of *A fresh start* notes specifically that:

*The broader child development system aims to avoid protection measures altogether by changing parent behaviour and addressing the social factors that lead to abuse and neglect (Government of South Australia, 2016, p. 14).*

Whilst complex social factors are also ‘problematized’ it is difficult to escape the emphasis that is placed on maladaptive parental behaviours and the need for these to be changed in some fashion.

Given the overarching focus on the experience of complex trauma for children and young people at risk of entering, and already within, the child protection system, it is interesting to note that the introductory chapter does not specifically refer to trauma or complex trauma experiences as a problem that needs to be addressed. Some of the causes of complex trauma experiences are described, including ‘Underlying issues such as ongoing family violence, substance abuse, social barriers and mental illness’ (Government of South Australia, 2016, p. 8). Whilst the literature firmly connects these issues to complex trauma experiences for children and young people, *A fresh start* makes only 13 total references to trauma throughout the body of the text and within responses to the 260 recommendations of the Nyland Royal Commission. Utilising NVivo for a basic word frequency query of the entire text, the ways in which trauma was conceptualised and framed could be assessed. The following figure is a word tree extracted from NVivo, and demonstrates the references made to trauma with stemmed terms:

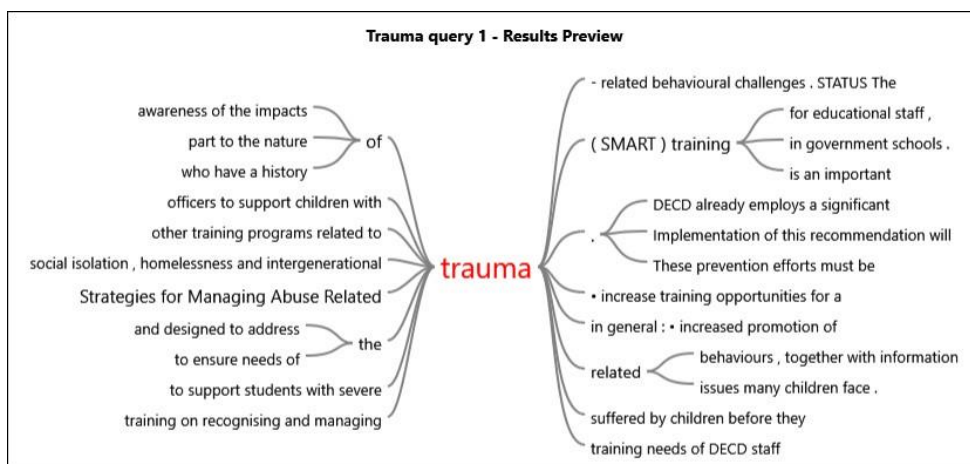


Fig 5.1: Extract from NVivo illustrating all references made to trauma in the body of the text of ‘A fresh start’

The 'problem of trauma' is described in various ways. Intergenerational trauma is acknowledged as an issue requiring prevention and targeted intervention support, particularly for Aboriginal families and children. The trauma that young people enter the care system having experienced is the object of proposed therapeutic interventions in out of home care settings, and it is acknowledged that the behaviours that lead to placement breakdown are often as a result of the experience of complex trauma. *A fresh start* also calls for workforce development initiatives that need to be put in place to develop Strategies for Managing Abuse Related Trauma (SMART) training. In these ways, the concept of trauma is, albeit quite peripherally, canvassed in the body of the text.

Factors extrinsic to the family are described, many of which fall outside of the ability of families to control or influence. The chapter makes reference to the '...laws, policies, practices and structures currently in place for children at risk of harm, including those who are under the guardianship of the minister as exigent components of a broader and more multi-faceted problem (Government of South Australia, 2016, p. 6).

The introduction also describes as a problem the paucity of evidence that is used to guide child protection interventions. Developing better 'evidence-based' interventions is a resonant theme throughout the text and suggests that what the Royal Commission found in its interrogation of the system in South Australia is a lack of application of theory to practice (a discussion point which will be taken up in the conclusion of this thesis), and the means by which interventions with children and families are based in research and evaluation evidence.

#### *Stage Two – Identify obstacles to the social problem being tackled*

For the purposes of this section of the analysis, three primary 'problems' will be emphasised; 1) the failure of the 'system' to adequately respond to children and families who are vulnerable, 2) the lack of evidence guiding child protection interventions, and 3) the behaviours that young people in out of home care exhibit as a result of complex trauma, and which often lead to placement breakdown.

In terms of identifying problems within the existing 'system', it is instructive to note how *A fresh start* conceptualises of an alternative 'Child development system' that encapsulates a 'vision for all children'. The figure below is taken from Chapter Three of the document and illustrates the alternative child development system to which government ought to be working towards.

Achieving this alternative is couched in terms of greater investment into prevention and early intervention initiatives, with emphasis placed on allocation of funding and resources that are deployed in such a way as to prevent neglect and maltreatment at the level of the family.



This image has been removed due to copyright restriction.

*Fig 5.2: An alternative 'child development system' as conceptualised within 'A fresh start' (Government of South Australia, 2016, p. 15).*

The most obvious, and arguably the most critical obstacle to achieving such an alternative system that accounts for and appropriately resources universal services and secondary services and interventions is that of funding. In order to adequately fund prevention and intervention services at a level where the dosage and treatment period are effective for families, the current government will need to consider either redistributing existing budgeted expenditure on child protection at the tertiary end or find new sources of funding for early intervention.

There was an initial investment of \$500 million dollars of 'new money' into the child protection system in 2016/2017 in order to implement the recommendations contained within the final report of the Nyland Royal Commission. With the 2016/17 establishment of the Early Intervention Research Directorate (EIRD) as the agency responsible for both establishing a whole of government prevention and early intervention strategy as well as guiding government investment in to universal and secondary intervention services, it is noteworthy that only \$5 million per annum has been allocated for distribution to these kinds of services and programs.

One of the most important problems that *A fresh start* identified was the failure of the existing child protection system to keep children safe. This analysis finds that the most significant obstacle to overcoming system failure will undoubtedly be a failure to either re-configure the existing system so as to identify and eliminate the maladaptive components, or to adequately conceive of and create a new system from the ground up that does not retain any linkages to faulty elements of the one preceding it.

Critical discourse analysis asks that in the reading of texts and the identification of genres and orders of discourse, that the researcher take due account of the network of social practices that the particular discourse is situated within. If the child protection system is considered here to constitute both legislation and policy (and the language situated within these that create the 'discourse of child protection') but *also* a network of social practices produced by child protection policy makers, practitioners, agencies, social workers and families, then the 'system' becomes a highly complex, convoluted, intersecting network of practices, policies, activities and language that are joined together in such a way as to be highly difficult to map.

One of the most resonant themes within *A fresh start* is that of the need to reform, restructure and reorient the 'system', and this is described in various ways with differing levels of detail, depending on what component of the system is being discussed. This analysis finds that the most critical obstacle will be the ability of government, particularly the Department for Child Protection, to move away from the structure and function of the existing 'safety' system (which includes assessment and investigation, support for vulnerable families to keep children safe, child removal and placement in to alternative care, reunification) as well as to radically reform the human factors of the system which are seen here to include workforce attitudes and values, practice approaches and understanding of complex trauma as well as appropriate supervision and support for social work staff who are working in highly crisis-driven environments with families who face multiple and compounding complexities.

In terms of the second critical problem, that being the lack of evidence (or the application of existing evidence), there are a number of obstacles that this analysis finds that will likely hinder the synthesis and application of evidence to child protection practice, specifically interventions with children and young people who have experienced complex trauma.

The first of these obstacles is the capacity within government (specifically the Department for Child Protection and the Department of Human Services) to properly synthesise 'applicable evidence'; that is, evidence about what works in specific circumstances and within a specific context. There is ample research available in to various modes and models of practice with vulnerable families and children, and evaluations of their efficacy (Anglin, 2004; Bessarab & Crawford, 2010; Clarke, 2011; Edwards &

Karnilowicz, 2012; Finan, Bromfield, Arney & Moore, 2018; Leon, Saucedo & Jachymiak, 2016). Such evaluations extend to work with Aboriginal children and families as well as with families who are experiencing domestic and family violence.

The issue, from the perspective of this analysis, is not *the availability of evidence*; it is the synthesis and application of evidence that directs sound interventions in specific circumstances and within particular socio-cultural contexts.

It has been noted that the application of evidence to practice in child protection and family wellbeing is not an issue confined to Australia. In their comparison of findings from Australia, Canada and Ireland, Buckley, Tonmyr, Lewig & Jack (2014) note that 'It is essential, therefore, that policies and practices in this area are informed by sound knowledge about the causes and consequences of child maltreatment, the contexts in which it occurs and the evidence of what works to address it' (Buckley, Tonmyr, Lewig & Jack, 2014, p. 6). They also make the observation that an increasing preponderance of 'evidence-based practice' is motivated not just by a social policy imperative to improve outcomes for vulnerable children and their families, but also by economic considerations of cost-effectiveness and value for money, transparency and accountability of public policy and service provision.

The authors point to a number of inherent weaknesses in the data themselves that is available to policy makers, including the shortage of effective programs of evaluation. They also note that internationally this is beginning to change, with increasing emphasis on the resourcing of service evaluations that seek to determine causative efficacy. In their analysis of what facilitates or hinders the application of research to practice in child protection, they found that across all three jurisdictions there were similarities. These included individual factors such as personal motivation and commitment to understanding and applying contemporary research, organisational factors such as supportive research environments and organisational leaders who appreciated the value of research, environmental factors such as linkages between practitioners, policy makers and researchers where new knowledge could be shared, discussed and workshopped, and factors related to the research characteristics, including that research findings were practical, applicable, contextually relevant and disseminated in such a way as to be read and understood by non-researchers (Buckley, Tonmyr, Lewig & Jack, 2014, p. 10).

In the South Australian Government's Prevention and Early Intervention Strategy for Child Abuse and Neglect entitled *Getting It Right Early*, there is a marked emphasis on investment in service and program evaluation and building an evidence base to guide prevention and early intervention in child protection and family support. In the text of the strategy it is made clear that the government will prioritise an evaluation of 'new measures introduced within the child protection system' as well as the

improvement of ‘...the collection and use of data and other evidence so we understand the problem better and know what works’ (Government of South Australia, 2018, p. 11).

The strategy does place emphasis on the applicability of evidence, and notes the following:

*While we know quite a lot about our South Australian children and families at risk, there is still much we don’t know. In addition, information is not always presented in ways that enable good, evidence-based decisions about services and supports (Government of South Australia, 2018, p. 11).*

In an analysis of barriers to the problem, it is striking that the problem has been presented in terms of the information not being presented in ways that are useful. From a CDA perspective, this is exceptionally noteworthy, as it suggests that the network of professional practices that exist within government that relate specifically to the interpretation and application of research are not at fault or do not need strengthening; the problem is with the data, and therefore the problem is reoriented or ‘pushed back’ upon the researchers and academics who are producing the data. Such a relationship between producers and users of research is one that is hitherto based on a power imbalance between government and academics whereby government has discretionary means to deem research as either ‘acceptable or unacceptable’.

In considering obstacles to the third critical problem, that being the behaviours that young people in out of home care exhibit as a result of complex trauma, and which often lead to placement breakdown, this analysis finds both policy and practice deficiencies within the child protection system that may serve to act as barriers to effective therapeutic work with vulnerable children.

Policy barriers include less than adequate focus on complex trauma and their sequelae, as evidenced within the text of *A fresh start*, and what is considered here to be a too narrow focus on training for front line workers in the SMART approach. Training alone cannot be a policy solution, as an appreciation of complex trauma and its effects (and social costs) must be deeply embedded with the political apparatus whose job it is to legislate and endorse child protection policies that lead to sound practice outcomes. Politicians charged with the oversight of child protection portfolios must have at very least a fundamental understanding of the lexicon of complex trauma and be able to understand the impacts of day to day decision making on the lives of vulnerable children and families. It is this authors view, as a result of deep and protracted discussion and consultation with the new South Australian Liberal government, that such an understanding does not exist, and that there is limited political will to truly change the existing system of policies and practices (particularly around alternative and out of home care) in a radical way that reorients attention and resourcing to both

preventing children from coming in to contact with the child protection system in the first place, and to investing properly in therapeutic interventions with traumatized children and young people who find themselves under the care of the state.

From the perspective of practice orientations to work with complex trauma, there is a current debate in South Australia around the applicability and appropriateness of solution-based casework (Christensen, Todahl & Barrett, 2008) as the dominant case management and common assessment framework within the Department for Child Protection. Whilst solution-based casework (SBC) has at its centre a focus on exceptions to problematic or maladaptive behaviours within families that place children at risk, there is some controversy around how well it can be applied in highly complex situations and with children who have experienced complex trauma. In their assessment of specific child protection practice frameworks in current use in Australia, Finan, Bromfield, Arney & Moore (2018) found that solution-based casework was not underpinned by trauma theory, and that practice approaches in the South Australian context tended to be oriented towards parental behaviours rather than the experiences of complex trauma by children. They further noted that adherence with the SBC practice framework by practitioners was less likely in situations where children were experiencing physical or sexual abuse. (Finan, Bromfield, Arney & Moore, 2018).

*Stage Three – Consider whether the social order (network of practices) needs the problem*

This section opts to focus on how particular relationships of power between families, the courts and the statutory agency are created and maintained; the interface between the Department for Child Protection, the Youth Court of South Australia and families and children who have come to the attention of the child protection system is considered to be especially pertinent in a consideration of how a network of particular assessment practices maintains a power differential between vulnerable families and the state.

The act of keeping children safe from harm is constituted of a wide range of social practices and interactions. These range from parent-child interactions and differential parenting practices that impact on patterns of childhood attachment and wellbeing, interaction between families and their environments and the social practices that facilitate family functioning, such as engagement in the economy as a productive agent (with employment firmly situated as a powerful variable predicting the presence of child abuse and neglect), as well as interactions between children, families and the legal system and child protection system, and the concomitant practices that dictate decision making around children's safety and security.

From the perspective of critical discourse analysis, there is a specific social order that is oriented around the facilitation of children's safety and wellbeing, and this order is underpinned by a number of practices and interactions between individuals and institutions, which are in turn discursively constructed, supported and maintained.

For the purposes of this section of the analysis, we turn our attention to the particular interactions between children and their families with the legal and child protection system at the point where families have come to the attention of authorities on the basis of some risk factor being deemed to exist. These particular interactions and the social order that they create are considered, in this analysis, to be those where the most significant power variances and imbalances are present.

The nature of the power variances and imbalances that exist between families and the Department for Child Protection (as a core structure within the overall 'system') can be viewed as the partial product of surveillance and control that is exerted by departmental agents upon families who have come in to contact with the system. The very 'assessment' process that is designed to furnish determinations of children's safety is by its nature invasive and intrusive, and subjects families to curtailments of certain liberties and freedoms. Such assessments are necessarily conducted in ways that can paint the most accurate picture of what day-to-day life for families and children is really like, and invasion in to family privacy is often a necessary strategy to ensure children's safety. In this context, the rights of children to be safe and free of harm is of higher consideration than the right of families to non-interference.

Where the assessment process becomes more ethically fraught however is at the point that determinations are being made about the applicable thresholds and measures of 'harm' or potential harm, and the lower limits of good enough parenting. No part of the relevant legislation provides a prescriptive measure or threshold of harm, and the dominant case management and assessment framework (Solutions-Based Casework) is relatively silent on where such a threshold lies. It is for this reason that assessments and determinations of harm are seen in this analysis to be highly variable, not underpinned by robust decision-making frameworks, and based on subjective assessments made by individual caseworkers who are making determinations in the context of heightened risk awareness.

Underlying this concern has been the almost ubiquitous observation that the more governments in Australia and internationally have attempted to create more 'muscular' child protection systems through legislative and administrative tinkering, the worse the outcomes for children have tended to become. The observation has been that the more that policy makers and practitioners focus on 'risk'

and 'harm', the more punitive and aversive the interventions and resulting practice decisions have become.

Interventions with children and families are carried out for the most part by social workers employed by child protection agencies. Their involvement with a family can be statutory or non-statutory, depending on the level of perceived 'risk' there is that a child has been or will be subjected to harm. The agency that will take responsibility for the intervention will depend on whether this 'risk threshold' has been met, and whether it has been deemed the responsibility of the relevant government agency to intervene and respond. The issue for statutory responses is, in the main, that interventions will be conceived of in terms of 'prevent more harm'.

This is problematic for statutory responses given that the onus of responsibility for eliminating risk of harm shifts to the statutory agency, and by proxy, the particular social worker conducting the investigation or intervention. Where in a non-statutory intervention the onus of responsibility lies, conceptually at least, with the family and parents, the moment it becomes the 'state's' responsibility to prevent harm, the risk threshold drops significantly and becomes almost impermeable for both the social worker and for the family.

Child protection social workers are involved every day in analysing risk to children and trying to extrapolate the likelihood that this risk will translate into future harm. Underlying practitioner decision making is a (in the main) genuine desire to care for and protect children, and these decisions are influenced by the language used and by the way in which perceptions of risk and harm are skewed by such language. Workers might end up making recommendations to remove children from their families because it is the most expedient and wholesale means for removing immediate perceived risk. Unfortunately, however, once that decision has been made, children become enmeshed in a system that makes it difficult and often impossible for them and their families to become untangled from.

It could be argued that a systems level reorientation to 'risk' is required. Such a reorientation to practice could entail that social workers could go about their work with families and children with the underlying directive being one that didn't seek to eliminate risk (which is impossible even in the most optimal conditions) but instead with a focus on maximising potential family capacity. A system level directive that puts the onus of responsibility for the care and protection of the child back on the family and on the parents is conceivable, with this directive allowing social workers to concern themselves more with how to keep the child safe in their family and out of 'the system'.

#### *Stage Four – Identify possible ways past the obstacles*

As identified above, the three core problems that have been identified within *A fresh start* are 1) the failure of the 'system' to adequately respond to children and families who are vulnerable, 2) the lack of evidence guiding child protection interventions, and 3) the behaviours that young people in out of home care exhibit as a result of complex trauma, and which often lead to placement breakdown.

On the first problem, that being the failure of the 'system', there must be some level of critical questioning as to the real extent of appreciation and understanding within government and at the most senior level of bureaucracies on what systems are, how they function and how they can be conceptualized, analysed and re-worked. Failure to adequately undertake these tasks will result in ill-conceived notions of what systems are comprised of (both the human and the non-human factors), how they work together, where the blockages occur and how they can work to appropriately respond to a range of competing demands including how to respond to the needs of children and young people who have experienced complex trauma. A systems level response to complex trauma must include policy and legislation (to conceptualise and guide), practice frameworks and practice tools (to operationalise policy and to shape face to face work with children and families) and human factors including trauma-informed practice competence, skill and ability. It also requires additional system components to be working in tandem to maintain trauma-responsive organisational environments, recruitment and retention practices and importantly, high level clinical governance frameworks that support therapeutic outcomes for children who have experienced complex trauma.

The development of a much more nuanced and critical 'systems thinking' approach to policy development and execution is required if child protection as a 'wicked problem' is to be addressed in a way that is fundamentally different. Stroh (2015) notes that there are specific characteristics that define failed social policy efforts in areas of complex social pathology which include that they:

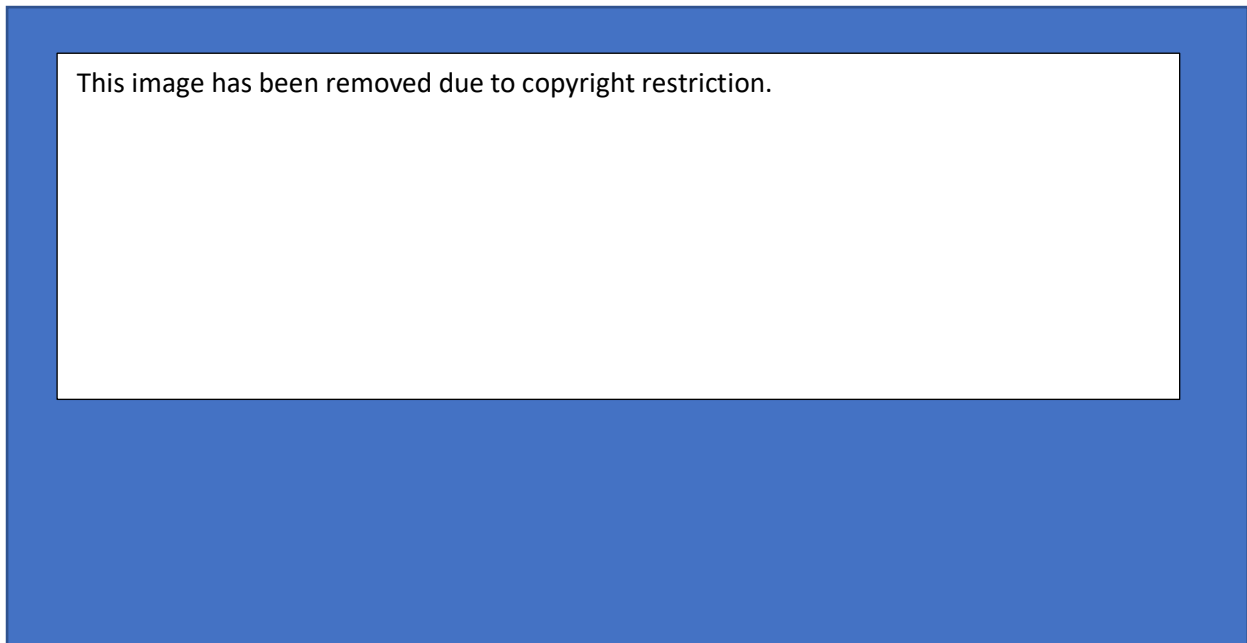
*Address symptoms rather than underlying problems; seem obvious and often succeed in the short run; achieve short-term gains that are undermined by longer-term impacts; produce negative consequences that are unintentional; and lead us to assume that we are not responsible for the problem's recurrence (Stroh, 2015, p.13).*

Stroh (2015) suggests that for highly complex social problems, conventional or 'linear' styles of thinking will not suffice. A systems thinking approach requires that the causal relationships that are present for complex social issues are not always obvious, and that in order to reorient and redefine systems we need to have a deeper understanding of the complex relationships that exist between system components. He notes that 'only a few key coordinated changes sustained over time will



produce large systems change (Stroh, 2015, p. 15), and that ongoing feedback is required in order to manage and sustain those changes that are necessary to shift entire systems.

The figure below illustrates how a system thinking orientation can work to address the four most critical challenges of change processes.



*Fig 5.3: The ways in which systems thinking can be applied to the core challenges of the change process (Stroh, 2016, p. 23).*

In this conceptualization, a system thinking approach, when internalised at the level of the whole organisation, can be leveraged to tackle even the most complex of issues.

In considering how a system thinking approach could be utilised at legislative and policy levels within governments to better tackle the problem of systems failure in child protection, there are particular observations that Stroh (2015) makes about when to apply such an approach. He notes that:

*It is especially effective to incorporate systems thinking into a broader systems approach when a problem is chronic and has defied people's best intentions to solve it; when diverse stakeholders find it difficult to align their efforts despite shared intentions; when they try to optimize their part of the system without understanding the impact on the whole; when stakeholders' short-term efforts might actually undermine their intentions to solve the problem; when people are working on a large number of disparate initiatives at the same time; and when promoting particular solutions (such as best practices) comes at the expense of engaging in continuous learning (Stroh, 2015, p. 24).*

In considering both the analysis of *The Life the Deserve* as well as *A fresh start*, there are themes that emerge that are consistent with Stroh's observations about when a systems-thinking approach may

best be applied. The first and most obvious theme is that of 'people working on a large number of initiatives at the same time'. Despite the fact that the 260 recommendations of the Nyland Royal Commission were separated in to three distinct phases of implementation, the sheer volume of work that is necessary to implement such a large number of recommendations simultaneously makes it incredibly difficult to coordinate efforts across teams and work units who are working to implement recommendations in isolation from others (this is an observation that has become thematic in the feedback from interview participants).

The second theme that emerges is the ability of the Department for Child Protection to engage in a process of continuous learning whilst embroiled in the highly resource intensive process of implementing recommendations, many of which are administrative and short-term in their orientation.

On the second problem identified in *A fresh start*, that being the lack of evidence guiding child protection interventions, there is a very real and pressing need to develop a local evidence base around strategies and practices that could work to both prevent children from coming in to care in the first instance, as well as to guide therapeutic interventions for children and young people who are already in the care and protection system and who have experienced complex trauma. In considering the role that South Australian Government's Prevention and Early Intervention Strategy for Child Abuse and Neglect entitled *Getting It Right Early* ought to play in developing and embedding such evidence in to practice approaches with families and children, there are a number of solutions to the gaps that this analysis has identified in this strategy.

Of note is that there appears to be no articulation between the strategy and the recently (2017) tabled Prevention and Early Intervention Bill (SA), which, if reconsidered by the current Liberal Government would have quite some bearing on the implementation of a strategy such as this.

Particular strategies with which *Getting it Right Early* should attempt to align more closely in order to pursue more systems-oriented program of work include:

- The National Framework for Protecting Australia's Children
- South Australia's 'Every Chance for Every Child'
- 'A Right to Safety', South Australia's Women's Safety Strategy
- The 'Family Matters' National Roadmap and related principles
- The DCSI Youth Strategy for South Australia
- The Australian Institute of Family Studies 'Prevention of Child Abuse and Neglect'
- The South Australian Mental Health Strategic Plan

- The Department for Child Protection's Out of Home Care Strategy

What is clear from *Getting it Right Early* is that there is a marked lack of whole-of-government focus; whilst there are a few activities that cite whole of government involvement in leading them, it is clear that there has been insufficient work done to align this strategy with others existing within those departments and agencies who have a vested interest in supporting families to care for their children.

The other issue that has been identified is the very unbalanced emphasis in *Getting it Right Early* on data collection and research. Whilst this analysis appreciates the need to build an evidence base, this cannot be done at the expense of other activities designed to actively intervene in the lives of families who are at risk of losing their children to the child protection system.

Where the strategy calls for protective and strengths-based responses, it should be clear as to what such strategies and interventions might entail. It is insufficient to simply suggest that these strategies will 'build on strengths and the individual, family or community level.'

What this strategy requires is a very conceptually clear position on what kinds of services and interventions will constitute these protective and strengths-based responses. Key considerations must include:

- What kinds of services, supports or interventions will be made available?
- When and where will they be made available?
- How will families access these supports?
- Which agencies will be responsible?

The strategy also needs to include funded service models that support sustained change. Examples include in-home services required for specialized therapists to work alongside case workers to address long term trauma, grief and loss, attachment, abuse and domestic violence issues. Often service models are not funded well to support the therapeutic requirements and training.

Tackling entrenched poverty and disadvantage within Aboriginal families and communities is beyond the scope and remit of this strategy in its current form and requires across government support and commitment to strengthening action to keep Aboriginal children safe and cared for. Simply stating that the strategy will target investment to where it is needed is not a sufficient articulation of what will actually be committed to and implemented. What is required is a very robust articulation of the specific and measurable actions that government will take as a result of this strategy to invest in Aboriginal family and community wellbeing, and how these actions will be financed / resourced.

As stated above, what is lacking in this strategy is a very clear and measurable account of how the issue of Aboriginal over-representation in child protection systems will be addressed. Simply acknowledging over-representation and 'that successive governments have failed Aboriginal children and families' is not sufficient in the context of the complex and inter-connected issues of locational disadvantage and poverty and the impacts of inter-generational trauma.

What is required in the strategy is a detailed description of how the strategy will assist in targeted investment to children and families who are most in need, and how such investment will be made in the context of whole of community wellbeing targets.

The statement around commitment to the national Family Matters Campaign is also taken here to be quite tenuous, given the deficient levels of funding that the current government has afforded to the implementation of the campaign in South Australia when compared to the sheer size and complexity of the issue. What is required is a detailed account of how the strategy will support the objectives of the Family Matters campaign, and how the South Australian Family Matters Working Group will be involved in moving towards targets for reduced over-representation of Aboriginal children and young people in care.

Of particular note is the action around engaging with Aboriginal families and communities around their experiences with the child protection system such that their feedback can inform the development of prevention and early intervention service provision. This is within the current remit of the Family Matters Campaign in South Australia, and the State Working Group must be involved in establishing the particular mechanisms by which these consultations will take place.

The activity around piloting at least one community-driven prevention and early intervention service or program for Aboriginal children and families must also seek involvement from the South Australian Family Matters Working Group and must also be subject to a clear statement around the levels of resourcing that will be attributed to such a pilot.

Whilst there is a need to continue to build the evidence base around what causal factors and correlates exist in contributing to the vulnerability of children and their families, what is lacking in the strategy is a clear and measurable account of how such evidence will be used to guide interventions at the family and community level.

In the current analysis, developing certain tools may be useful, however what is missing is a description of how, when and where these tools might be used or deployed, and which service responses may be enhanced by use of such tools. A core consideration must be identifying how, when and where service responses will be impacted upon by the evidence that is collected.

Actions in the section of the strategy that are oriented around the application of evidence to strengthen the system must go beyond performance and accountability frameworks, service maps, data analytics processes, evaluation mechanisms and decision-making assessment tools. There must be a provision for investing in services and supports that will be made available in the short term to vulnerable families. Whilst this is being achieved to some degree by the establishment and implementation of the CFARN's, this measure alone will not achieve the kind of sustainable support systems that highly vulnerable families require in order to provide safe and nurturing environments for their children.

Simply stating that plans will be put in place to enhance universal services will not suffice. Which universal services does the strategy intend to strengthen, and to what extent? How will the most vulnerable families access these services, and if they are universal by their nature, will they be appropriate (targeted) enough to challenge the complexities that the most vulnerable families face? How will the ubiquitous issue of entrenched poverty and disadvantage be ameliorated by the strengthening of universal services?

The action that stipulates that government will work with potential service providers in the co-design and commissioning of new prevention and early intervention services is laudable and must be provided with far greater emphasis within the strategy.

It has been the experience of the non-government sector that government's understanding and adoption of co-design processes has been superficial. True co-design processes require agreement on action to design, develop and implement services and supports that adequately respond to risk factors that exist within families and communities, and such agreement does not yet exist between government and its funded agencies. The issue of levels of resourcing and funding for innovative and responsive services is not given due attention in this strategy, nor is suggesting a review of government procurement practices an effective remedy to the resource constrained environment within which current providers operate.

In order to strengthen the actions provided in this section of the strategy, there would be benefit in articulating a clear commitment to increased investment in measures to design new and innovative services that are appropriate and responsive to need, and which complement existing service responses.

The strategy should also consider whether there is a role for local government in strengthening prevention and early intervention responses to vulnerable families. Local government has a unique position in that they are often located closer to the communities within which families exist and have

the capacity to contribute to the design and implementation of both universal and targeted responses. Local government also has unique access to community centers which can act as spaces to actively engage with families and their children.

On the third problem, that being appropriately addressing the behaviours that young people in out of home care exhibit as a result of complex trauma, and which often lead to placement breakdown, nothing less than a radically revised commissioning and procurement framework at the government level will suffice in order to provide the kind of service responses that are therapeutic and which provide the level of care and support required by children and young people who have experienced complex trauma. Simply procuring and purchasing services that are not therapeutic in their design will fail to provide the kind of healing environments that are required, in both residential and family based care settings, to treat complex trauma and put in place the kind of supports that are needed to prevent escalation of common externalising behaviours that carers and workers often either don't understand to be a response to the trauma experience, or for which they don't have the requisite skills or training to appropriately manage.

This analysis finds that only a 'trauma-informed' commissioning and procurement framework, particularly within the Department for Child Protection, will give effect to significant changes in the way that services are designed, delivered and evaluated. A trauma-informed commissioning and procurement framework could be designed around the six principles of trauma informed policy as provided for by Bowen & Murshid (2016) and which have previously been referenced in this thesis.

#### *Stage Five – Reflect critically on the analysis*

This analysis has attempted to commence an interactional analysis of key sections of *A fresh start* and to make comment on how the emergence of particular policy discourses and networks of practice may well be underpinned by what is seen here to be the most significant child protection policy platform since *Keeping them Safe*.

A critical discourse analysis has been undertaken on the three most salient issues that were identified in *A fresh start*, with barriers and solutions having been discussed.

The linkages between *A fresh start* as a whole-of-system policy platform and *Getting it Right Early* as a prevention and early intervention policy platform that was developed as a result of the former have been explored, and certain recommendations have been made around how the latter could be strengthened and improved.

One of the deficits of this analysis has been the only cursory attention that has been given to a systems-thinking approach to the kinds of system-level reform that South Australia is undergoing as a

result of the Nyland Royal Commission and the release of *The Life they Deserve*. The application of a systems-thinking approach to child protection system reform could well be the subject of a new and discrete piece of research.

## 6. ANALYSIS OF THE CHILDREN AND YOUNG PERSON (SAFETY) ACT 2017

It has been demonstrated how nationally, child protection is an area of public and administrative law that provides powers to the state to intervene in the lives of children and families in order to prevent the excesses of abuse and neglect. In Australia, child protection falls within state jurisdiction, with 'legislative acts in each state and territory govern(ing) the way such services are provided' (Australian Institute of Family Studies, 2018, p. 1).

As a signatory to the United Nations Convention on the Rights of the Child (which was discussed in more detail in the introductory chapter), many of the specific principles and articles of the convention have been subsequently incorporated into state child protection legislation. It has been noted that there are three guiding principles of the United Nations Convention that have been reflected in national child protection legislation, those being 1) the best interests of the child, 2) principles around early intervention and prevention and 3) the participation of children and young people in decision making processes. (Australian Institute of Family Studies, 2018, p. 6) It is worth stating at the outset of this analysis that the relevant legislation in South Australia *does not* adhere with the best interests principle, instead opting to subjugate this principle with that of 'safety' being the paramount concern.

The South Australian Children and Young People (Safety) Act 2017 is the legislation governing and underpinning child protection and child safety in this state. It replaced the former Children's Protection Act (1993) as a result of legislative and administrative recommendations of the Nyland Royal Commission.

The Act's remit is '...to protect children and young people from harm; to provide for children and young people who are in care; and for other purposes' (Children and Young People (Safety) Act, 2017).

The legislation draws upon a set of guiding principles that were designed to assist in the interpretation of the objects and provisions of the Act and also to substantiate the parliamentary intent to protect the state's children and young people, and to keep them safe from harm.

The Parliamentary Declaration set out at Chapter 2, Part 1, Section 4 is, when considering the declaration in terms of Jamrozik's 'tone of voice' both manifest (as it provides the official governmental position and the intent of the parliament) and requisite (as it outlines the most desirable state of affairs and conditions to be achieved for the flourishing of children and young people).

The declaration provides that the Parliament of South Australia values children and young people as citizens of the state, acknowledges that young people are vital for the future wellbeing of South Australia, and that it is vital that children are provided with the opportunity to thrive. These



statements are replete with what could be seen as well-meaning policy intent and are worded in such a way as to convey a deep, bilateral commitment to the wellbeing of young people (hence the determination that the tone of the legislation is extant). It could be questioned however the extent to which these intentions are experienced in reality for the children and young people of South Australia, particularly those who are growing up in environments of poverty and inter-generational disadvantage.

In so far as the Act sets out the obligations of the state to provide for the safety of children and underpins the responsibility of the state for child protection interventions, the second paragraph of Section 4 provides for the most high-level considerations that must be brought to mind when making determinations about the safety and wellbeing of children. Paragraph 2 stipulates certain outcomes that should be enjoyed by all South Australian children, and the role of the state in providing for the conditions necessary to achieve those outcomes. They are stated as children being free from harm, to have access to education and do well at learning, to enjoy good health and a healthy lifestyle and to be active South Australian citizens and to have a voice and have influence. These are high level, principled statements that are not necessarily the measures by which child protection interventions take place, however it is clear that the intention of this section is to provide a platform for the subsequent sections of the legislation which provide the administrative mechanisms to ensure, or at least attempt to ensure, the safety and wellbeing of children and young people.

Paragraph 3 specifically acknowledges that the outcomes for Aboriginal and Torres Strait Islander Children in South Australia have 'historically been poor' and that the Parliament finds it unacceptable that this state of affairs continues unchallenged. The use of the term 'historically poor' when considered from the perspective of tone of voice, is surprisingly extant, and highlights the lived reality and experience of Aboriginal and Torres Strait Islander people in South Australia. Rather than present a requisite position, which may choose to articulate the 'way things ought to be' for Aboriginal children and their families, this paragraph points out and illustrates some level of Parliamentary understanding and sense of responsibility for the conditions within which many Aboriginal and Torres Strait Islander children grow up in, conditions which are systemic and inter-generational.

Paragraph 4 provides for the intention of the Parliament in setting out the subsequent provisions of the Act, and it is written in the extant tone. It states that:

*It is the intention of the Parliament of South Australia that the performance of functions in the administration and operation of this Act be done in collaboration with, and with the cooperation of, children and young people and their families rather than simply being done to or for them (Children and Young People (Safety) Act, 2017, p. 8).*

Whilst this paragraph serves to outline the intention of the Parliament, and can be viewed as an extant statement, given the idealism towards which it leans (seeking collaboration and cooperation with children, young people and their families), there are requisite overtones that paint a picture of the 'ideal' manner in which the child protection system should function. It is highly dubious, from a practical and systems perspective, the extent to which children and families are actually involved in decisions to remove children, conduct assessments and investigations and arrive at conclusions about the well-being and ongoing welfare of children. It is also dubious the extent to which the voices of children and families actually factor into proceedings of the Youth Court, and the orders that are subsequently handed down by magistrates.

Chapter Two, Part Two, Section 7 provides for the priority in the operation of the Act be the safety of children and young people, and that such safety be of paramount concern. Section 8 further provides that core concerns in the operation of the Act should be the need for children and young people to be heard, the need for children to experience love and attachment (although it must be noted that there is no indication or measure provided as to what an experience of love and attachment should be for a child, and this makes it difficult to quantify decisions on that basis) the need for self-esteem (again, with no indication or measure) and the need to achieve their full potential. This entire section is written in such a way as to espouse highly idealised outcomes for children and young people (written in the requisite tone) and actually does not help to identify the minimum standards of wellbeing or welfare that would or conceivably could lead to a decision that 'good enough' levels of parenting are being achieved for a child or young person, and that there is no further reason for state involvement or intervention in the lives of the child or their family.

Section 9 relates specifically to wellbeing and early intervention and provides that in 'matters relating to the safety and welfare of children and young people must have regard to the fact that early intervention in matters where children and young people may be at risk is a priority' (Children and Young People (Safety) Act, 2017, p. 9). This paragraph is deemed here to be problematic for a number of reasons. Firstly, there is nowhere in the Act (apart from reference to the establishment of Child and Family Assessment and Referral Networks) that stipulates what early intervention is prescribed, and how such intervention is to be delivered. Secondly, the purpose of the legislation is to guide the activities of a government portfolio whose principle purpose is the safety of children and young people once they have come in to contact with the child protection system. Early intervention initiatives ought to be conceived of as a range of services and supports that are offered in both primary and targeted settings such as to ameliorate the risk of children and families coming in to contact with child protection systems in the first place. It seems, in this analysis, counterintuitive that this Act should

make any broad and non-prescriptive provisions for early intervention when that is clearly not within the remit of the legislation.

Chapter Two, Part Three, Section 11 and Section 12 provide for 'placement principles' and 'Aboriginal and Torres Strait Islander Placement Principles' (ATSICPP) respectively. The tone of voice in Section 11, paragraph 1(a) is clearly requisite, describing a set of idealized outcomes for children and young people upon being placed with someone other than their biological parents: 'all children and young people who have been removed from the care of a person under this Act should be placed in a safe, nurturing, stable and secure environment' (Children and Young People (Safety) Act, 2017, p. 10). The extent to which such conditions can actually be met for all children and young people who enter the care system in South Australia is deemed to be highly questionable. Anecdotal evidence that has been collected in the course of this research project quite clearly indicates that the nature of the care concerns that are received by the Department for Child Protection pertaining to children and young people who are already in the care system continues to rise, with concerns frequently raised around the appropriateness of foster and kinship carers, residential care workers, and behaviours towards children that can only be described as abusive and neglectful.

Section 12 is by its nature considered to be problematic. It relates to the placement of Aboriginal and Torres Strait Islander children and young people who enter the care system and is intended to provide for the cultural safety and cultural security of Aboriginal children. It has been noted of the ATSICPP that it is the '...benchmark in Australian law and policy to ensure that the actions that caused the deep harm and tragedy of the Stolen Generation are never repeated' (Secretariat for National Aboriginal and Islander Child Care, 2017a, p. 6). The maintenance of connection between Aboriginal children and their families and culture is provided in this section as the over-riding consideration and is to be achieved via a hierarchy of placement types that keep Aboriginal children connected to family, culture, land and tradition. The current analysis considers a number of problems with the Aboriginal and Torres Strait Islander Child Placement Principle, not the least of which is the manifest statement at paragraph 2(b) that Aboriginal and Torres Strait Islander People should have the ability to participate in the care and protection of their children and young people. The extent to which this provision is enabled in practice in the South Australian context is highly doubtful and has been the subject of intense scrutiny even since the passing of the Children's Protection Act of 1993. A number of state and national commentators have seriously called in to question both the past and current government's commitment to deep and meaningful engagement with Aboriginal families and communities with a view to keeping children out of child protection systems in the first instance. The Family Matters Report (2017) which sought to measure state and national trends in the policy commitment of governments to reducing the over-representation of Aboriginal children in child protection systems

found that only 60.5% of the Aboriginal children in the South Australian care system were placed in accordance with the ATSCIPP, and that South Australia had the lowest proportional investment in family support and targeted intervention for Aboriginal families in the country, (Secretariat for Aboriginal and Islander Child Care, 2017b) signalling only a marginal commitment to the underlying provision of the ATSCIPP which is to reduce the instances of removal of Aboriginal and Torres Strait Islander young people from their families in the first place.

The Secretariat for National Aboriginal and Islander Child Care (2017a) noted in their submission to the Attorney General's Department on the Children and Young People (Safety) Bill 2016 (during the consultation phase) that one of the greatest failings of the Bill (and which was never rectified in the subsequent drafts nor in the final Act) was that it did not go nearly far enough to direct resources or policy attention to the need to prioritize prevention and early intervention as an alternative to provisions for the hierarchical placement of Aboriginal children once they are removed from their biological families and communities. The submission noted that:

*The provisions contained within Chapter 4, "Managing risks without removing the child or young person from their home", create no positive obligations for the provision of family preservation or reunification supports, contrary to the evidence of the critical importance of early intervention. In a move that appears quite extraordinary and out of step with comparable legislation across the country, the Bill makes no reference to the importance of the parent-child relationship to the wellbeing of children, or the desirability of supporting the maintenance of that relationship. (Secretariat for National Aboriginal and Islander Child Care, 2017a, p. 5)*

In specific reference to the ATSCIPP, SNAICC noted in their submission that it only brought a very narrowly constructed version of the principles to the proposed legislation, and that it limited the application of the principle to placement decisions only once the child had been deemed as in need of removal from the primary caregivers. SNAICC suggested that this represented a failure to recognise the numerous decisions that are made throughout the course of a child and their family's contact with the child protection system impacts upon the child's subsequent connection to their family and community as well as their culture and language. They also noted that there was a marked lack of emphasis on the 'critical necessity of prevention focussed efforts to the implementation of the Principle' (Secretariat for National Aboriginal and Islander Child Care, 2017a, p. 7).



nurturing environments for children and young people in which to grow and thrive. The language of the legislation is strongly oriented towards identifying sources of risk and harm and is replete with deficit-oriented terminology when describing the kinds of environments and conditions to which children should not be unnecessarily exposed.

Section 11, in a discussion of the placement principles that should apply in the determination of where a child should be placed upon their removal, assumes that such removal is necessary on the basis of a lack of safe, stable and nurturing environments in the home; such an assumption fails to give due consideration to the nature of physical and material poverty which may lead to the inability of a biological parent to provide for the physical needs of their child as determined by the state, however such an understanding of what constitutes baseline need is not articulated in the legislation, and could be argued, is not intersubjective or understood in the same way by all observers. Indeed the physical wellbeing needs of Aboriginal children and families may well be considered in a very different way by an Aboriginal parent and a non-Aboriginal child protection worker when making determinations around baseline physical needs that children require in order to flourish at minimally acceptable standards.

Section 17 is particularly instructive in an analysis of the semiotic construction of the concept of *harm* to a child or young person. This section provides that harm shall be taken as the following –

*A reference to harm will be taken to be a reference to physical harm or psychological harm (whether caused by an act or omission) and, without limiting the generality of this subsection, includes such harm caused by sexual, physical, mental or emotional abuse or neglect (Children and Young People (Safety) Act, 2017, p. 17).*

In a further sub-section, it is noted that ‘psychological harm’ is not taken to include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life. From a semiotic perspective, the use of the term ‘ordinary’ in this sub-section is taken to be highly problematic and subject to a range of subjective interpretations. What is considered ‘ordinary’ is not defined or provided for in the Act and makes the task of describing and agreeing upon in a consistent manner what constitutes the ‘ordinary vicissitudes’ of daily life a morally fraught task indeed. The legislation allows for certain determinations to be ‘done to’ families and children in such a way as to ignore or discount their own understanding of what may constitute ‘ordinary’ as defined by them and their own experience, and at the same time fails to provide any baseline measure of how such determinations of ‘ordinary’ are to be applied. This analysis considers such a provision to be a fundamental flaw in the legislation given the implications of any decision by the state that

psychological harm is likely to be present, and the subsequent decisions that are furnished about the viability of the family environment on the basis of such a determination.

In the absence of any reference in the legislation to trauma or complex trauma as experienced by children, the nearest reference that could viably be treated as a proxy for trauma is that of psychological harm. One of the more salient problems that is presented is the lack of a description as to what constitutes such psychological harm, for without such a definition it becomes highly problematic to make determinations of when such harm may or may not be present and relies on subjective assessments of the conditions within which a child exists.

#### *Stage Two – Identify obstacles to the social problem being tackled*

If the problem is represented as being lack of parental capacity to care for and protect their children, and the subsequent risk of physical and / or psychological harm, then consideration must be paid to the obstacles faced by families in providing baseline levels of care and protection to their children. Many of these obstacles may be beyond the capacity of the family to overcome as they are systemic by nature. Issues such as poverty and locational disadvantage may serve to delimit the ability of parents and families to provide for the material needs of their children, however they are issues that are outside of their direct control. Other systemic issues such as inter-generational unemployment, poor educational outcomes and the distribution of patterns of disease also serve as obstacles to the provision of optimal environments for parents to raise their children within.

From an ecological perspective, there are micro-level issues that exist within the context of individual families that may be more subject to control and influence. Issues including alcohol and other drug addiction and domestic and family violence can be treated, and with the right supports and interventions, can be brought within the control of the family. Even despite the provision in the legislation that efforts must be made to provide for prevention and early intervention initiatives, what is lacking is a concise description of what these initiatives should look like, how they will be resourced and how they will be provided.

An interactional perspective of the text comprising the Act yields some poignant observations about the nature of the interactions that are described between families and the state. Fairclough notes that texts are themselves interactional by their nature even despite the ‘temporal and spatial distance’ through which the interaction takes place; in the context of the legislation, the interaction between families and the content of the text (the Act) takes place in terms of Youth Court hearings and various forms of contact with agents of the Department for Child Protection who are charged with assessing for levels of ‘risk’ to the child or young person.

Fairclough also notes that text can be both 'productive' in that it has the capacity to 'produce' experiences of social reality, and paradigmatic, in that it has the capacity to manufacture a range of alternative possibilities of and for lived experience. Fairclough also emphasises 'interdiscursivity' as a means for analysing the related components or 'genres' of various orders of discourse that can be represented in any one text.

All of these elements of the interactional components of critical discourse analysis can be neatly applied to the description of the obstacles to be tackled as described by the legislation. Given that the over-riding 'problem' as defined by the legislation has been taken here to be parental inability to care for their children, then the obstacles to overcoming this problem relate to creating and maintaining parental capacity to develop and maintain safe environments for their young, and this is to be achieved through the minimization or elimination of 'risk'.

With this in mind, it is deemed here to be relevant to analyse Section 18 of the Act which provides for the meaning of 'at risk', and to apply the lenses of interactional analysis and interdiscursivity in order to do so. The rationale for paying particular attention to this specific section of the Act is that whilst trauma is not mentioned in any place in the text, the situations as defined by this section are those that are deemed in this analysis to mirror those most likely to produce experiences of complex trauma for children and young people. The similarities between discussions of risk and concepts of trauma are taken here to be interdiscursively valid.

Section 18 provides the following definition (abridged for the purposes of this analysis with some components omitted) –

*For the purposes of this Act, a child or young person will be taken to be at risk if a) the child or young person has suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or b) there is a likelihood that the child or young person will suffer harm (Children and Young People (Safety) Act, 2017, p. 18).*

Further elements of the definition of harm include exposure to unlawful medical procedures including female genital mutilation, taking part in invalid or unlawful marriage, and enabling the young person to commit an offence as described by the criminal code.

Section 18 (1) (d) provides specifically for those conditions of harm that related directly to parental neglect. It states that harm is taken to exist if –

*The parents or guardians of the child or young person are (i) unable or unwilling to care for the child or young person; or (ii) have abandoned the child or young person, or cannot, after reasonable inquiry, be found; or (iii) are dead; or (e) the child or young person is of compulsory*



*school age but has been persistently absent from school without satisfactory explanation of the absence; or (f) the child or young person is of no fixed address; or (g) any other circumstances of a kind prescribed by the regulations exist in relation to the child or young person (Children and Young People (Safety) Act, 2017, p. 18).*

Further, Section 18 (3) provides that –

*In assessing whether there is a likelihood that a child or young person will suffer harm, regard must be had to not only the current circumstances of their care but also the history of their care and the likely cumulative effect on the child or young person of that history (Children and Young People (Safety) Act, 2017, p. 18).*

This latter section comes as close to a description of complex trauma (the cumulative effect on the child of that history) as can be found in the entire body of the legislation and is the only textual reference that could be identified that alludes to a conceptualization of cumulative harm, which is one of the hallmarks of complex trauma experiences.

The paradigmatic components of the textual definitions of harm that are provided allude to deficits in the family environment, and acts of omission by the parent(s). From an interdiscursive perspective, we can draw similarities between the discourse of risk and that of deficit approaches to family intervention and support, with the purpose of the intervention being to remove sources of risk, and not to necessarily support and encourage protective factors or family strengths.

*Stage Three – Consider whether the social order (network of practices) needs the problem*

Child protection can be considered an industry of ‘work that is done to families and children by authority of the state’ (own emphasis), and entire markets of service provision are built up around addressing and ameliorating risk to children. The discourse of ‘risk’ creates lived professional experiences for child protection workers, as well as the families and children with whom they work. Relationships of power develop between families and child protection workers, with the perspectives and assessments of workers shaping the experience of the family. ‘Risk aversion’ shapes paradigms of thinking about and addressing the perceived or prescribed sources of risk in the family environment, and the application of approaches to interventions with families. These interventions in turn drive the development and implementation of certain practice approaches to families who are deemed to be ‘at risk’, with a concomitant industrialization of a child protection workforce which possesses privileged knowledge and understanding of what risk looks like and how it is to be appropriately managed. In this sense, the child protection ‘industry’ requires that there are children at risk; it requires that some parents are unable to care for their children in a manner deemed appropriate, and

it requires that cumulative harm exists in order to validate and justify the existence of specialised practices that have developed around 'at-risk' families. An entire commissioning and procurement system exists within the Department for Child Protection for purchasing service responses for vulnerable children and families and supporting a growing industry, and thousands of jobs are contingent upon the maintenance of vulnerability for some children and their families. In this analysis, the child protection system does indeed require the problem.

#### *Stage Four – Identify possible ways past the obstacles*

Nothing short of a radical redefinition of 'the problem' is suggested here. The observation has been that the more that policy makers, legislators and practitioners focus on 'risk' and 'harm', the more punitive and aversive the interventions and resulting practice decisions have been.

This section is intentionally declaratory and represents this author's views on how the use of language and the discourse of 'risk' and 'safety' inherent in the Act could have perverse practice outcomes in terms of risk aversion at the level of the case manager or social worker.

Interventions with children and families are carried out for the most part by social workers employed by statutory child protection agencies. Their involvement with a family can be statutory or non-statutory, depending on the level of perceived 'risk' there is that a child has been or will be subjected to harm. The agency that will take responsibility for the intervention will depend on whether this 'risk threshold' has been met, and whether it has been deemed the responsibility of the relevant government agency to intervene and respond. The issue for statutory responses is, in the main, that interventions will be conceived of in terms of '*prevent more harm*'.

As discussed above in the analysis of *The Life They Deserve*, this is problematic for statutory responses given that the onus of responsibility for eliminating risk of harm shifts to the statutory agency, and by proxy, the particular social worker conducting the investigation or intervention. Where in a non-statutory intervention the onus of responsibility lies, conceptually at least, with the family and parents, the moment it becomes the 'state's' responsibility to prevent harm, the risk threshold drops significantly and becomes almost impermeable for both the social worker and for the family.

The agency response has little option due to legislative requirements in such circumstances to be anything other than reactive or 'risk responsive'; given it has become the state's responsibility to care for the child and prevent future harm, efforts to engage family to test collaborative and contracted commitments to providing more optimal environments for the care of the child become severely curtailed.

It is worthwhile to note that the causal link between language, behaviour and decision making is a hallmark discovery of behavioural psychology. The language we as humans use shapes our thoughts as well as the behavioural responses that result; behaviourists would argue that language influences thought which in terms predicates behaviour (Perry, 2003; Perry, 2004).

The answer to the question of what happens in our brains when we become aware of heightened risk is relatively well known as the 'fight or flight' response; we do everything possible to prevent the realization of that risk, and become so focussed on the outcome that we shift our attention away from the objective and the process required to fulfil it. A natural and physiological adaptation to physical risk that results finally in fight-or-flight reactions (Perry, 2003; Perry, 2004; Raymond, 2019; Valent, 1999; Van Der Kolk, 2016).

It could be argued that this is precisely what happens in the mind of a social worker when they are told, explicitly through the legislation or implicitly through accepted departmental and agency practice, that their job is to '*prevent risk; stop any more harm.*' It is not the desired outcome that is the issue, as it is the safety and wellbeing of the child that is of utmost concern. It is the *language* that is used to convey the outcome. When workers internalise a risk-averse attitude, it invariably influences their practice and our decision making. Their options with families become limited, their innovativeness stymied and their appetite for experimenting with options which keep the child safe in their homes almost non-existent.

What if for social workers involved in statutory interventions with children and families were guided by language that had *the best interests* of the child emphasised. What if the underlying message was:

*'Do everything you can to keep this child safe with their family.'*

How might this change the thought processes and the subsequent decisions? What if the emphasis was shifted from 'reduce risk' to 'maximise opportunity'?

Child protection work is risky business. Staff are involved every day in analysing risk to children and trying to extrapolate the likelihood that this risk will translate into future harm. Whilst we know that underlying decision making is a genuine desire to care for and nurture children, these decisions are influenced by the language we use and by the way in which perceptions are skewed by such language. The state makes recommendations to remove children from their families because it is the most expedient and wholesale means for removing immediate perceived risk. Unfortunately, however, once that decision has been made, children get enmeshed in a system that makes it difficult and often impossible for them and their families to become untangled from.

How might a social worker go about their work with families and children if the underlying directive was one that didn't seek to eliminate risk (*which is impossible even in the most optimal conditions*) but was about maximising potential and family capacity? A directive that puts the onus of responsibility for the care and protection of the child back on the family and on the parents? A directive that allowed social workers to worry more about how to keep the child safe in their family and out of 'the system'?

This shift in emphasis and redeployment of a new language of child protection practice is needed immediately. The state makes a poor parent. Social workers who are threatened by perceived risk and by a shifted onus of responsibility for child safety make sub-optimal decisions. Children do not thrive in child protection systems and life is replete with latent risk that cannot be avoided, even in 'perfect' family environments.

A better course is to equip social workers with a new lexicon (that is enshrined in legislation) and with practice tools which allow them to help vulnerable families take up the challenge of caring for their own children. Risk is omnipresent. So is opportunity and so is parental capacity if it is nurtured and supported.

#### *Stage Five – Reflect critically on the analysis*

This has been an analysis of the Children and Young People (Safety) Act 2017, and it has only highlighted specific sections of the legislation that have been considered poignant from a perspective that is interested in how policy text can be interactive, productive of particular lived experiences and paradigmatic in the selection of specific options for action; the focus has been on the marked lack of reference to trauma and complex trauma in the legislation and the problems associated with compelling practice responses to complex trauma in child protection systems, the way in which the problem to be tackled by the legislation is framed largely as parental incapacity to care for their children despite systemic disadvantages experienced by vulnerable families and the manner by which the discourse surrounding 'risk of harm' can be inter-discursively compared with the language that permeates risk-averse practice responses to vulnerable families and their children.

Part of a reflection on this analysis could include comment on the extent which the Act constitutes 'trauma-informed' social policy as described by Bowen and Murshid (2016). From their perspective, policy (which can include legislation as in this case) can be 'trauma-informed' if it complies with the six core principles of safety, trustworthiness and transparency, collaboration, empowerment, choice and intersectionality.

On reading the Act, this analysis finds it acutely lacking in its ability to comply with these principles. Whilst safety for service users (the clients being vulnerable children, young people and their families)

is considered of paramount importance throughout the body of the text, there are extreme difficulties in identifying consistent examples of trustworthiness (that the Act will be applied in the same manner in all similar situations and that the principle of legal precedent will be consistently applied to all cases), empowerment, choice and intersectionality.

## 7. RESULTS AND FINDINGS FROM INTERVIEW PARTICIPANTS

The following section of this chapter is a thematic analysis of the interview responses provided by the 23 interview participants. It has been divided into six 'theme' sections based on the six questions, with sub-sections relating to specific themes that have been identified in the responses. It has been supported by a coding exercise completed using NVivo 11, whereby key ideas, phrases and words were coded to sub-themes as they arose in the text.

Once the findings are described, and the themes and sub-themes are illustrated by reference to participant interview data, the chapter then moves to a specific, critical discourse analysis of the interview findings, and draws on the CDA conceptualisation of 'orders of discourse' and how these are represented in the data.

The participant profile was diverse. Of the 23 participants, only three were drawn from the Department for Child Protection. This is considered one of the key weaknesses of the project, as an ideal sample would have included equal representation of both government and non-government participants, representing a more balanced perspective from policy makers and policy advocated from across both government and non-government sectors. One of the key difficulties in the recruitment of participants from both the Department for Child Protection, as well as other government departments, at a sufficiently high enough level to be deemed as policy and decision makers was reticence to participate for fear of being seen to be criticizing government and government policy. This issue will be discussed in more detail in the concluding chapter to this thesis.

The other 20 participants came from senior management, CEO, director, as well as practitioner levels from within non-government organizations charged with delivering services to families, children and young people in out of home care, including family support and reunification, family based / foster care, residential and commercial care, as well as therapeutic support for children who had experienced complex trauma.

Interview participants were selected using a convenience sampling methodology, with respondents identified both within the Department for Child Protection as well as within the non-government service sector whereby participants were involved in varying capacities in service design and service delivery for children and young people in out-of-home care.

Respondents were considered to be involved in 'policy-based advocacy' at varying levels; respondents within the Department for Child Protection had a diversity of roles, however, were all involved in influencing child protection policy at different levels.

Respondents within the non-government sector were deemed to have some level of influence on the development of child protection policy through their individual and organisational spheres of influence, and also by virtue of their sector level activity in lobbying for policy changes which would bring about better outcomes for vulnerable children, young people as well as their families.

Pre-existing contact information for interview respondents was provided to the researcher's supervisor who emailed letters of invitation and information sheets to participants. Those participants who self-selected as respondents notified the researcher's supervisor via email, and then had their direct contact details forwarded to the researcher to follow up with a date and time for interview.

Participants were provided with an opportunity to opt-out of the research process at any time and were advised that both their identity would remain anonymous. The only distinguishing feature that would be described for participants was whether they were a government (DCP) respondent or an NGO respondent. NGO participants were advised that their agency would not be identified in the analysis and presentation of responses.

Interviews were transcribed in real time, with interview notes taken during the course of the individual interviews. All participants were then provided with a copy of their interview transcript for review and editing if they wished to correct any of their responses.

Interview data was then collated and aggregated for analysis within NVivo 11, with selected responses presented here in order to highlight the varying themes that emerged from the data.

In presenting excerpts of interviews below, interview participants are identified only as either 'DCP participant' or 'NGO participant' in order to retain maximum levels of anonymity. Given that this analysis was principally concerned with thematic issues and took a 'sector-wide' view of such themes, it was considered appropriate in this study to aggregate findings in such a fashion and to delineate between respondents only on the basis of whether they were employed with DCP as the statutory agency or within the non-government sector.

This analysis has been informed and supplemented by the critical discourse analysis framework and methodology, with specific attention being given to problem definition, obstacles to social problems and identification of ways past the obstacles as provided for by the interview participants.

The table below provides the six open-ended interview questions that participants were asked, the rationale behind the particular question as well as how the question was deemed to relate to the current research project. The rationale for each of the questions was underpinned by critical discourse analysis in that problem definition, problem identification and description as well as problem resolution were features of each of the questions.

Question	Rationale	Linkage to the project
Can you please describe your understanding of complex childhood trauma?	To ascertain to what extent participants understand the nature and meaning of complex trauma; definitional issues are important in the context of how policy is conceptualized.	A focus on social policy responses to complex childhood trauma was a critical focus for this project, and as such it was deemed important to obtain insight into how deeply the language and science of trauma was appreciated by the sample.
Can you please describe your understanding of how experiences of being placed in to child protection systems impacts upon the mental, social and emotional health of children and young people?	To understand the depth to which participants understand the lived realities of children and young people in the child protection system.	Given that all participants in the sample were considered to be either policy makers, policy influencers or policy advocates, it was considered important to understand how well participants understood the lived experience of children in child protection systems, and how this experience can compound existing traumas.
Do you think that there are examples of where social policy in South Australia has attempted to specifically articulate and respond to complex childhood trauma for children in child protection?	To understand how well participants understand past and current policy and practice responses.	It was critical to understand how well participants understood past and current policy provisions for addressing complex childhood trauma, and to what extent these policy provisions were considered to be implemented in to practice.
How well do you believe that current child protection practices in South Australia respond to the mental, social and emotional health needs of children and young people in care?	To probe the extent to which participants can describe gaps in existing policy and practice.	Understanding the gaps between policy and practice in the treatment of complex trauma was a critical task of this project, and it was considered important to ascertain how well participants thought practice was adequately geared to work with children who had experienced trauma in the care system.



What do you believe are the current major strengths and weaknesses of the South Australian child protection system in responding to complex childhood trauma?	To describe and compare the relative strengths and weaknesses of the existing child protection system from several perspectives.	This was an exploratory question designed to obtain opinion from participants.
How do you think that the current reform process that was brought about by the recommendations of the Nyland Royal Commission could be strengthened to better respond to the needs of complex childhood trauma?	To develop insights in to how policy makers and policy advocates believe that major reform processes can be utilized to bring about substantial changes in policy and practice.	Given the historio-political timing of this project in researching trauma specific policy and practice at the same time as the recommendations of the Nyland Royal Commission of Inquiry in to the South Australian child protection system was taking place, it was considered pertinent to understand how participants thought that major reform processes could be leveraged to implement substantial policy shifts.

Table 7.1: Interview questions, rationale and linkage to the current research project.

The analysis of responses that follows occurs across the six dominant themes (question areas) and sub-themes that were coded utilizing NVivo 11. The table below illustrates the sub-themes which were identified within the data across the six dominant themes, with the number of in-text coded references provided in parentheses.

Dominant theme	Sub-themes
Definitions of complex childhood trauma (25)	Aboriginal and inter-generational trauma (3)
	Disruptions in children's attachment (3)
	Cognitive developmental delay (10)
	Domestic and family violence (2)
	Trauma occurring in-utero (2)
	Disrupted patterns of trust (2)
Child protection system's impact on children's mental health	Experiences for Aboriginal children (2)
	Behavioural issues for children in care (12)
	The voice of the child (1)

	Permanency planning (4)
	Positive experiences in care (3)
	Reunification with biological family (5)
	Staff and human resource issues (1)
	Provision of therapeutic care and support (4)
	Trauma as a direct result of removal from family (24)
Social policy that responds to complex childhood trauma (10)	Aboriginal specific policy (1)
	Coordinated case management and care team planning (1)
	References to the Early Intervention Research Directorate (EIRD), data and evidence (4)
	References to <i>A fresh start</i> (3)
	Interagency practice and collaboration (4)
	References to <i>Child and Young Person (Safety) Act 2017</i> (1)
	Interaction and dynamic between State and Federal governments (2)
Child protection practice responses to complex childhood trauma (10)	Continuity of support for children in care (4)
	Foster carers and family-based care (7)
	Information sharing issues (1)
	Social worker practice (7)
	Workforce training and development (3)
Strengths and weaknesses of the child protection system in responding to complex trauma (8)	Geographic factors (1)
	Legislative reform measures (1)
	Permanency planning (2)
	Trauma informed practice (11)
	Workers and staff (8)
	Working with carers and families (1)
Strengthening Royal Commission policy reform processes to respond to complex childhood trauma (8)	Information sharing (1)
	Trauma specific responses (8)

Table 7.2: Themes, sub-themes and number of in-text coded references from the data

The following thematic analysis has very deliberately relied on excerpts from the interview responses, which were aggregated in order to identify the dominant themes and sub-themes within the data. In many instances, the direct responses from interview participants were exceptionally instructive in crystallizing the themes and sub-themes which arose; it is for this reason that excerpts have been

utilised in this section. Whilst one of the critiques that may be lobbied against this fashion of qualitative analysis is that of 'over reliance on participant responses', in the tradition of thematic analysis, it has been deemed appropriate here to present the many and varying examples of the themes and sub-themes as they featured in the interview responses.

### **Analysis of themes and sub-themes**

#### ***Definitions of complex childhood trauma***

Overall, this analysis found that the knowledge and understanding of complex childhood trauma and its aetiology and sequelae was high amongst participants. There was not a single instance of a participant struggling to provide an accepted definition of complex trauma or their understanding of it.

Emphases varied amongst respondents, with a synthesis of neurobiological, neuro-sequential and neuro-developmental perspectives being articulated.

Extracts of particular responses highlighting a varied synthesis of theoretical foundations to participant understanding of complex childhood trauma are provided below. Key theoretical concepts have been **highlighted** in the responses to demonstrate examples of fidelity of participant understanding with the accepted definitions of complex trauma that have been provided in this analysis by reference to the literature.

*It [complex trauma] occurs where a child experiences **prolonged exposure to physical (including sexual) and/or emotional abuse or neglect by a caregiver**. This abuse and/or neglect significantly affects the child's development and has long-term impact, particularly on psychological health and the ability to form relationships. (NGO participant)*

*Complex trauma is often about **the relationship that the child has with caregivers and where the caregivers are the perpetrators of the trauma experience**. Developmental trauma is included in this definition and is profound and occurs when the person who is harming the child is in a position of caring for the child. This can affect trust and the ability to maintain trust with this person for the child; it can profoundly affect bonding and attachment. (NGO participant)*

*The adverse impact of what a child or young person has either witnessed or experienced in terms of, directly themselves, or they have experienced it as part of a family setting; I definitely have the view that trauma is not just about harm, or physical harm, **it is also about the impact on the child's emotional and psychological safety and wellbeing**. (DCP participant)*

Children who have experienced complex trauma are **hard wired to perceive threat which triggers the threat responses, fight, flight, freeze, and surrender** resulting in impact to behaviours, social and emotional skills. (NGO participant)

Any event that overwhelms a child's normal coping capacity; **this experience of trauma is very often age dependent and developmentally dependent**; complex trauma is when there has been multiple exposure to these traumatic events over a period of time, and **is often embedded in family relationships and relationships with caregivers**; the recovery process that the child would normally access may also be the source of the trauma as well, and may be exacerbated when there aren't the supports in place in the family environment to assist them to recover. (NGO participant)

[Complex trauma is] chronic unmitigated stress in relation to biological carers. **This creates hugely dysregulated neural and hormonal systems that have lasting psychological and physical effects. It creates an entirely new and different phenotype**; the person who is chronically traumatized is an entirely different being to one who hasn't. (NGO participant)

Fear without solution is the accepted description in the literature. **There are layers of defence at the psychological and emotional / sensory level that develop to defend against those (trauma) experiences**. Children learn to manage things that are not manageable, and these manifest as trauma related symptoms. These experiences alter the development of identity; it makes people shame sensitive and pushes people in to dominant and submissive roles. (NGO participant)

Trauma survivors get into a hugely dysregulated state and this is very difficult for them to regulate. It can really disrupt healing for survivors and also hinders the teams around the person who are trying to support them. **Aggression, appeasement, submitting to the will of others, not knowing where your boundaries are; attempts to manage an unmanageable experience that has become somatically encoded. Implicit memory systems are affected to the point where survivors are waiting for the unexpected at any minute**. (NGO participant)

Conditions which mean that the child's needs are not met, **situations of primarily neglect which occur at crucial early stages, but it is also repeated and ongoing traumatic events at the hands of the people who are supposed to be caring for the child (their parents)**; things that erode their basic sense of trust in the world and which prevent them from being able to develop the normal trajectories that would be expected of a child or young person. (NGO participant)

Typically, complex trauma exposure involves the **simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence**—that is chronic, begins in early childhood, and occurs within the primary caregiving system. (DCP participant)

Child abuse, in all its forms, and **chronic neglect, are the key antecedents of complex trauma**. They are not, however, the only causes. When unresolved, complex trauma causes ongoing problems, not only for those who experience it, but for their children (intergenerational effects) and society as a whole. (NGO participant)

This cumulative harm, whether it be emotional abuse and neglect, though to sexual or physical abuse contributes to a myriad of disruptions and fractures in the psyche of these young people. Complex trauma' is **usually interpersonal (occurs between people) and involves 'being or feeling' trapped. It is often planned, extreme, ongoing and/or repeated**. Complex trauma generally leads to more severe, persistent and extreme impacts than single incident trauma. Its impacts tend to be cumulative. They include difficulties with shame, trust, self-esteem, identity, relationships, regulating emotions, and physical and mental health. (NGO participant)

When you are thinking about brain development, **complex trauma is about adverse events that have occurred at certain times in a child's development that impacts on what would be considered to be normal functioning**. The extent of the adverse events and the seriousness of them, as well as the frequency and the buffers that exist will impact on the person's development. We know that trauma that occurs for a child at the age of five will have a different impact for a child who experiences it in-utero or at the age of one. It will look very different for a child who has experienced trauma in their teens to a child who has experienced the trauma at five years old. There are also the problems that occur within the context of attachment, and we could consider that something that has gotten in the way of the parent and child relationship, and which will look a bit like developmental trauma later on in life. (NGO participant)

They [the children] are more likely to react in a much more automated way than responding in more of a considered way, and **that 'normal everyday' stimuli will be perceived by the brain as high-level threats**; the young person will have cortisol running through them, autonomic systems firing, their bodies are **reacting to that fear response which includes the fight flight or freeze response**. As such being able to manage complex relationships becomes very difficult, and to maintain themselves in mainstream institutional systems such as school is difficult,

*using a metaphor the smoke detector is incredibly sensitive the child becomes emotionally dysregulated. (NGO participant)*

What became clear from the responses was that there was a high level knowledge of the theoretical foundations of complex trauma experiences for children and young people who came in to contact with the care system, and that much of this understanding amongst participants was furnished by the neuro-biological and neuro-developmental literature which emphasis the deleterious effects of cumulative neglect which occurs at critical phases of a child's development. There were a number of specific references to the work of Bruce Perry and Bessel Van Der Kolk, which was not surprising given that much of the sector training that has been provided in South Australia on the foundations of complex trauma have been underpinned by the psychiatric conceptualisation contained with the work of these particular authors.

Core components of participant understanding of complex trauma included the nature of chronic neglect (as opposed to one-off or short-term instances of abuse), age-specific experiences of neglect, impacts on attachment relationships, the outcomes of experiences of chronic fear, and the interpersonal nature of the complex trauma experience. Linkages were readily described between early experiences of complex trauma and later-life effects, including difficulties with behavioural and emotional regulation, learning, attention and building and maintaining trusting relationships and friendships.

There were a number of quite specific references to the nature of complex trauma as experienced by Aboriginal children and young people, particularly those coming in to contact with the child protection system.

*While many Aboriginal and non-Aboriginal Australian children grow up in safe homes and live in safe communities, there are some who do not. In the case of Aboriginal children, some families and communities are unable to, or are still working to, heal the trauma of past events, including displacement from Country, institutionalisation and abuse. (DCP participant)*

*Complex childhood trauma [for Aboriginal children] is about layers; children who are violated in the family but are then removed; there is family violence, alcohol and other drug issues, poverty, poor housing, overcrowding; all of these impact on their ability to cope. We continue to traumatize them by removing them from family and language and country and then we retraumatize them by putting them in foster families and not with kin. The result is extreme behaviours. This is the complexity that your children are dealing with; this is reflected in the symptoms and behaviours that our children present with. Without adequate cultural supports*

*in place for children when they are coming in to care, it only compounds the problem. We don't have enough Aboriginal carers to care for the children who are coming in to the system. Cultural trauma is an issue that is unique for Aboriginal children coming in to care when they are removed from culture and not placed with family and kin. (NGO participant)*

The problem of cultural trauma was described in detail by one participant who had significant experience working with Aboriginal children and young people as well as Aboriginal community-controlled organisations. Whilst conceptualisations of inter-generational trauma have been described in the background to this research project, this was the first instance of which the researcher had been exposed to the idea of cultural trauma and its linkages to both cumulative harm and complex trauma experiences for Aboriginal children and young people coming in to contact with the child protection system.

The ways in which experiences of complex trauma affect cognitive development in children and young people was also readily described by a number of participants and was one of the more dominant sub-themes to emerge from the data. Examples of particular responses have been provided below.

*Children who have experienced complex trauma are hard wired to perceive threat which triggers the threat responses, fight, flight, freeze, and surrender resulting in impact to behaviours, social and emotional skills. (NGO participant)*

*[Complex trauma includes] the neurobiological impact on a child's brain development, the manifestation of the fight flight or freeze response. (NGO participant)*

*[Complex trauma experiences] impacts on identity development, ability to regulate emotions, subsequent issues with mental health; the effects of cumulative harm and the multiple experiences of trauma on the developing brain. (DCP participant)*

*[Complex trauma] inhibits the neural system's ability to return to normal but changes the system to appear like one that is always anticipating or responding to trauma. For this reason, people who have experienced complex trauma during childhood may display symptoms including poor concentration, poor attention and poor decision-making and judgement. They may also appear highly reactive and respond to threat even if it is not present. Their behaviour may be aggressive in response, or they may take flight or simply freeze. (NGO participant)*

*Complex childhood trauma impacts on a child's internal fight/flight responses and adrenalin, often leaving a child in a constant state of fight/flight which impacts their ability to learn or retain any information. It can also impact on a child's ability to develop healthy attachment*

*and relationships which affects a child moving into adolescence and adulthood. (NGO participant)*

*Compared to other mammals quite a lot of the sophisticated brain development takes place after birth which means that the child is vulnerable to exposure to conditions that will impact on sort of maladaptive brain development; so I mean that I guess that the common way that people will talk about this is that sort of more sensitive fear responses from the more primitive part of the brain including the amygdala. If they have been exposed to trauma, they become very sensitive; the fear radar is much more sensitive, children are more hypervigilant. (NGO participant)*

*The amygdala is much bigger in children who have been exposed to trauma, and that other parts of the brain are less developed; the emotional part of the brain is less developed, and children are less adept, in terms of social cues, and being able to emotionally regulate. This is because the fear responses in the brain are triggered resulting in the young people choosing either fight flight or freeze; as opposed to being able to use the frontal lobe that would allow them to think through in amore cognitive way their response to whatever the stimulus is. (NGO participant)*

Phrases such as ‘children are hard wired’, ‘changes the system’ and multiple references to the way in which the ‘fight or flight’ responses become triggered and hypersensitive demonstrated a quite high level of understanding as to the specific cognitive effects of complex trauma and some of the more salient behavioural manifestations of these impacts on cognitive development in the developing child.

There also appeared during the initial coding process to be a very high level of understanding amongst participants as to the age-dependent nature of these neuro-cognitive changes, with multiple respondents able to articulate the life-long effects of inhibited brain development in the context of a trauma saturated environment.

Disruptions to patterns of attachment and patterns of trust were featured as a sub-theme during the coding process, with a number of participants specifically making reference to the features of disrupted attachment and trust with primary caregivers and subsequent issues in re-forming attachment relationships.

*Complex childhood trauma impacts on a child’s internal fight/flight responses and adrenalin, often leaving a child in a constant state of fight/flight which impacts their ability to learn or retain any information. It can also impact on a child’s ability to develop healthy attachment*



*and relationships which affects a child moving into adolescence and adulthood. (NGO participant)*

*There are also the problems that occur within the context of attachment, and we could consider that something that has gotten in the way of the parent and child relationship, and which will look a bit like developmental trauma later on in life. (NGO participant)*

*Disorganized attachment often results for children in care environments where they fail to attach to their families; we know that children in the care system have much lower developmental outcomes as compared with other children. (NGO participant)*

Such observations around patterns of attachment came from participants who had demonstrated practitioner experience and were able to describe the difficulties in working with children and young people who had developed insecure, avoidant or disorganised attachment patterns. Closely related to these observations were those that emphasised the erosion of a child's ability to place trust in adults or caregivers.

*The impact of trauma results in an inability to trust adults, [and includes] feelings of shame, impacts on identity development, ability to regulate emotions... (NGO participant)*

*[Complex trauma includes] things that erode their [children's] basic sense of trust in the world and which prevent them from being able to develop the normal trajectories that would be expected of a child or young person. (NGO participant)*

The transference of trauma in-utero was also identified as an issue for a number of participants, with specific reference made to understandings of the complex biological and physiological mechanisms by which this can occur.

*We know that trauma that occurs for a child at the age of five will have a different impact for a child who experiences it in-utero or at the age of one. (NGO participant)*

In-utero trauma that was supported by the presence of domestic and family violence was discovered as a sub-theme, with two specific references made to the impacts of domestic violence on the developing child.

A key focus for the discussion and conclusion sections of this thesis will include how these quite nuanced understandings amongst policy advocates and practitioners ought to be integrated in to high level child protection policy and legislation which has been found, to date, to have only a nascent regard for the far-reaching implications of children's experiences of complex trauma.

### ***Child protection system's impact on children's mental health***

This dominant theme was predicated on participant knowledge and understanding of how experiences of being removed from biological family, even in the presence of neglect or abuse, could further compound the trauma experience for children and young people. Experiences of being removed from family and placed in to the care system were discussed from both abstract theoretical perspectives and also by reference to direct practice experience of interview participants, and it was acknowledged that even in the presence of abuse or neglect within the family home, the removal itself could be inherently damaging.

*I think that the immediate grief, loss and separation (of being removed) impacts on the child, regardless of whether the environment was bad or otherwise; the experience (of removal) in itself will be traumatic depending on how well it is managed – and it is too often not managed well. The compounding effects of removal can exacerbate the underlying or existing trauma that the child has already experienced. (DCP participant)*

*Separating a parent and child can have profoundly negative effects. Even when it is necessary, research indicates that removing children from their homes interferes with their development. The more traumatic the separation, the more likely there will be significant negative developmental consequences. Children placed outside their homes are exposed to serious psychological and emotional risks and have often develop problems even before they are taken from their parents. Once removed from the home, these children are likely to experience multiple placements, further complicating their development. (NGO participant)*

The fact that removing children from their biological families is a direct cause of further trauma to children and young people was expressed almost ubiquitously by participants. Interestingly, during the analysis of responses to this particular question it became apparent that whilst the removal experience is absolutely traumatic for the child or young person as well as their birth families, the experience also causes significant trauma for the social work practitioners involved in the removal.

*The experience of being placed into the child protection system is not a positive experience for anyone involved – its very nature is reactive and responsive to the already severely damaged mental, social and emotional health of children and young people. It disrupts birth families and often leads to children questioning 'why' and 'why me' for a large portion of their lives. (NGO participant)*

*The act of being removed is a traumatic experience for a child regardless of the trauma; even if the family environment has been traumatic it's their only experience of family; re-*

*traumatization can often occur as a result of their removal. A child's experience within DCP once they have been placed can cause further trauma and this is often contingent on how quickly a placement decision can be made and this can impact on child's ongoing manifestation of trauma. Feeling can arise from a child's perspective of abandonment and rejection, and this becomes ingrained and embedded; it can often take a lot of work to address that on every level; mentally and emotionally. The system is often not a good parent. (DCP participant)*

The way in which the process of removal was 'transacted', and the level of preparation that had taken place was considered to be crucial for a number of interview participants, with planning, previous contact and negotiation with the biological family deemed to be particularly important.

*The process of removal itself is always traumatic for children and for their families; how this is transacted is a crucial point; it is often highly coercive and needs to involve planning and information for the child and the family. Minimizing traumatic disruption for the child is very important. Children being placed with people they know is very important and maintaining safe and healthy contact with family and siblings is also important. The degree of preparation that has taken place prior to the removal is important in minimizing the traumatic experience of the child. Stable and ongoing placements for the child require a great deal of planning and support. Children are often not provided with the information they need around why the removal has taken place. (NGO participant)*

A similar perspective was provided by this participant:

*The detail of the experience is very important, especially how they came in contact with the system. If there was early involvement with the family that involved fear and uncertainty then this will impact on the child's experience. The way in which the intervention assisted the child to stay with the family can have major impacts on the mental and social health of the child. (NGO participant)*

Behavioural issues that present once the child has been removed from the biological family, and to which child protection practitioners, care workers and family carers must attend to, was a significant sub-theme within the responses. A broad-based acknowledgement of the aetiology of maladaptive, anti-social and problematic patterns of behaviour was present in participant responses, as was the need to provide better, more timely and targeted therapeutic care and support for children once they had entered the care system. A perceived lack of available therapeutic support for children was identified as a salient sub-theme within the responses.

*They [the child] come into the system with a range of behaviours and needs that require a more specialist intervention; for example they may require specialized relationships with adults who require knowledge of how to pick up on cues relating to a child's social, development. (NGO participant)*

*The behavioural and emotional problems a child shows before removal are often aggravated by the move out of his or her home. Disrupted or conflicted emotional bonds with parents are often accompanied by rage, grief, sadness, and despair. These emotions are also found among children who are physically, sexually, or emotionally abused by their parents. The psychological and emotional problems found among children who are taken from their family home and the likelihood their removal will aggravate those problems, present surrogate caregivers with complex issues that require patient, skilful and knowledgeable intervention; in the best interest of the child. (NGO participant)*

*Children are likely to have a whole range of impairments as a result of their early life experiences that require attention and the care environment is critical to this; dyadic work with the family who is caring for the child needs to take place. (NGO participant)*

*The capacity of the system to provide responses to individual needs does not occur consistently. The system is quite strongly geared to bring a focus to responding to core needs (physical safety, health, nutrition), but lacks the understanding to bring detailed awareness to children's social, emotional and trauma-based needs. (NGO participant)*

The impacts of shame, feelings of self-blame and low self-esteem were richly described by a number of participants, particularly those who were able to describe practice experience working directly with children and young people who had recently been removed from their families.

*The impact of pervasive shame, feelings of low esteem and low self-worth is presented through escalated behaviours, often suicidal ideation and self-harm, risk taking behaviours, self-medication through drug and alcohol, withdrawal, depression and isolation. Children are often involved in the justice system from an early age and are disengaged from education which further impacts development and wellbeing. (NGO participant)*

*There are dreadful instances where trauma is not understood, and behavioural responses result in unfair burden of responsibility on the child or the victim. Often it is a case of a series of bad options. They are often so little, so young when they are trying to deal with these situations. Often, we have an immature human being with compromised development who is trying to deal with things that adults can't even deal with. (NGO participant)*

The problem of placement breakdown for children and young people in family-based settings where foster or kinship carers become unable to understand and manage the difficult behaviours that are underpinned by complex trauma experiences appeared to be very well understood by virtually all respondents. This was a problem that was often richly described, with the subsequent difficulties associated with multiple placements and movement between placements identified as a significant issue.

*Often children experience several placement moves decreasing their capacity to develop trust and healthy relationships with those around them. A child will often display their fear/anger/frustration through behaviours that often aren't understood by those around them. A child will be left with big emotions that they often cannot understand or articulate and will not feel able to talk with those around them as they are often strangers. (NGO participant)*

*Repeated separations (multiple placements) interfere with the development of healthy attachments and a child's ability and willingness to enter into intimate relationships in the future. (NGO participant)*

*Placement breakdowns lead to critical issues with self-esteem, and punitive responses impact on and reinforce the trauma. (DCP participant)*

*Particularly for those children with high and complex needs it seems that they suffer the most as far as shortcomings in policy and practice; they are the ones whose placements tend to be more fluid or volatile, they suffer the most placement moves. We know that every placement move will result in bad outcomes for children, and for those who have 20 to 30 moves throughout their life, we know it will affect their attachment relationships and their relationships with adults; it also affects how they attach with their peers and they often won't know what a good relationship with peers looks like. Moving schools and houses also disrupts their life, and then there is the possibility of being subjected to further abuse whilst they are in care and that risk is that much higher. (NGO participant)*

Building on the sub-theme of behavioural issues that lead to placement breakdown or multiple placement moves was the issue of permanence and permanency planning. This was a closely related sub-theme that was described by a number of respondents.

*A lack of focus on other person guardianship means that often children are never fully accepted by the foster family as equal to other children in the household but not allowed to return to their family of origin. Foster carers are often the meat in the sandwich as they often don't*

*know how long the child will be living with them and are powerless to influence this. We see the repercussions of all of that when the child leaves care; when they leave the care of a foster family either by choice or because the foster family is unable or unwilling to continue to care for the new adult. (NGO participant)*

*I have had some experience with really confusing orders; orders that provide instability and lots of confusing access with families and lots of requests that don't appear to be in the interests of the child but more in the interests of the biological parents, as well as what is going to be the cheapest option for the system. Another factor is that kinship carers have not received any training or support in understanding complex trauma and this impacts on the child as well as the family dynamic; intergenerational trauma can be a huge factor for the child and this goes unaddressed; the child and the family supporting them is starting five steps back; I don't think it is as transparent with kinship carers; there is a lot of fear in child protection in being a team with kinship carers. The result is a lack of relationship between the department and the carers. Families are not supported in their parenting and the focus is on fixing the child's behaviour and this is not very adaptive; families are not provided with the kind of training they need to understand behaviours and support the child. (DCP participant)*

Supporting foster and kinship carers to facilitate placement stability and permanence was highlighted a number of times by multiple participants. The problems that were identified related to both difficulty in managing complex behaviours, but also a perceived lack of support and a lack of coordinated planning between carers and departmental caseworkers. Barriers to ongoing kinship or family care were also flagged as problems for children which have the capacity to further complicate existing trauma.

*Previously whilst I was in the sector, there was lots of grandparents and uncles and aunties looking after children however over the last 10 to 15 years it has become a more rigorous process to ensure the safety of children in a very risk averse environment; there are so many more requirements that carers are required to meet, and as a result there are less informal carers and this makes things more difficult for our children. (DCP participant)*

One of the more salient issues that became thematic across a number of participants was that of reunification between children and their biological families, and processes that either support or hinder this. The observation that many children will return to their biological families once they leave care at the age of 18 was touched upon by numerous respondents and presented some concerns about the damage done by separating children from their families in the first instance, even despite a rationale to protect them from abuse and neglect.

*We know that children will often reconnect with their family of origin when they become an adult and even though they used to be harmed by them they might be able to feel the love that they didn't feel in OOHC. (NGO participant)*

*Attachment relationships that the child has with their biological family (despite how dysfunctional the environment may be) will mean that children gravitate back to family. (NGO participant)*

*All too often we experience children coming into care who are on the belief that they will be returning home or they are trying to make sense of why they cannot remain in their family environment, here we see some of these children blaming themselves for what has occurred. Young people often go missing and run away, back to family, their familiarities, trying to remain connected, they just want to be part of 'family'. (NGO participant)*

The process of planned reunification work was considered to be an important element of case management practice for DCP social workers and was deemed to involve not just work with the child and their carer but also intensive, therapeutic work with their biological families such that they were prepared to welcome their child back in to a safe and nurturing environment.

*Children should be engaged in the process of potential reunification work, and the more protracted this process is the more damaging the impact on the child. (DCP participant)*

One of the minor sub-themes that emerged from the responses was that of positive experiences of the care system for those children who were appropriately placed and supported once they were removed from their biological families. Examples of 'how' this could be done were described on a number of occasions.

*If a child is removed at birth and placed with carers who provide attuned and loving, safe care then that experience may well be fine for the child; there might be some issues later on, but if there has been an experience when a child has come from extreme neglect and abuse then that may be experienced as being rescued and they may subsequently feel safe if they know what is going on. (NGO participant)*

*There can be positive aspects however, especially where children and young people can experience safety, stability, care and love through being cared for by kinship or foster care families (often many are experiencing this combination for the first time). Delivering care, together with maintaining a child's sense of identity, whether through contact with birth family members (included extended family members) and cultural connections, and supporting all members of the family to deal with the impact of trauma through therapeutic interventions*

*as and when needed, can result in better outcomes: a child growing in a positive environment, with the capacity to understand, combat and heal from their early trauma experience; with the family supported by consistent, experienced and positive case workers and support workers. (NGO participant)*

Understanding of the varied but interrelated ways in which experiences of being brought in to and growing up within the care system impact on the mental and emotional health of children and young people, as well as a deep appreciation for how these experiences can further compound already extant complex trauma is considered a vital component of trauma-informed social policy, particularly where it relates to child protection and therapeutic practice with children. The ways in which these understandings need to be reflected in legislation and policy, and very specific mechanisms put in place for their translation in to practice will be canvassed in the discussion section of this thesis.

### ***Social policy that responds to complex childhood trauma***

The interview question that sat alongside this dominant theme was deliberately posed to respondents in order to attempt to begin an understanding of what knowledge existed of specific child protection policy that existed at a macro or ‘big-P’ policy level in South Australia, and which had as its central remit to specifically address and respond to the experience of complex trauma for children and young people coming in to the child protection system. The underlying assumption was that social worker practice with children and young people in the child protection system should be guided not just by particular practice frameworks or ‘modes of working’, but also by specific policies that articulated the problem of complex trauma and provided a government response to the issue as a public / social health issue.

A number of general observations emerged at the level of the dominant theme, relating specifically to the perceived absence of such policy responses in South Australia to complex childhood trauma. Many participants simply stated that they were ‘unaware’ of anything specifically designed by government to address complex trauma in child protection settings.

*Coming from government? No, I can't actually. There is nothing that I can think of (from government) that has attempted to define and respond to trauma; there is no depth to the thinking or planning around trauma. (NGO participant)*

*I have not seen any specific policy responses; there may be in a health context, particularly within the remit of the Women's and Children's Health Network; I have not seen anything that has come out of a Royal Commission that has said that we need to take the issue of trauma*



*and place it front and centre around our practice and the decisions that we make around removal. (NGO participant)*

*To be honest, I don't think so. I am aware that DCP often release policy 'standards' or 'principles' and statements are made about striving to make sure young people in OOHC flourish and are given every opportunity possible. But the reality in practice, is far from that. Children and young people struggle to have an allocated case worker, let alone receive adequate therapy. Referrals to CAMHS often don't progress as the response from CAMHS is that the young person has to be in a stable, secure placement before they can really enter in to therapy. (NGO participant)*

A number of participants identified policy positions of past governments in South Australia that sought to better identify and address trauma, and there was particular reference made to the *Keeping them Safe* policy of the former Labor government.

*I think that SA in terms of social policy around child trauma has been appalling; there have been gestures but I can't recall anything previous to Jay Weatherill's Ministership where there was anything that attempted to specifically respond. There has been some talk about applying a public health model but this has gone no-where. I can't see any particular strategy and there doesn't seem to be any narrative or discussion around complex trauma in policy; we do some discussion around intergenerational trauma but we haven't seen this direct any particular social policy responses. I haven't seen much interest in this. There has been some leadership by some of the bigger NGO's but I don't think that our service system orients around this kind of concept. We do see discussion around support for families and children in the early years, however I am not sure how the early intervention work that is happening at the moment is going to have any real impact. South Australia's response has been somewhat ambiguous; in terms of child protection responses there seems to be huge policy voids around what we are actually doing with children and families and especially in terms of family preservation. (NGO participant)*

The observation here around some discussion around intergenerational trauma relates specifically to those traumas that are specific to Aboriginal and Torres Strait Islander families and communities, and which relate to the continuing trauma resulting from forced child removal and the Stolen Generation. Where there is current discussion of intergenerational trauma, it appears to be confined to pockets of isolated work, with the Family Matters Campaign in South Australia being one such example.

There were a number of references made in the responses to the kinds of policy reforms that were

supposed to be achieved as an outcome of the Layton and Mullighan reviews of the South Australian child protection system, however there was a sense that the kind of policy shifts that were called for in each of those inquiries had not been achieved in terms of substantial changes to child protection policy, or that changes were made with sufficient vision to achieve practice changes in the long term.

*The previous outcomes from the Mullighan and Layton reports were identifications that were supposed to lead changes within the sector but I feel did not make the lasting changes across the sector as intended. The constant changes within the Department ultimately changes the direction of many policies previously developed which does not allow time for change to embed into practice or important data collection to inform future policy. (NGO participant)*

One of the interesting observations that came about during the first coding of the interview data, was that during the interview, the terms 'system' and 'policy' were sometimes used interchangeably, perhaps demonstrating the conceptual linkage between the two. Systems (such as the child protection system) require high level and operational level policies in order to direct resource allocation and effort within the system, and this tacit understanding was resonant in a number of responses to the question. The risk orientation and 'risk aversiveness' of the South Australian child protection system was a repeated observation amongst participants.

*My personal view is that the system is much more strongly geared to risk management and managing risk which is more a compliance system instead of really understanding children's individual needs and experiences and growing their capacity; the system is geared most strongly around risk management and the associated policies and practices designed to manage behaviour. There are a lack of robust systems and policy initiatives to understanding the individual stories and the developmental issues of children in the system; there is a policy and procedural gap that doesn't allow us to see the child as an individual in the system and this means that their story and their individual narrative gets lost at times. (DCP participant)*

The way in which policy has the capacity to influence practice responses with children in the child protection system was discussed by a number of participants, particularly those who were able to describe their previous practice background, however it was noted of the 'statutory agency' that simply directing a particular practice approach amongst front line agencies through the contracting and procurement process does not represent high level (big-P) policy around complex trauma.

*My own personal experience, working with children and young people in residential settings, there was a very deliberate shift away from behavioural management and a moving towards a more attachment based and trauma aware approach. That was a fairly significant cultural*

*shift (within the statutory agency), because at the time there was a lot of the work being done in residential care settings that was more about control and managing behaviour based on notions of positive reinforcement and negative consequences (this is an oversimplification though) as well as to engage with professionals who could assist in coaching residential workers in relation to responding to young people based on their attachment profile as well as the trauma that they had been exposed to; so the mechanics of this was having psychologists who would be allocated to a unit, and they would be working alongside residential workers and other key workers to identify care plans that would bring therapeutic intent to young people; this was more operational and not really policy. (NGO participant)*

The interaction between state and Federal governments and the way in which this interaction has the potential to influence the development of policy at the state level was noted by a number of participants.

*Our response can be complicated by the overlay with Federal government policy. In general, the ideology of the Federal government has really taken a lot of funding away from programs that we used to rely on for Prevention and Early Intervention and responding from a community perspective. As a result, there is more pressure on statutory bodies such as Child Protection and Health; they are not funded in the same way anymore. (DCP participant)*

*There seems to be an absence of this narrative [a focus on complex trauma] in Commonwealth funded programs and services, and where it does exist it seems to exist predominantly in the health system. Where they do exist, they are painted as mental health issues and not trauma issues; there needs to be a more integrated framework that looks not just at trauma informed but at trauma specific care. (DCP participant)*

The mechanisms by which the *National Framework for Protecting Australia's Children* has influenced policy and practice in South Australia in child protection will be canvassed in the discussion section of this thesis, and it will be demonstrated that only marginal progress has been made in achieving some of the prescribed high-level outcomes of this particular national policy framework.

A number of specific references were made to *A fresh start* as a potential new policy platform for the South Australian state government to commence high level policy reform within child protection.

*The vision in A Fresh Start was to create a Child Development System that wasn't only the responsibility of the statutory agency; community and NGO providers were envisioned working to create services around children and their families. (DCP participant)*

A component of the commitment made within *A fresh start* was to create the Early Intervention Research Directorate (EIRD) and to focus work on the collection of data and evidence that could better inform child protection policy and practice. A number of specific references were made to this within the responses.

*There seems to be good intention to focus on the needs of the child, including the inception of the Early Intervention Research Directorate (EIRD), however I feel action for children and young people currently in the care system is lacking. (NGO participant)*

*In terms of big P policy, we need more of a focus on prevention and early intervention and co-investment in a secondary service system. Early intervention is important but also community services outside of the Department. (DCP participant)*

Specific reference to the collection of data and the use of evidence in better informing child protection interventions was made in the context of the EIRD, with comments made around some of the formative work that has been done in South Australia and which could be built upon in the future.

*This state has done the SA/NT data linkage, where we can track every child born since 1999 as part of the early childhood development process. (DCP participant)*

*The work that Sally Brinkman and John Lynch at the University of Adelaide have done, specifically around data and the sharing of data, as well as the broader social policy around data sharing and information sharing (that has come out of Nyland most recently) and the emphasis on data analytics and predictive analytics; these are all positives. (DCP participant)*

### ***Child protection practice responses to complex childhood trauma***

This dominant theme emerged out of the question to participants on how well current child protection practices in South Australia respond to the complex trauma that children and young people in the care system have experienced, and to what extent participants were able to observe and describe a linkage between policy at the strategic or whole-of-government level and practice with vulnerable children in care. A particular focus at this point in the interview was the extent to which participants believed that current social work practice with children supported their mental, social and emotional health and wellbeing.

During the first wave of coding interview data at this question, it was difficult to escape the somewhat negative responses from participants around a perceived lack of sound practice with children in the care system. Some of these responses alluded to the observation that social work practice with

children and young people tended to be 'risk averse' and driven by a desire to minimize risk to the worker and to the statutory agency.

*Not very well at all; it doesn't allow for work with families; we remove [children] too quickly and retraumatize children; the system is far too risk averse. (NGO participant)*

*The Department is very much focused on the placement, in terms of a roof over their head and food in their belly rather than a focus on whether the placement is a safe and secure environment for the child and whether the carers will be able to appropriately manage the pain-based behaviours of the child. (NGO participant)*

*As legal guardians of children and young people in care, I believe that the system of child protection responds very poorly to the mental, social and emotional health needs of those children in care. Due to the pressure on the system, cases are not allocated (particularly adolescents), therefore case plans aren't current and definitely are not being actioned. (NGO participant)*

*Not at all. Yes, children are removed from dangerous situations through fear of serious harm or death, however other than removing the imminent threat the current system does not respond well to the mental, social and emotional health needs of children due to severe lack of resources. Child protection workers believe these needs to be absolutely important and best practice would support the needs of children, however when a child needs a placement, often keeping the child in community or a familiar location, surrounded by people they know and trust, or linked into services to support the child with mental and emotional health takes second place to placement availability. Children in the country have even less opportunity to be linked into services to support their mental, social and emotional health needs and are often left with little other than a carer to help them make sense of their experiences. (NGO participant)*

*On a scale of one to ten? Where ten is great and one is where they have no clue? About a two? That's terrible isn't it. I think there is a perception where people think they are doing the right things; but I don't see very many situations where I think 'Wow that was really attuned, good practice...' For example, I don't think that many children who are in care know why they are in care, and that has got to affect their mental health. I don't know if that's because the social workers in DCP don't have the skills or don't know how to talk to children about what's going on. There is never any certainty given; kids might ask when we are going home and social*

*workers often don't know. There aren't definite and certain answers that outline what work is being done to return a child to their families. (NGO participant)*

*I don't think it [social work practice] can [respond to the mental health needs of children] whilst the system is still in crisis, with a high turnover of caseworkers. That turnover of case-work staff and ongoing vacancies, particularly in country regions, means you don't have people who have been exposed to a range of situations and have started to develop their own practice. I don't think that the system is able to, at the moment, and without quarantining some of the resourcing to this space then the crisis will always overtake that longer-term need. (DCP participant)*

The role of the Children and Young Person (Safety) Act 2017 in contributing to shifting practice outcomes for children in care was referenced, particularly in the context of how it bestows certain powers and responsibilities on to Departmental social workers and heightens the 'risk averse' environment in which they work.

*It [practice] does not [respond to social and emotional health needs of children] at all. I don't think that practice is responsive; our new legislation is clearly reflecting a set of words rather than a flexible legislative platform that acknowledges the difficult environment that we try to work in. There is a real concern about acceptable risk, and policy tries to cover that risk rather than meet the needs of the families and children that we work with. Our ability to work with our families and children is the poorer because there is a mismatch; whilst government is so risk averse there will always be a gap in our ability to work with those with the complex needs. It is also compounded by the fact that the number of children in out of home care across the board is so huge and it is growing. (NGO participant)*

Interesting observations around risk thresholds and determining potential harm to children were made in the context of discussions around social worker practice.

*We have been overcome with this notion of safety; our focus on safety has meant that we have neglected the longer-term compounding impacts of trauma. We know that the system is saturated by a risk averse approach that leaves workers feeling as though they need to make decisions to remove children on the basis of minimizing risk to the child but also to themselves and to the department and to the Minister. We need to be rethinking the threshold questions; where is the minimum allowable risk for families and how do we become more focused on how to make situations and environments more safe for children in their homes. (NGO participant)*

There were comments made around the variability of practice outcomes based upon which particular worker a family ended up having assigned to them during the investigation and assessment process, and that such variability was predicated on individual social worker skill and perspective. There was also an observation made that the lack of a care-team approach or a coordinated case management approach was also the source of varied outcomes for children and families and children's mental health.

*Very poorly. I think it is done differently in different spaces, you know, there is not a consistent or cohesive response to each child as an individual, you know, there is the bit that the department does, the bit that foster carers does, the bit that residential workers do, but there is not a care team approach to working with children; perhaps that is because the case management responsibility is held very tightly by the department and that means that as a provider, we need to constantly go back to the department to ask for ridiculous permissions to care for that child. The department often doesn't see the child as an entity in and of itself; whilst there is documentation that talks about child focus and child and the centre, we are not seeing this at the moment. This is a massive cultural shift. We know this is the way it should be, but having people responding within the department as members of a care team, this is a long way down the track. There is such a fragmented system at the moment that results in gaps or overlaps in service delivery. (NGO participant)*

A sub-theme around specific social worker practice emerged very strongly during the first wave of coding, and a concern around particular elements of good and poor practice became evident from a number of participants.

*I think there are a lot of really good social workers who understand the impact of trauma on children and young people and try to work in an inclusive way, but they are outnumbered by workers who treat the child as an individual outside of their family and community. Social workers are not supported to operate that way either; the bureaucracy of the system and the red tape takes away from that; there is not an emotionally supportive environment for social workers who are working with children and families; it is a bit of a sink or swim approach. (NGO participant)*

Crisis driven responses from individual social workers was attributed by many participants as the result of cultural issues and deficiencies within the child protection system, and issues around history and legacy were highlighted. There was also an issue around the ability of workers in commercial and residential care settings to provide appropriate therapeutic responses to children with high and complex needs as a result of the shift-based nature of the environment.

*Case managers do the best they can with what they have; there is a culture of change fatigue [within DCP] at the moment and I think that because of all the changes over the last 8-10 years, there has been a lack of focus on translating research in to policy and practice. We need to get back to that. (DCP participant)*

*It doesn't; for a lot of practitioners, they are so focused on the everyday churn and crisis that they don't have the opportunity and the system doesn't allow it in their practice. Practitioners are making decisions every day that are driven by crisis and urgency, and you don't have the space to think of anything else; the challenge is to be able to address some of the more fundamental things that impact on a child's life outcomes. How do we create a space and recognition to allow for this level of reflection in practice; this is the challenge for government and organizations; for children in care, we need to have a focus on security and stability but how do we develop a policy that allows and enforces that the issue is dealt with and addressed and the resources are prioritized, because the impact of this is going to be a significant determinant on the child's life outcomes when they leave the system. If we understood at which key points a particular policy would have impact, we would be able to gain greater traction [of that policy] within the system. But this is not the way that resources are allocated across the system. (DCP participant)*

*Predictability and stability and therapeutic intent are fundamental aspects of responding to children's complex trauma; commercial care doesn't deliver any of things according to my understanding, it is often not predictable and often not all that stable and I think that there are children who first come in to care who would often be experiencing different carers in each shift, and there is often reasonable turnover of those carers which means that young people are often coming in to contact with strangers; the front end of that process lacks input from a therapeutic perspective, but my concern is that there was an overflow (in to commercial and residential care) based on a lack of available options, so in effect this is a symptom of a system that is burgeoning and not able to respond to children and young people, and we know that by just focusing on the symptom you will struggle to make a sustainable difference to that system; fundamental issue is that we have a very small range of options available to children. (NGO participant)*

Closely related to the issue of social worker practice was the sub-theme around continuity of care and support for children and young people once they entered the child protection system. Such continuity was conceptualised in a number of ways, but spoke to the belief that regular, continuous contact with a familiar carer or worker was critical in rebuilding and maintaining relationships based on trust. The



concept of 'belonging' was articulated as an affective state experienced by young people that was contingent on continuity of stable and predictable care.

*We need a system wide understanding of complex trauma and how to design the system around these needs and supports for children and their families of origins. An effective and alternative range of permanency options that provide children with a lifelong sense of belonging is crucial. (NGO participant)*

*It's [social work practice] not able to deliver with integrity those foundational aspects required for responding to complex trauma, which is predictability, stability and clear therapeutic intent. The result is placement instability with many young people having to deal with commercial care environments, and they are often dealing with multiple placements, and every time the young person experiences a change that is unpredictable this change will compound the complex trauma they have experienced. (NGO participant)*

Having adequate support mechanisms in place for foster and kinship carers such that placements were more likely to succeed was deemed by many participants as a crucial component in securing greater placement stability.

*In instances where support [for foster carers] is made available and is consistent over time, there are reports of children and young people improving. In many of these situations, the support is then reduced or removed, loadings for carers are cut and families feel punished for their positive progress, with reviews only available annually and outcomes predetermined by DCP. (NGO participant)*

Support for foster and family-based placements as well as carers themselves was represented in the interview data as a very quickly emerging sub-theme. Discussion around the crucial role that foster and family-based carers play in supporting children and young people in the child protection system, and in rebuilding relationships based on trust and attachment for children who have experienced complex trauma was pronounced amongst a number of the interview participants.

*The placement is such a critical part of the therapeutic environment, and the carers who provide that placement are critical when it comes to outcomes for the child who is in the child protection system; I know that carers ability to provide this environment for children is often variable depending on their situation and the level of support that they have to facilitate a good placement for the child. (DCP participant)*

Staff training and development amongst both the social worker workforce within the Department for Child Protection and within the non-government, community services sector featured as a sub-theme

at this question, with many respondents citing the need for further training and development for practitioners and supervisors.

*We have a deficit in training and ongoing professional development for workers within the field and particularly within the department. My experience has been that there was over a decade where there was no clear strategic practice vision on training and development and there was no evidence of a clinical governance approach to practice and service delivery. This just didn't exist in DCP in previous iterations, and practice orientation was based on a very anti-intellectual notion of what children needed and what the literature suggested was considered to be best practice. (DCP participant)*

Differential exposure to trauma-specific training amongst front-line workers was noted as one of the indicators of variable practice outcomes.

*One of the things that I have been impressed with in the NGO sector is the breadth of training (trauma) that workers have been exposed to (however it has not been particularly well coordinated). The trauma lens is a sophisticated lens, as is attachment, and it can be misused if it has been misunderstood. (NGO participant)*

### ***Strengths and weaknesses of the child protection system in responding to complex trauma***

This dominant theme was established by reference to the interview question that sought to probe participants on their sense of where the major strengths and weaknesses in the current South Australian child protection system were located, and whether they could be richly described. This was considered important from an appreciative perspective, given that any salient strengths should be interrogated and analysed in order to understand their potential for replication across other components of the system.

The reform process that commenced in late 2016 after the release of Margaret Nyland's *The Life they Deserve* was referenced by participants on a number of occasions, with such reform being conceptualised as a potential watershed moment in policy reform, the likes of which South Australia had not seen since the Layton Review of 2003. It was clear from participant responses that the agenda of reform was seen to represent something other than ordinary, incremental changes to policy and child protection practices that have been occurring over the last decade, but without the impetus of a Royal Commission of Inquiry. The response below highlights this sense of 'hope', but also raises concerns about the fidelity of practices that seek to engage children in decision making that affects their lives.

*The new reforms [are a strength]; there is some hope that we can better engage with children around decision making but this seems to be ad hoc; the sector doesn't really understand how to engage with children and young people about the decisions that will affect their lives; we don't do this in a positive way. And it is not consistent across agencies; some do it well some don't, some don't make it a priority but instead they make it more tokenistic. (NGO participant)*

The 'whole of government' nature of the proposed reforms was cited as a potential opportunity and as a source of some optimism.

*At this time, I do not believe the system is designed to respond to complex trauma for children in out of home care, however the proposed "Whole of Government" approach to child protection reform may provide the opportunity for this to occur in the near future. (NGO participant)*

A culture of collaboration and partnership within the non-government sector as well as a perceived, emerging willingness within the executive of the Department for Child Protection was cited as a strength within the South Australian system.

*Strengths would be a willingness to work together across sectors; NGO organisations are leading the way in the frameworks that they use and sharing these across the sector. There is a willingness on behalf of the DCP executive team to make change, and also amongst on the ground staff; but somewhere in the middle it gets tied up and locked up so that the negatives, across the sector, you have on the ground staff wanting their voices heard, but they lose faith because things don't go anywhere or they don't see things going anywhere. (NGO participant)*

This response above spoke to the perception that there is willingness to collaborate with non-government agencies in the sector at both the senior executive level as well as at the front line within DCP, but that there appears to be a layer of management 'in the middle' of the organisational structure that works to serve as a bottle-neck to collaboration, information sharing and joint decision making about individual children's cases and care needs.

On the issue of collaboration and partnership, the following response spoke to the emerging dialogue between the Department and the sector around what partnership ought to look like.

*I think another strength is about the willingness (or the rhetoric) around partnership and collaboration between government and the NGO sector, there is a lot of dialogue around that at the moment, and there is a change in the way government interacts with the NGO sector; there has been some change. The conversations are becoming more frank and honest and this can only be a good thing. That willingness to work on things together. (NGO participant)*

One of the most salient and thematic strengths that was almost ubiquitously identified by interview participants was the perceived dedication, perseverance and goodwill of the bulk of the child protection workforce. The following responses illustrate this sentiment.

*There are workers in the system who represent a strength because it is very challenging work; there are persistent workers who are working hard to meet children's needs. But beyond this, I can't see any real attempts to understand and embed understandings of complex trauma. (NGO participant)*

*Strengths in the system include that there are a lot of passionate and dedicated people who have dedicated their lives to child protection, and we have some really great academics and researchers in the state. (NGO participant)*

*In terms of strengths of the system, there are some people with lots of goodwill; that is the only strength I can think of; some of the workers are doing a really tough job and are they're doing it because they care. I think that there is the intention within the department to set up all of these great things for workforce training and development, however the resourcing isn't there to actually get it done. And as long as it is all tied up with the political system it is never going to be ideal. (NGO participant)*

*Strengths are the workers in the cold face. Those dealing with these children day in day out and who continue to show up for work as they have a genuine passion to make a difference in the lives of children who don't have a voice. (NGO participant)*

*I think the strength by far in the system is the people within the system; the passion and commitment and perseverance that they bring in doing their very best to respond to children and young people and support them to increase the likelihood of reaching their potential is by far the greatest strength. There are very clever, very smart and very compassionate people doing this work. (DCP participant)*

*Strength is in the intention of the staff working in the sector; whether it is being rolled out in a way that is supportive to the child is questionable however the intention is there to do the right thing. (NGO participant)*

Whilst strengths were certainly identified by the majority of participants, it was difficult to escape the deficit-oriented responses to this question, and the fact that more weaknesses than strengths were readily identifiable. One of the most critical weaknesses of the systems that was identified was the politicization of child protection, and the observation that government policy agendas relating to the

'problem' of child safety and child welfare were far too contingent on political posturing and the need to secure positive public perception of the new Liberal government.

*The weakness is the political drivers and the bureaucrats at the top that have their own motivations and drivers for the work they are doing; they might want to do the right thing but unless you do what you are told then you will find yourself out of a job; this is the way the executive level of government works. The challenge is how to influence these people. (NGO participant)*

This notion of political drivers being viewed as more important than the safety and wellbeing of children in the care system was also reflected in the following responses.

*Probably the greatest weakness is that the state government will never make a great parent. This is because I think the political imperatives will often be prioritized above the individual needs of children; that might not be fair but that's my experience of it. I guess that manifests in not taking a wholesale long term view of how to support the health and wellbeing of all of our children, because if we really wanted to, if this was a real priority, there would be much more investment upstream, at the front end, or ensuring that we are putting investment in a system that would reduce the likelihood that children and young people would need out of home care in the first place, which would thereby reduce the costs at the back end which we know doesn't have good outcomes for children. (NGO participant)*

*The reform process has been very political and whilst we say children are at the centre, I think that some of the reform has been too far removed from children and practice. It needs to be driven by a methodology for a change process, but I don't think that it's been as inclusive as it should have been of the whole child development system, and it doesn't have the buy in from other sides of government and from the community and I don't know whether we have learned enough lessons from previous reviews and reforms because I see a lot of the same mistakes being repeated. (NGO participant)*

*Politics tends to overwhelm the implementation of good practice in so many instances; it's like SA uses the excuse that because we are the rust-belt state and don't have any money that we can't afford to take risks in change; we used to be the social policy leader; 40 to 50 years ago we used to lead in this stuff. (NGO participant)*

Ongoing issues related to commissioning, procurement and competitive tendering for service provision was highlighted as a weakness of the current system, and one which was viewed to actively discourage greater levels of collaboration between non-government organisations.

*We are still in a place where the system and policy discourages collaboration; we are still put in to a competitive space rather than pursuing a process of co-design around what is the best system response for that child and young person; instead the department contracts out services through a procurement process that might not actually meet the needs of the families and children to which the services are targeted. (NGO participant)*

Issues related to the child protection workforce, their education, training and on-going development were cited on numerous occasions as definite weaknesses that required urgent attention. These responses reflect interviewees' thoughts on where these weaknesses were most prevalent within the workforce.

*I am appalled by some of the practice that I am seeing on the ground within DCP, and the lack of knowledge and practice wisdom that people have despite being promoted to supervisor and manager level. There does not seem to be an ability within DCP to adopt a reflective culture and I find this very difficult. I feel like the Department is squandering the good will that the Royal Commission created within the sector. The whole exercise has become political and is more about government ticking off reform measures that aren't making any differences on the ground, especially for children and their families. The day to day exchanges between workers and families are not changing; however there are some examples of where better workers are truly using much more robust practice tools and approaches in their work, but I don't think this is a direct outcome of Nyland. (NGO participant)*

*In DCP there are far too many in-experienced workers taking far too much responsibility; this is a workforce issue. There is a real gap in the education of social workers in South Australia, and I don't think that trauma is central in the system of education as yet. Both attachment and trauma understanding is critical for social work graduates; this needs to be central to every aspect of the work that social workers are doing with highly vulnerable clients. (NGO participant)*

*We need to educate the system around children and their attachment needs. How do you prevent children from being re-traumatized when they enter the system when the level of education around trauma informed responses is so low at a practice level within the child protection system. Much of the educational and training response within the sector is not government led. (DCP participant)*

*There is not enough understanding of the impact that trauma has on children, and I don't think there is a wide enough acceptance of the systems abuse that occurs when children enter care;*

*I think that there is not enough awareness or of responsibility taking for the role that we have in that. (NGO participant)*

*The introduction of Solution Based Casework [within the Department and the sector] and how this is utilized in practice appears to be inconsistent and not evident in documentation provided with case files. (NGO participant)*

*The issue is how we implement and translate what we know [within the workforce], and this is what the system does not understand; there is an emphasis on sheep-dip style training, rather than building skills and resources and capacity in the system. (DCP participant)*

*I don't see a lot of family support going on to prevent the trauma, children are taken in a moment of crisis and are slotted in to this faulty system wherever they can be; so there isn't a therapeutic response, and I don't even think the workers get enough grounding in what complex trauma actually is; it is a bit hit and miss in their training. (NGO participant)*

*I think the system needs to have whole teams around children to have a tailored response to cater to what the child might need. I don't see that happening here in South Australia; you do sometimes, you might have a number of professionals around the child but that is a rarity; it is all a bit piece-meal. We know that relationships are a buffer for children in the system, and that long term, strong relationships are protective factors and yet we move children from worker to worker and there is not that sense of continuity or consistency. The biggest consideration is often about managing workloads and this often takes precedent over the child's need for consistent relationships. (NGO participant)*

One of the issues related to workforce training and development was the need for better coordination of case planning, and the need to take a care-team approach with children, families and workers. There was a sense amongst interviewees that care-team approaches were inconsistent and were generally predicated on levels of case manager skill and commitment to collaborative case planning.

*From my perspective, the current major weaknesses is not liaising with all the members of the family (foster and kinship carers and their children) about the needs of the children and young people in their care – supporting the family as a whole. This includes therapeutic interventions to address the trauma for the child/young person and additional interventions to support the family to deal with the behaviours and better understand. Also, to help the family share appropriately with their broader community (i.e. school, friends, employers). I am unsure about strengths, although I think the current initiatives to support kinship carers via access to training will help some families. (NGO participant)*

### ***Strengthening Royal Commission policy reform processes to respond to complex childhood trauma***

This was a capstone question in the semi-structured interview, and was designed to elicit a range of perspectives and opinions from participants on the value of the current process of policy and system reform as a result of the Nyland Royal Commission, and whether or not reform processes could be strengthened to better respond to the needs of children in child protection systems who had experienced complex trauma.

Responses to this question were rich and yielded some interesting and pertinent ideas as to how large scale, government reform agendas could be strengthened to achieve better outcomes for vulnerable children and families.

The responses that have been provided below are illustrative of some of the diverse opinions as to how well the current reform process is tracking from the perspective of participants, and what kind of considerations need to be taken in to account by government in order to strengthen it for the benefit of stakeholders.

*We need to look at pre-existing reviews and sets of recommendations that can lead to better practice. Reforming an entire system on the basis of a point in time view is quite reactive. I think that if they had considered other review and commissions then it could have been more robust perhaps. (NGO participant)*

*One thing that bothers me is that the Nyland report did a good job, but the recommendations went too far and they didn't have the expertise to make many of the recommendations that they did. There was an absence of leadership within the Department prior to Nyland, and it was as though government was just waiting on someone to tell them what to do. Many elements of the Royal Commission were good, but it seems like expert knowledge was lacking in many ways. The practice culture of Families SA was addressed but there was no specific recommendation that was made about this, especially in relation to practice culture and the drivers and attitudes that sit behind this. Social policy responses to complex trauma were not well articulated in the reform, and I was very frustrated in the Fresh Start report given that the actual response was very disjointed and very quickly it seemed that the drivers behind the Commission got lost. The reform has been much more task oriented than outcome oriented, and there doesn't seem to be any differences as far as outcomes. I think that if we are talking about reform that a reasonable expectation would be that a strong and clearly articulated set of messages around the practice changes that are necessary to improve outcomes for children and families. We need systems and mechanisms to focus on these things. I think that the reality for front line workers within DCP is that despite the reforms, it is still a case of business as usual*



*where staff are trying to keep their heads above water and are not actually doing their day to day work any differently. (NGO participant)*

*We could be doing better by taking a step back and ask whether the reforms are having the desired impact; are we seeing an impact and is it the desired impact? If it's not, are we asking the question why? Did we spread ourselves too thin? Did we not engage in co-production, is it that the government is the primary service deliverer? I think with reforms we have an opportunity to ask ourselves are we having an impact, and if not why is that the case? What are the reason that are contributing to that? The government response to Nyland was quick, and I am not sure how well people felt that they were heard and consulted. What would it look like if reform process was funded rather than just the things that needed to be fixed in the short term? (DCP participant)*

There was a view by some participants that the reform measures adopted by government were disproportionately oriented to administrative and legislative reform, with not enough emphasis on whole of government, whole of system reform measures.

*I don't know; the Nyland report had way too many recommendations and they didn't go deep enough. The ones that we have seen most movement on are the ones related to the legislation and not those related to specific responses to children who have had trauma experiences. I have been in the sector for a long time, and it's a sense of 'here we go again'; the Layton Review made many of the same recommendations. I went to a forum recently on information sharing with carers that was hosted by the department and it was really evident that the whole intent of the day was to tick off a checkbox around Nyland recommendations. (NGO participant)*

The actual mechanisms by which system reform measures had been operationalised by government were criticized by a number of participants, with concern around deep consultation and collaboration with the sector to achieve sustainable, meaningful change.

*The first thing that strikes me is that what actually happens behind the scenes is that the government wants to be seen to be acting on recommendations and to be seen that they have achieved them within a specific timeframe. As opposed to a sensible and logical plan about how to achieve change within a system that is meaningful; plans need to be made that aren't just focused on the recommendations themselves, but which carries with the reform process the intent of the Commission and the intent of system change that recommendations had*

*underlying them. What are the key policy reform measures that are required to achieve what this Royal Commission is recommending? (NGO participant)*

*I think that despite the appearance of consultation happening there is still a blockage from DCP in listening to NGO staff and organizations; DCP have already made up their mind about what needs to happen. They say they want to work in partnership but have already made up their mind on what needs to happen with the expectation that NGO's will just jump on board; they are running their own race. (NGO participant)*

*I don't feel that there was any true collaboration and I don't think that the department has listened to practitioners or people on the front line; they don't see that anything is different; I don't see any changes. (NGO participant)*

The focus on building a more responsive system that is broader than just the Department for Child Protection was a theme related to that of enhancing processes of cooperation and collaboration between the government and non-government sectors.

*We need to have a system that is responsive; the reform is very inwardly focused at the moment. We need to change the inward approach that the government is taking in the reform process, and there needs to be a better filtering through of reform measures so that people who are actually delivering services are freed up to do what they need to do to support children and young people. The reform measures have not filtered down to service delivery at this point. Just building the top layers of the statutory authority will not drive the kind of reform that will change the quality of services delivered. (DCP participant)*

*I think we have fallen short of the mark in terms of consultation and input; from the various parts of the system that are not a part of the department. In terms of talking to families who have experienced the child protection system and getting their views on what would have helped; so those who have had previous involvement and those who are currently involved; this process needs to be different for ATSI communities, and how strong is the voice of the children who are currently involved in the system; from what I am seeing this is not coming through particularly strongly; there has obviously been a big push to get stuff done, which is understandable for a system that is in as much crisis as it is, but that needs to be balanced with 'how confident are we that we have the right response.' (NGO participant)*

Responses that were oriented around specific measures that could be pursued during the reform process that respond more appropriately to complex childhood trauma were diverse. Participant's tended to agree that there was not currently enough emphasis on trauma-informed care and trauma-

informed practice at either the level of policy or within examples of social worker practice with children and young people within the system. On the issue of how well the Nyland Royal Commission was able to conceptualise and articulate specific responses to complex trauma in the final report and recommendations, the following observation was made.

*There are no recommendations [within 'The Life they Deserve'] that stand out for me right now that are specifically about addressing complex trauma for children; there is nothing that is specifically addressing this issue. Even the recommendations that do try to address trauma, they don't acknowledge specifically that they are about addressing this specific problem or to resolve that issue. (NGO participant)*

The need for far greater emphasis on and investment in therapeutic care and support for children and young people in care was strongly articulated amongst participants, and that such investment on behalf of government should feature far more strongly in the context of the current reform.

*I think that the therapeutic support could be greater; a bigger and more significant focus on providing therapeutic care and support to children within the system, which I don't think really came up much in the royal commission; it doesn't seem like therapeutic support came up that much. I think that strengthening therapeutic support would be beneficial. The system is in crisis because we have a bottleneck at the acute end, and if we keep bouncing from crisis to crisis we are not going to be able to help anyone. (NGO participant)*

*The therapeutic care environment could be better geared to set caregivers up with the skills to be therapeutic in the child's home – rather than focusing on a therapeutic care environment for the most challenged children. A therapeutic care environment can be provided in many different ways and caregivers should be properly supported to do so. (NGO participant)*

*There needs to be more services for young people in care for specialist counselling that is available after they leave care because trauma is a life long thing; we deal with it throughout our life. One thing I have heard from the young people I work with is that the best workers they have had are people who have been parents or grandparents and actually understand kids in general. There are a lot of things that you can teach but connecting with children and young people is a skill that comes naturally and is necessary. (NGO participant)*

*Invest in lots of therapists in the NGO's instead of elsewhere; one of the best ways to strengthen responses for children is in providing integrated services. We need case managers who are working in trauma informed ways and have specializations in trauma, as well as investment in therapeutic work that has been embedded in coordinated and consisted*

*governance frameworks. [The reform needs to] Focus on making trauma a part of every-day conversations and every intervention; [we] need to stop re-traumatizing children, and so services need to be trauma informed. (NGO participant)*

*A systems approach to trauma-informed care means that implementation goes beyond individual practitioner and service organisation change to extend to whole systems that people who have experienced trauma are likely to interact with. A system, for example, could include the justice, homelessness or child welfare systems. These systems may not include treatment settings but can still affect the people who experience them. (DCP participant)*

The issue of better information sharing between the Department for Child Protection and the non-government service providers who work with children and young people once they are in the care system was cited as an issue for attention in the context of the current reform measures being implemented.

*Sharing of information is important; recommendation 165 [of the Nyland report] suggests this but it should be across the board with more departments being impacted including SAPOL, health, disability, corrections, all those agencies who have contact with children in care; we need to stop wasting money on royal commissions when we could be improving practice outcomes for children and young people in care and for those who have experienced trauma. (NGO participant)*

### **Critical discourse analysis of the interview findings**

This section of this chapter moves from description of the data using thematic analysis to a level of analysis utilising one of the key components of critical discourse analysis approach.

The key concept to be applied in this section of the analysis is that of ‘orders of discourse’; that is, that way in which social practices combine in unique ways to form a social order, and that the ‘semiotic aspect of a social order is what we can call an *order of discourse*. It is the way in which diverse genres and discourses are networked together’ (Fairclough, 2009, p. 235)

In describing the importance of being able to identify specific orders of discourse, Fairclough (2009) notes that:

*One aspect of this ordering is dominance: some ways of making meaning are dominant or mainstream in a particular order of discourse, others are marginal, oppositional or alternative (Fairclough, 2009, p. 235).*

In highlighting the order of discourse that is represented in the interview data, particular attention will be paid to dominant discourse as well as discourse that is represented in either marginal, oppositional or alternative ways. There is an interdiscursive element to such analysis whereby we are concerned with the way in which different discourses are drawn upon, how they are combined in speech and in text, and how they then go on to '...acquire a degree of permanence and continuity as a (semiotic) part of the social order (social practices)' (Fairclough, 2009, p. 241).

For the purposes of this part of the analysis of the interview findings, responses have been combined and collated into a single data pool. The rationale for this approach is that in order to draw out the interdiscursive themes and 'dominant discourses' represented in the data, we need to be mindful that many of the specific responses to the six questions intersected with each other, and that many of the dominant themes were simultaneously present in the sub-themes that were identified during the first wave of coding.

Upon running a basic word-frequency query in NVivo on the collated interview data across all six dominant themes, it is possible to commence an analysis of the most often used words and phrases within interviewee responses and begin to draw conclusions about the nature of the order of discourse.

Perhaps unsurprisingly, the most oft cited words in the interview responses were 'children' and 'child'; this leads the analysis to consider the 'child centred' nature of the overall narrative, and the fact that 'children' and their needs are represented in the data as a dominant discourse. The next most frequently cited words were 'trauma' and 'needs', adding weight to the conclusion that children's needs are of itself a typology of a dominant discourse within the 'social order' and 'network of social practices' that comprise child protection systems (See figure 7.1 below).

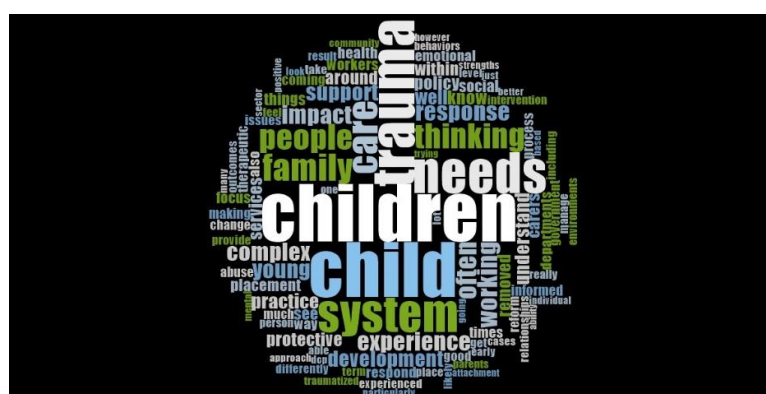
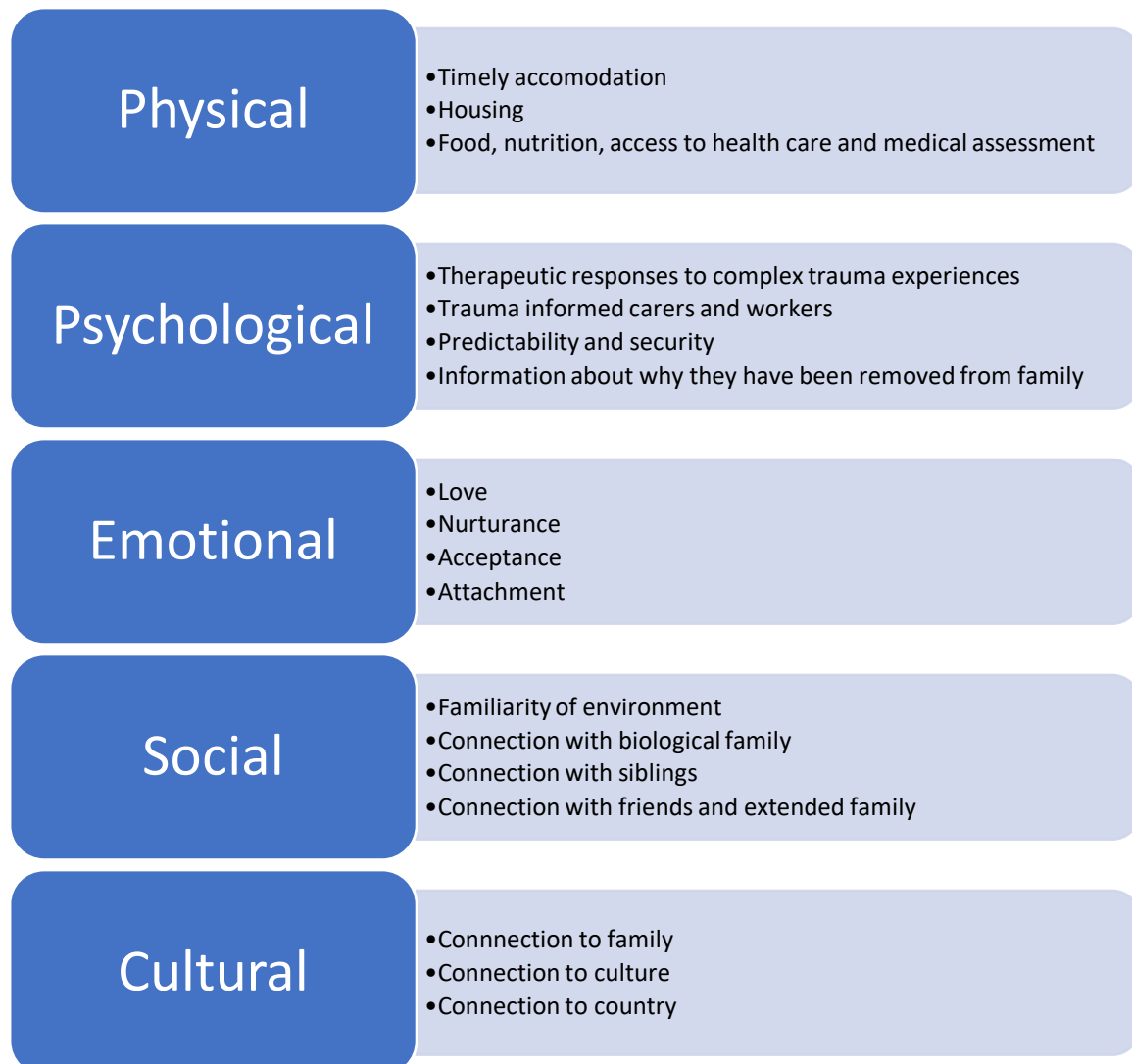


Fig 7.1: Word cloud generated from a word frequency query of the collated interview data.

The needs of children do not form a singular, hegemonic discourse however, as such needs are diverse and intersecting.

The interview data provides for a range of ‘needs’ that children require in order to survive, thrive, overcome trauma and build resilience. Some of these ‘core’ needs have been articulated and illustrated in the following figure (7.2) below:



*Fig 7.2: A typology of children's needs as articulated in the interview responses.*

An interdiscursive analysis assists us to recognise that there are multiple discourses that are represented in the interview data related to the typology of children's needs. The discourse surrounding children's psychological need tends to be situated in a Western medical and psychiatric understanding of psychological health and illness, and indeed much of the literature that has been translated in to ‘trauma informed’ training for social workers and clinical practitioners is underpinned by psychiatric research and a medical lexicon for describing trauma and trauma responses in children.

This can be compared and contrasted with the very different discourse that has developed around children's social and cultural needs, particularly those cultural needs of Aboriginal and Torres Strait

Islander children in care. This discourse is, in many ways, based on a rejection of the Western psychiatric understanding of psychological health and illness, and instead has its origins in Indigenous ways of knowing and being, of being connected with spirit and country, and the importance of such connection in ameliorating the impacts of complex trauma. Interdiscursive analysis encourages us to consider the differences between these two separate discourses, but also the ways in which they intersect in the child protection 'order of discourse'.

Another of the thematic discourses that was resonant and repeated within the interview data was that relating to the 'system'. A text-search query in NVivo on the collated interview data for the words 'child protection system' provided the following word tree (Figure 7.3), which can be used as the basis for identifying some of the semiotic (descriptive) components of the discourse surrounding 'the system'.

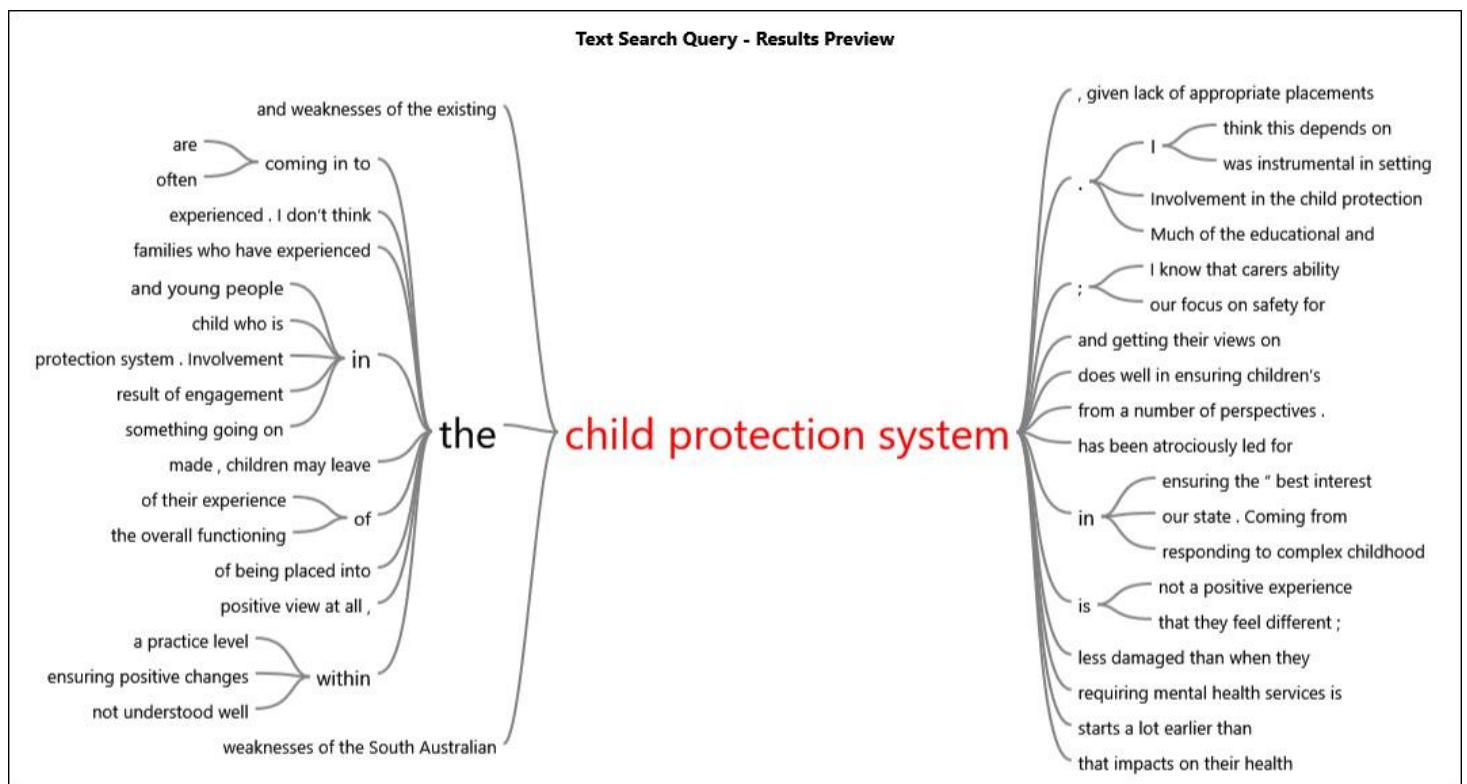


Fig 7.3: Child protection system word tree from interview responses

Some of the dominant semiotic components that were contained within descriptions of the child protection system included how different stakeholders 'know' or 'experience' the system (children, families, young people, practitioners). These were variously described within the interview data and demonstrated the breadth and depth of the system and its impact on variously described stakeholders.

Social practices that are informed by and reinforced by the child protection system include practices related to case management and assessment, education, delivery of mental health services, relationships with carers and carer families, and relationships between service providers. These are all practices that have semiotic components, draw on different narratives and orders of discourse, and which produce different outcomes for children and young people depending on where they are located within 'the system' at the time by which they are exposed to these practices.

For the purposes of this section of the analysis, it is instructive to interrogate in detail the discourse of trauma that is represented within the interview data, and the semiotic components that it is constructed of. Utilising the NVivo word search function, it was possible to begin to identify different semiotic representations of complex trauma.

Many of the representations were underpinned by a neuro-biological or neuro-developmental understanding of trauma. The discourse of biological and physiological aetiology is dominant in the psychological and psychiatric conceptualisation, and it could be argued that such a conceptualisation forms its own order of discourse, particularly when consideration is given to medical and psychological assessment of children's trauma, and the kinds of practices that are associated with such assessment. Semiotic components of this order of discourse are reflected in the use of phrases such as 'brain development', 'the child's developing brain', 'age dependent development', and 'mental health outcomes.' In this analysis, the neuro-biological conceptualisation of complex trauma and the order of discourse that it gives rise to is considered to be overwhelmingly dominant in child protection practices and responses.

This chapter has presented the key findings from the interviews and has engaged in both a thematic analysis of the interview data across the six domains of interest as well as a specific critical discourse analysis of the interview findings in their aggregate form. Sub-themes have been identified and discussed with each of these sub-themes being linked back to one or multiple of the six dominant themes. The critical discourse analysis which highlighted the orders of discourse represented in the interview data leads to the discussion and conclusions that are presented in the next chapter.



## 8. DISCUSSION AND CONCLUSIONS

The previous chapter highlighted the key findings across the dominant themes and subordinate sub-themes identified in the interview data. The dominant themes that emerged were definitions of complex childhood trauma, child protection system's impact on children's mental health, social policy that responds to complex childhood trauma, child protection practice responses to complex childhood trauma, strengths and weaknesses of the child protection system in responding to complex trauma, and strengthening Royal Commission policy reform processes to respond to complex childhood trauma. One of the dominant discourses emerging from the data related to the needs of children and young people, and these needs were conceptualised in a number of different ways.

In considering the dominant discourses emerging from the interview data, it was recognised that there were differences in the typology of children's needs. The discourse surrounding children's psychological need, for example, tends to be situated in a Western medical and psychiatric understanding of psychological health and illness, and indeed much of the literature that has been translated in to 'trauma informed' training for social workers and clinical practitioners is underpinned by psychiatric research and a medical lexicon for describing trauma and trauma responses in children.

This was then compared and contrasted with the very different discourse that has developed around children's social and cultural needs, particularly those cultural needs of Aboriginal and Torres Strait Islander children in care. It was noted in the findings that this discourse is, in many ways, based on a rejection of the Western psychiatric understanding of psychological health and illness, and instead has its origins in Indigenous ways of knowing and being, of being connected with spirit and country, and the importance of such connection in ameliorating the impacts of complex trauma.

In considering the contribution of this thesis to the wider field of knowledge around complex trauma and social policy responses to trauma, what has emerged from the findings is that the differing 'dominant discourses' that exist around complex trauma, mental health, and children's needs are not easily reconciled for the child protection policy maker who seeks to adapt and reform systems and practices that more appropriately respond to children who have experienced complex trauma. It is a considerable task to reconcile the psychiatric conceptualisation of trauma with the socio-historical conceptualisation of trauma (as discussed in Chapter Two) and then apply these to the varying typologies of children's needs that were uncovered in Chapter Seven.

What has also become clear through the textual analysis of policy documents as well as the thematic and critical discourse analysis of participant interviews, is that whole-of-system reform requires the

integration of many competing priorities, perspectives and opinions on what exactly the most pressing issues are in relation to child wellbeing.

The following section of this chapter discusses some of the prevailing issues noted in the child protection landscape in South Australia, and does so in order to situate the findings from previous chapters (textual and policy analysis and interview responses) in the broader context of child protection systems reform.

The child protection system in South Australia is one that can be seen to be in a state of some significant flux, with the impact of the Nyland Royal Commission and the subsequent implementation of the recommendations contained within the Commission's final report *The Life they Deserve* having an unprecedented level of impact on the state of the overall system as it operates in South Australia.

With an initial upfront government investment of over \$500 million for the overhaul of the child protection system in 2016 as a result of the Royal Commission, the South Australian child protection system has never experienced quite a level of sheer financial investment in its reform.

Despite early, bi-partisan commitment from the South Australian government to the recommendations and proposed reform measures, the actual implementation of true reform that makes a lasting difference in the lives of vulnerable families and children in this state has fallen short. The lack of investment in the primary and secondary elements of the system, which would allow for more timely and appropriate service provision in prevention and early intervention initiatives which would assist to keep children out of the child protection system in the first instance, is a significant failing of the current reform process.

Even with the formation of the early intervention research directorate (EIRD) and the commitment to better collection and collation of data and evidence that guides investment in to prevention and early intervention, after almost two and a half years there has been negligible investment in new and innovative services at this 'front end' of the child protection system.

Whilst there has been funding allocated to specific trials, including the child and family assessment and referral networks (CFARN's) as well as a select number of trial initiatives run by larger non-government organisations, the investment to date has been piecemeal and has not, as yet, yielded significant results as gauged by the rates of child removal.

In the report entitled *Child Protection in South Australia* (BetterStart, 2017), researchers from the Child Health and Development Research Group made a series of observations about the state of the state's child protection system as a result of the SA Early Childhood Data Project (SA ECDP). The project enabled the collation of government data on approximately 300,000 children in South Australia who

were born from 1999 onwards, and married child protection data with that of data held by South Australian hospitals, child and family health networks and other parts of the health system with which children come in to contact. It was designed to enable ‘...a whole of government view of how children in the child protection system move through other parts of government systems and is a platform from which evaluation of child protection programs and policies could regularly be undertaken’ (BetterStart, 2017, p. 1).

In their presentation of data for children born between 1999 and 2003, the SA ECDP was able to paint a picture of the experiences for children and young people in the statutory care system in South Australia up until 2015, with findings illustrative of the sheer size and scope of the ‘problem’ beset by the system at the time of the release of the Nyland Commission’s final report and recommendations for system wide reforms.

Specific findings included the following, and these are viewed in light of subsequent recommendations made for systems level reform within *The Life they Deserve*:

- One in four children in South Australia will be reported to the child protection system by the age of ten;
- 80% of those children who are reported to child protection will not receive any kind of response from the statutory agency;
- Between 1999 and 2011, child protection reports for children up to the age of three had increased from 9% to 15%;
- Half of all children coming in to contact with the South Australian child protection system will do so before the age of three;
- The most significant source of child protection reports come from the education system, the health system and from SA Police;
- Of all reports received by the statutory agency, neglect is the most common concern, followed closely by emotional abuse, physical abuse and sexual abuse;
- The South Australian child protection experience mirrors that of other Australian jurisdictions, with total notifications in the order of 25% of all children, and a rate of alternative care of 2%;
- Increasingly complex and compounding social issues associated with poverty and disadvantage are deemed to be correlated with the increasing levels of child and family contact with Australian child protection systems; and
- Vulnerability to poorer mental health outcomes for children is strongly associated with contact with the child protection system, with children in child protection almost three times

more likely to experience serious vulnerability to mental health problems (BetterStart, 2017, p.2)

What these findings suggest is that with increasing prevalence of children's contact with child protection systems across Australia, so too is there an increasing dynamic of family complexity leading to the neglect of children and young people, and the potential for complex trauma to ensue. The ability for child protection systems to both adequately respond at the level of the family to prevent entry into the child protection system, and to respond to complex trauma experiences for those children who do enter the child protection system has never been more necessary and urgent.

The severe over-representation of Aboriginal children and young people in Australian child protection systems has been deemed to be a crisis of public health. In South Australia, the rate of Aboriginal children in state care is around 37%, and yet Aboriginal people represent less than 3% of the South Australian population (Family Matters, 2017). The sophistication with which the statutory child protection system is able to work with Aboriginal families and communities to prevent removal of children in the first instance and reunify them with family once they are removed, is highly in doubt. Issues of culturally appropriate and culturally responsive practice approaches to work with Aboriginal children and families, as well as a deep and abiding respect for and understanding of inter-generational trauma and complex trauma for Aboriginal children are of immediate concern (Family Matters, 2017).

The fact that South Australia is not alone in tackling the vastly complex issues that lead to child protection concerns is impetus for a renewed Commonwealth government commitment to a national framework for protecting Australia's children. The current framework entitled *Protecting Children is Everyone's Business* is due to expire in 2020, however if national coordination of effort in the reform of child protection policy measures, specifically those that relate to prevention and early intervention, as well as therapeutic support for children who have experienced complex trauma, is to be viable and sustainable, further commitment by the Commonwealth and the Council of Australian Governments (COAG) will be necessary.

*Protecting Children is Everyone's Business* (COAG, 2009) is the only current national policy platform for child protection in Australia and was deliberately designed to embed a public health approach to child safety and child protection, and to implement a '...shared agenda for change, with national leadership and a common goal' (COAG, 2009, p. 9). The design of the policy framework was such that it had support from all Australian jurisdictions and was supposed to embed a set of common goals for child protection systems reform across the country. It states that:

*Australia needs to move from seeing 'protecting children' merely as a response to abuse and neglect to one of promoting the safety and wellbeing of children...Under a public health model, priority is placed on having universal supports available for all families...More intensive (secondary) prevention interventions are provided to those families that need additional assistance with a focus on early intervention. Tertiary child protection services are a last resort, and the least desirable option for families and governments (COAG, 2009, p.7).*

The National Framework is considered in the context of this analysis to be exceptionally ambitious in its long-term goal of embedding a public health response to child safety and wellbeing that focuses on the prevention and early intervention end of the system. One of the key concerns cited by numerous interview participants in this study was the lack of observed, readily identifiable expenditure on prevention and early intervention initiatives, and the over-investment in reforming the tertiary (statutory) end of the South Australian child protection system.

Whilst the National Framework was conceived of as a high-level strategy for supporting shared outcomes across state jurisdictions, the extent to which real progress has been made in South Australia, as reflected in its achievement of the series of three-year action plans, is highly questionable. The primary measure of success for the action plans is reflected in the target 'A substantial and sustained reduction in child abuse and neglect in Australia over time' (COAG, 2009, p. 11). Given the data from the South Australian Office of the Guardian for Children and Young People which was cited in an earlier chapter of this thesis clearly demonstrates an increase in the rates of reports and removals in South Australia, it is difficult to conclude anything other than a broad failure in this state in achieving this national target.

Mechanisms by which prevention and early intervention services and supports can be put in place for vulnerable families, thus preventing their likelihood of contact with child protection systems have been well documented. In the report entitled *Strengthening prevention and early intervention services for families into the future*, Deakin University in partnership with Family and Relationship Services Australia provide a set of robust recommendations as to how such services can be established and maintained (Toumbourou et al, 2017).

The authors argue for a '...coordinated strategy to increase family-based prevention and early intervention services [that] could be used in Australia to prevent priority health and social problems' (Toumbourou et al, 2017, p. 3). Particular social problems which the authors argue are preventable and which are directly linked to increased vulnerability to family contact with child protection systems include substance use and abuse, domestic and family violence, mental illness and social exclusion which includes exclusion from economic participation. They argue that:

*Many of these problems arise from common modifiable risk factors in families and child development. The family and relationship service sector is able to address many of these risk factors and to integrate prevention and early intervention responses across the health, community and education services sectors (Toumbourou et al, 2017, p. 3).*

They note in their report that across Australia, investment in policy reform measures that direct funding to prevention and early intervention service is heavily biased towards engaging with the most vulnerable and disadvantaged populations and with families who are already exhibiting significant risk factors, and that attention to these families tends to overshadow policy responses that would seek greater investment in whole-of-population, universal preventative services. They provide the following observation around an alternative approach:

*We argue that a more holistic and coordinated public health approach is needed, offering both universal and targeted programmes and services. Currently, tertiary services such as mental health, child protection, substance abuse and corrections operate within separate funding silos, while the family and relationship service sector offers programmes and supports families in both universal and targeted services addressing major health problems (Toumbourou et al, 2017, p. 4).*

This observation has broad resonance when observing the current patterns of investment in to the South Australian child protection system, with increasing levels of investment in the tertiary (statutory) end of the service system, with disproportionately small investments in protection and early intervention trials. The following table highlights 2016/17 expenditure (per child) on different types of child protective services as reported by the Australian Productivity Commission’s Report on Government Services (Australian Productivity Commission, 2018).

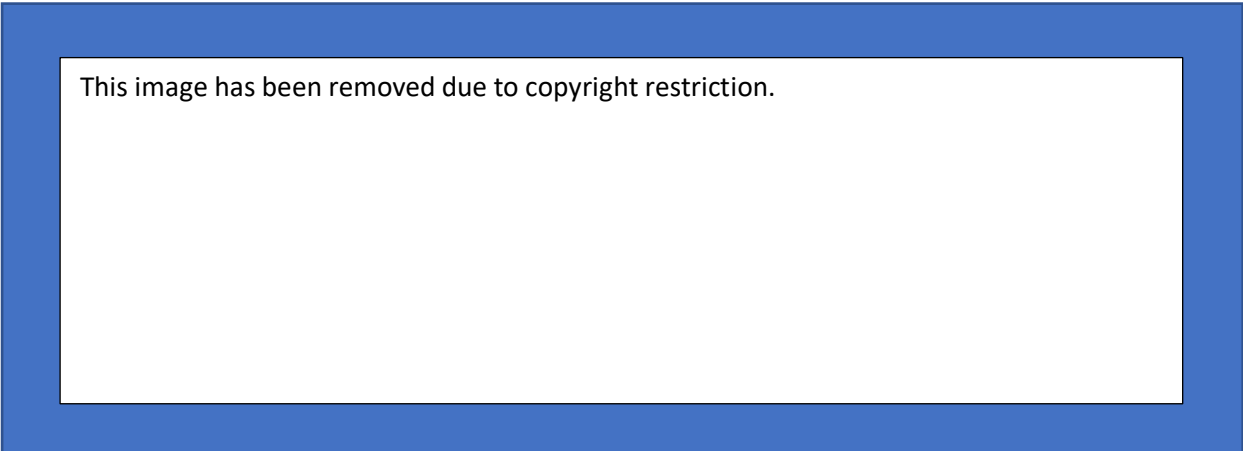
<b>Service type</b>	<b>16/17 expenditure (per child)</b>	<b>16/17 exp (per child) Australian avg</b>
Protective intervention services	\$89.95	\$221.91
Out-of-home care services	\$1,091.79	\$570.89
Intensive family support services	\$82.92	\$78.45
Family support services	\$130.92	\$88.04

*Table 8.1: 2016/17 expenditure (per child) on different types of child protective services (Australian Productivity Commission, 2008)*

The expenditure data provided by the Australian Productivity Commission demonstrates that, per child, expenditure on out-of-home care services is more than five times higher than combined expenditure on intensive family support services and family support services.

In her article published by the Australian Institute of Family Studies entitled *Developments to strengthen systems for child protection across Australia*, Sarah Wise (2017) notes that child protection systems across the country are struggling with ‘...insufficient capacity to meet the quantity and complexity of cases into statutory child protection and out-of-home care’ (Wise, 2017, p.1). This is noted in the context of a range of significant reform measures that have been undertaken in numerous Australian child protection jurisdictions since 2010, and which have sought to redesign out of home care as a first priority. The lack of focus and funding emphasis on prevention and early intervention initiatives has been pronounced, and she notes that the ‘presentation of families with more chronic and complex risks and needs requiring a response that crosses the boundaries of government agencies isn’t always available’ (Wise, 2017, p. 2). She calls for policy reform measures that go beyond incremental change and adaptation to whole of system overhauls that are transformational. She notes that ‘While the current iteration of child protection changes are well-intentioned and, on the surface, appear substantial, the question remains as to whether they will address systemic challenges and lead to the better protection of children’ (Wise, 2017, p. 19). This is an observation that has found substantial resonance in the South Australian experience of sector reform, and was a sentiment echoed almost ubiquitously by interview participants in this study.

In their paper entitled *International approaches to child protection: What can Australia Learn?*, Price-Robertson, Bromfield and Lamont (2014) compare approaches to child protection and child safety across a number of international jurisdictions, and note two broad ‘orientations’ to the provision of child protection services: they are the ‘child protection’ orientation as exhibited in Australia, and the ‘family service’ orientation that are more prolific in European nations such as Belgium, Denmark and Sweden (Robertson, Bromfield & Lamont, 2014, p. 1). Core differences between the two orientations is provided in the figure below (Figure 8.1).



This image has been removed due to copyright restriction.

*Fig 8.1: Differences between the child protection and family support models of child protection (Robertson, Bromfield & Lamont, 2014, p. 4).*

The authors argue that there is much to be learned from other jurisdictions, even those who are guided by a predominantly child protection orientation or those who have attempted to adopt a synthesis of the two. In the context of the current analysis, there is much to be said about the need for a greater philosophical shift in South Australia to a family-based service orientation to support an (in principle) agenda of greater investment into prevention and early intervention services and supports.

The focus of this study has been on the impact of complex childhood trauma as experienced by children and young people both prior to, during, and after their entry into the South Australian child protection system. One of the key findings of this study which emerged strongly from interview participants, has been that one of the best ways of preventing the severity of complex trauma is to do everything possible to work with families to keep children and young people out of the system in the first place.

Whilst there are undoubtedly always going to be cases where children must be removed for their own safety from environments of crippling neglect and abuse, this thesis has found that there is currently insufficient focus on or investment in the kinds of prevention and early intervention services (both primary and secondary) that could reliably keep children and young people safe in their homes whilst there are risk factors present. This means that a child protection response that includes removal from the biological family is far more probable than would be the case if a well-funded, well-conceived, coordinated system of child and family support services were available to keep children safe in their families and communities, thereby minimizing the risk of further compounding experiences of complex trauma.

## **SUMMARY OF KEY FINDINGS**

***The overall finding of this research project was that despite a range of quite muscular and safety-oriented approaches to child protection policy in South Australia, there was a marked lack of reference to or prescription for addressing complex trauma for children in the child protection system in this state. This finding was supported by both analysis of key policy documents guiding child protection practice in South Australia, as well as thematic feedback from interview participants.***

The remainder of this summary has been divided in to two parts; a summary of findings from the analysis of selected policy documents and then a summary of findings from the thematic analysis and critical discourse analysis of the interview data.



In conducting a review and critical discourse analysis of policy, it was possible to interrogate some of the key themes contained within the selected policy documents as well as the issues that were 'problematized' and around which certain 'grand narratives' contributed to particular orders of discourse. An overarching concern as to the extent to which policy texts conceptualised, dealt with and made recommendations for the amelioration of complex childhood trauma for children entering or currently in the South Australian child protection system, underpinned the analysis and was the underlying impetus for this research project in the first instance. Key findings from an analysis of the four selected policy texts are outlined below.

***The Life they Deserve – Report and recommendations from the South Australian Royal Commission of Inquiry into child protection systems***

The focus of this text was on the troubles that beset the South Australian child protection system, and on potential reform measures that would keep children safer whilst they were in state care. The focus of the text was disproportionately on the tertiary end of the system, with most of the 260 recommendations oriented towards improving the statutory care environment.

The extent to which complex trauma was conceptualised within the text was limited, with only a few references to trauma and to recommendations around treating trauma for children and young people who come into the child protection system. An understanding of the aetiology and sequelae of complex trauma was not well articulated or presented in the text, and recommendations around working with children and young people who had experienced trauma was largely contained within a context of a need for worker training and upskilling.

The dominant order of discourse contained within the text was that of child safety, with discussion and recommendations most profoundly geared to how best to improve the safety of children once they were in the child protection system, with only limited emphasis on prevention and early intervention. Therapeutic care and support for children and young people (as well as their families) was not provided with the level of emphasis that could be expected from a public health conceptualisation and approach to child protection.

***A fresh start – Government of South Australia's response to the Child Protection Systems Royal Commission report***

One of the major deficits that was identified in *A fresh start* was that it lacked a clear systems thinking orientation to proposed reform measures for the South Australian child protection system and paid only very cursory attention to the problem of complex childhood trauma.

There was a failure to adequately articulate how the fundamental, underlying issues of poverty, locational disadvantage and intergenerational trauma, which fall far beyond the remit of the child protection system to address in isolation from other systems, government portfolios, agencies and sectors, should be addressed in a whole-of-government fashioned response.

There was little to no emphasis on how the problem of complex childhood trauma for children coming into the child protection system should be addressed, and what kind of therapeutic practice responses ought to be commissioned by government in order to appropriately address these issues in a timely fashion.

The need for greater attention to and investment in prevention and early intervention initiatives which keep children and young people safe with their biological families was emphasised, particularly in the context of the formation of the early intervention research directorate (EIRD), however the ways in which such initiatives could operate to minimize the risk of compounding the experiences of complex trauma for children and young people was not adequately explained.

#### ***The Children and Young Person (Safety) Act 2017***

One of the key deficits identified in the Act was that there was not a single reference in the entire text to trauma or to complex trauma. As the most salient policy framework that guides child protection interventions in South Australia this was considered to be probably the greatest failing.

The absence of any reference in the Act to children's trauma and experiences of complex trauma by extension raises some salient concerns for the ways in which any ancillary or supportive policies of government (DCP) that seek to address and ameliorate the impact of complex trauma would be compelled by the legislation. If specific responses or interventions to the complex trauma experienced by children and young people both prior to and after coming in to the care system are not legislated for, then there is no statutory method for compelling the Department for Child Protection to implement such responses. In this analysis, such an absence is indicative of a legislative environment that is not trauma informed and did not take in to account the need to reflect the experience of complex trauma for children in the Act during its drafting.

It was noted that there was a marked lack of reference to trauma and complex trauma in the legislation and that there were significant problems associated with compelling practice responses to complex trauma in child protection systems, and the way in which the problem to be tackled by the legislation is framed largely as parental incapacity to care for their children despite systemic disadvantages experienced by vulnerable families.

### ***Interview findings***

When taken in aggregate, interviewees did not provide positive responses to the six questions that were posed to them.

Generally speaking, interviewees were able to articulate with a high degree of detail and competence the nature of complex trauma and the range of behaviours that children and young people may manifest as a result of having experienced such trauma. Interviewees appeared to have a sound grasp on the neuro-biological and neuro-developmental models of complex trauma and were able to explain contextual and environmental factors that may compound and aggravate complex trauma responses.

Ubiquitously, participants were able to describe the mechanisms by which children and young people in South Australia who had experienced entry in to the child protection system were not supported to address complex trauma needs, and that in fact, entry in to the system almost always aggravated and worsened pre-existing mental health conditions resulting from the complex trauma experience.

The availability of timely and appropriate therapeutic care and support for children and young people in care, particularly those with high and complex needs as a result of their complex trauma experience, was identified by most of the participants as a considerable deficit within the current South Australian child protection system. None of the participants who were interviewed were able to identify specific social policy responses to the issue of complex trauma, and many expressed grave concern at the lack of policy-level focus on such trauma.

Participants were largely unable to identify and richly explain any current positive, practice oriented policies for managing complex childhood trauma for children in care, however there were numerous examples of 'good practice' that were cited to exist within both the Department for Child Protection as well as non-government agencies that were predicated on the individual skills and training of the particular practitioners who were delivery the therapeutic intervention.

A whole of workforce approach to understanding and responding to complex trauma in a consistent manner that was underpinned by specific, therapeutic practice skills was identified as a theme within the interview responses, and is cause for further work to be done in this state on a whole of sector workforce development strategy that clearly articulates consistent therapeutic practice responses for children and young people in the child protection system who have experienced complex trauma.

There was a tone of hopefulness expressed by most participants around the implications of the current sector reform process and how it may lead to improved outcomes for children and young people in care who had experienced complex trauma and who needed specialized, therapeutic responses, however there was doubt cast as to the extent to which deep and meaningful collaboration between

the Department for Child Protection and the non-government sector was going to take place in order to develop clear and consistent approaches to commissioning and procuring the delivery of such service responses.

One of the major strengths of the South Australian system that was overwhelmingly expressed by interviewees was that of the goodwill, compassion and commitment of the front-line, child protection workforce, both within the Department for Child Protection and the non-government sector. It was noted that despite system level limitations that my overburden workers and delimit their ability to provide deep, therapeutic responses to children in care, it was clear that there was a perception that the generosity, commitment and professional goodwill of the child protection workforce as an absolute strength that could be leveraged upon.

## 9. STRENGTHS AND LIMITATIONS OF THIS STUDY

One of the key strengths of this study was the professional position that the lead researcher found himself in whilst carrying out the research. Rob Martin was at the time the Chief Executive Officer of the South Australian peak body and industry association for child and family wellbeing, Child and Family Focus SA.

This gave the project the quality of being 'insider research' and provided a range of insights and observations around the current state of play of child protection system reform in South Australia, and the extent to which complex childhood trauma has infiltrated the lexicon of child protection policy and practice.

Another of the strengths was the timing of the study; it was carried out at the same time as active implementation of the recommendations contained within *The Life they Deserve* and the government's response to these recommendations. In this way, the South Australian child protection systems reform was used as a type of 'rolling case study' of policy reform measures carried out by two different governments in the wake of a Royal Commission of Inquiry.

The diverse experiences, skills and practice wisdom of the research participants was considered a major strength of the study, with interviewees all falling in to the categories of either 'policy maker' or 'policy influencer', and all having a role to play in either making or influencing the development and implementation of government policy oriented towards the amelioration of complex childhood trauma for children in child protection.

Two key weaknesses to this study have been identified. The first was the ratio of DCP to non-DCP staff interviewed as part of the research. In order to obtain a more balanced perspective on policy and practice responses to complex childhood trauma in South Australia, it would have been ideal to have equal representation from both government and non-government personnel.

The other weakness was that participants were drawn from child protection and family support settings only. Responses to complex childhood trauma need to be larger than simply child protection and must be reflected in a broader cross section of policy and practice from other government agencies and front-line services providers, especially those within the health, allied health, education and disability fields. An expansion of the current study to interrogate examples of policy and practice in these areas is recommended as a topic for future detailed research.

The next chapter includes some final remarks and observations about the relevance of this thesis and its findings at this particular point in time as the South Australian government works to reshape the child protection system in this state.

## 10. FINAL REMARKS

The critical discourse analysis which underpinned this project provided for a rich description and exploration of some of the dominant themes and orders of discourse that appear to shape and influence South Australian child protection policy and the ways in which the child protection system functions. The textual data that was analysed within the policy documents, when combined with the analysis of the interview data, finds and represents a 'system' which does not, at the time of writing, appropriately respond to complex trauma experiences of children in the child protection system.

Whilst the CDA approach was quite useful in highlighting the ways in which problems were represented and constructed in policy texts, as well as in pinpointing certain dominant orders of discourse in child protection policy in South Australia, it did not provide an explanation of 'why' it is that policy has been unable, to date, to appropriately and effectively respond to complex trauma experiences for children and young people in the South Australian child protection system. In part this was an expected outcome given that CDA is not necessarily geared at 'explaining' social problems but is far more effective in richly describing and exploring them. This is a tension in the research to which this concluding chapter now turns.

Given that this project was principally exploratory and descriptive by nature, it was not initially indicated that a theoretical explanation would be developed from the findings, however the 'wicked' nature of child protection policy as described by Brian Head deserves some attention here in these concluding remarks, particularly in the absence of any salient explanation of the policy deficits uncovered and provided for by the CDA approach utilised in this study.

State intervention in the lives of families in order to protect children can be partially explained by the observation that part of the role of government is to maintain 'order' and 'security', and in this case, the security of the child (Rainbow, 1984; Rose, 2000; Li, 2007). The analysis of policy texts and interview data in this study has reinforced the role that 'safety' plays in constructing the dominant order of discourse underpinning the South Australian child protection system.

It is argued here in the context of this project's findings that the factors that contribute to the experience of complex trauma for children and young people within the private domain of the home (such as chronic neglect) are inherently difficult for governments to survey and bring order to; the provision of security and safety (via state intervention) to children only occurs once a certain threshold of harm is met, and often the factors that underpin the complex trauma experience (psychological and emotional) will not necessarily meet this threshold in the same quantifiable way and thereby trigger government intervention. When we consider the field of child protection, and the instruments

of child protection policy and legislation, it is possible to view them in terms of calculated policy interventions seeking to govern the behaviour of families and thereby the life trajectories for children. The rationale and the legal power bestowed upon governments to intervene in the private life of families in order to protect children from harm can be conceptualised as a form of governing human conduct and regulating behaviours in order to protect children from harm; this in turn creates a system, or a network of practices that is reinforced by a dominant discourse of 'safety'.

It has been one of the findings of this research that the factors that contribute to experiences of complex trauma experiences for children are difficult to quantify (surveil) for agents of the state (child protection workers), and that often the necessary interventions will occur only after such trauma has been experienced. Lack of a sufficient and encompassing explanation as to why this is the case was not provided for in this research project (many problems were identified), however some reasoning can be attempted here.

Physical abuse and physical neglect of children and young people can be observed, quantified and documented, however the presence of emotional and psychological neglect is somewhat more predicated on subjective judgments or assessments of child protection workers, and it may be for this reason that social policy prescriptions for child protection assessments lean towards 'safety' and 'protection from harm' given that these are much more quantifiable concepts. What has been highlighted in this research project is that complex trauma experiences are often underpinned by the kinds of psychological and emotional harms for which a legislative and policy framework may find difficult to address and control.

If child protection policy and legislation were to properly incorporate complex trauma, it would be necessary to describe, quantify and prescribe thresholds of psychological and emotional harm, indicators of possible adverse outcomes should such harm continue, and rationalise that removal of the child from their family would result in better psycho-social outcomes. This would be an exceptionally difficult project given the sheer 'complexity' of complex trauma, and the unknown comparative life trajectories of children who are removed from their families on the basis of having been victim to it.

It may also be the case that the health outcomes of complex trauma experiences for children often include the diagnosis of specific mental illnesses, and that such diagnoses offers up a greater degree of ameliorative treatments or therapeutic support than does a more complex and amorphous diagnosis such as exposure to complex childhood trauma (even in spite of recent moves towards the formal recognition of developmental trauma disorder). The means by which the state understands, intervenes and treats mental illness is so embedded in existing health policy and practice, that to



include complex trauma as a factor for consideration could have significant and destabilizing effects on the existing system of mental health diagnosis and treatment. The significant correlation between complex trauma and instances of borderline personality disorder (BPD) diagnoses has been demonstrated elsewhere (Neale, 2014), as has the significant stigma attached to this mental illness and reticence of mental health professionals to treat it (Van Der Kolk, 2005; Van Der Kolk, 2016).

Another of the more salient reasons why a conceptualisation and approach to the treatment of complex trauma for children in child protection systems has not been achieved, is provided by Brian Head in his treatise on what constitutes 'wicked problems' in public policy. For Head (2015), a wicked problem is one that seems '...incomprehensible and resistant to solution' (Head & Alford, 2015, p. 712). The nature of wicked issues as they relate to the formulation of public and social policy is described as an issue that is 'inherently resistant to a clear definition and agreed solution' (Head & Alford, 2015, p. 714). Critically, the definition of a wicked problem is that 'every wicked problem can be considered to be a symptom of another problem' (Head & Alford, 2015, p. 714).

In the context of child protection and child protection policy, complex trauma is taken here to constitute a wicked problem for social policy. It has evaded solution for decades (if not longer), and there is often a great deal of disagreement around proposed policy solutions that would have implications for practice. The issue of complex childhood trauma is situated firmly within the broader issue of child safety and child protection, and an agreed upon, unified and coherent solution to it remains elusive.

It has been noted that 'The concerns of wicked problems, and their challenges for contemporary governance and policy making, are linked in part to ongoing debates around the proper role and scope of government' (Head & Alford, 2015, p. 715). In the context of this current research endeavour, the means by which government has failed to integrate an understanding and a response to complex trauma experiences for children and young people in the child protection system is taken to be a function of a) the sheer complexity of the problem, and b) the difficulty associated with translating research evidence into policy and practice. This research has found that there are barriers in the translation of what is known about complex trauma as being the result of other, complex, contributing issues (hence its classification as a wicked problem for social policy) into cogent policy and practice solutions.

The translation of research into policy, and policy into practice is another critical concern for this thesis. The 'doing' of social policy is achieved in part through mechanisms of public administration but also through the application of rational and empirical scientific evidence into policy. The challenge of

‘evidence-based policy’ and its realisation is one of the most significant public administration challenges of contemporary times (Buckley, Tonmyr, Lewig, & Jack, 2014).

It has been noted that ‘the general proposition that reliable knowledge is a powerful instrument for advising decision-makers and for achieving political success is a very old doctrine, linked to the exercise of effective statecraft and efficient governance in early modern Europe’ (Head, 2010, p. 78). The observation relates to the need for government decision makers to rely on the best available evidence at their disposal for the execution of effective policy that will achieve the desired outcome. One of the challenges for policy makers however is to translate complex research findings in to simpler, more pedestrian, policy formulations that have measurable outcomes attached to them.

In the context of child protection policy, particularly as it relates to complex childhood trauma, this exercise of translating complex research into policy solutions is especially fraught. Head (2010) has observed that there are three primary obstacles that prevent the translation of sound research into policy, and subsequently policy into practice:

*The politicized context of governmental commitments and decision-making, where in many cases rigorous research can be undertaken on contentious issues however the lessons will be seen as unwelcome in the eyes of some political leaders; public officials often have a low awareness of research and evaluation findings; and the research sector lacks an appreciation of decision-makers’ needs for well targeted and well communicated findings. (Head, 2010, p. 87)*

In Head’s view, there is a diffusion of responsibility for the translation of effective research into policy and practice. Responsibility lies with policy makers, political leaders, and with researchers. This diffusion of responsibility and the means by which social policy can be influenced has been a core consideration of this thesis, and warrants future work that focuses on specific and measurable policy undertakings to describe complex trauma and implement responses to it that are situated firmly in social work practice in both child protection work, but also in prevention, early intervention and family support work.

In considering the contribution of this thesis to the wider field of knowledge around complex trauma and social policy responses to trauma, what has emerged from the findings is that the differing ‘dominant discourses’ that exist around complex trauma, mental health, and children’s needs are not easily reconciled for the child protection policy maker. Adapting and reforming systems and practices that more appropriately respond to children who have experienced complex trauma requires an understanding of these dominant discourses and the tensions between them. It is a considerable task

to reconcile the psychiatric conceptualisation of trauma with the socio-historical conceptualisation of trauma (as discussed in Chapter Two) and then apply these to the varying typologies of children's needs that were uncovered in Chapter 7.

What has also become clear through the textual analysis of policy documents as well as the thematic and critical discourse analysis of participant interviews, is that whole-of-system reform requires the integration of many competing priorities, perspectives and opinions on what exactly the most pressing issues are in relation to child wellbeing.

Finally, the findings of this thesis demonstrate that system reform on the scale being attempted by the South Australian government in relation to the child protection system requires a nuanced understanding of the current evidence around what works in the amelioration of complex trauma, how policy needs to be deliberately designed with a view to articulating and responding to the trauma experiences of children in care, and how differing stakeholders who can influence policy reform and system re-design articulate varying typologies of children's needs and how these needs should ideally be met.

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***What follows is the content of a presentation and speech that the principle researcher and author gave at a Department for Child Protection Industry Day in October 2018 on the topic of values definition, social policy and the complexity of working in partnership with governments in child protection.*** It speaks to the inherent complexity of child protection as an area of social policy, and some of the various challenges that the non-government, community services sector faces in both influencing child protection policy, and in delivering services in a competitive environment (which is the hallmark of the post-welfare era in Australia with its concomitant emphasis on procuring social outcomes from a free market).

As noted by Wilkinson and Kitzinger (2013), 'insider research' can be a valid tool for attempting to understand the world within which we are actors, and it is in this vein that the author recognises the intimate involvement that he has with the South Australian child protection policy landscape, and his status in this project as both 'researcher and researched.' The excerpt below is provided in part as a demonstration of the manner in which the researcher is an 'insider' to this particular project and has drawn upon intersubjective understandings of the challenges for partnering with government in the interests of child protection policy reform.

***Fostering a culture of collaboration and partnership in child protection and family support – a personal perspective***

For many of us working in child protection and family support, there is a somewhat ubiquitous question that often overhangs the work that we do, and that question is 'Why am I here?'

The work itself is often complex, difficult, emotionally tiring and mentally taxing. It can often leave us considering why it is that we care *at all* about the vulnerability of the families whom we are trying to serve, or the life outcomes of the children with whom we have contact. It can leave us supremely frustrated at the seemingly insurmountable obstacles that '*the system*' throws in our way, and in the way of vulnerable and marginalised families.

In the face of this difficulty, and in the context of a system that is often geared towards ensuring that the most vulnerable families *will not* receive the support that they need to raise their children in a way that assists them to flourish, it is all too easy to succumb to the thought 'Do I care enough to keep trying to make a difference?'

For many of us, the will to keep going is underpinned and guided by a deep connection with a series of values that have shaped our sense of our place in the world, our sense of right from wrong, and our

motivation to dedicate our time and energy to trying to make life a little easier for those who are doing it tough. We, for some reason, are drawn to vulnerability and disadvantage because of a deep-seated desire to change it.

Values can be defined as individual beliefs that motivate people to act in one way or another; they serve as a guide for human behaviour. Some values have intrinsic worth, such as love, truth and freedom. Other values, such as ambition, responsibility and courage describe traits or behaviours that are instrumental as a means to an end. Simply stated, intrinsic or 'inherent' values are those that motivate us from within; extrinsic values tend to incentivise certain behaviours or decisions by virtue of the rewards or outcomes that are attached to them.

Many of us are aware of our inner-most values and the hold they have over our motivations and decision making, but we may have trouble pinpointing exactly what they are. We also might struggle to answer seemingly basic questions like 'Why does this kind of work matter to me?', 'Why do I care about what sort of life children have?', and of course, 'Why should my life be spent in the service of others less fortunate?'

The answer to these questions lies in being able to articulate and define what our *intrinsic* values are. As discussed above, these are the values that have an affective component; love, care, compassion, humility, freedom, wisdom, happiness, honesty, thoughtfulness and pride. These values are the ones that point us in the direction of causes that may appear to require selflessness and acts of service, and for many of us working in the human services, these are values that are held in abundance.

Extrinsic values are important as well, as these are the values that are intimately connected to outcomes and rewards, and they are also the values that social systems tend to draw upon and reinforce. Extrinsic values are often linked to incentives and both individuals and systems will behave in such a way as to maximise these incentives. Values such as co-operation, quality, efficiency, efficacy, accountability, innovation and entrepreneurship are all extrinsic values that have sizeable effect on our behaviour and decision making given the potential rewards that they offer.

In a discussion on the challenges of fostering an authentic culture of collaboration and cooperation in the child protection and family support sector, why might all of this matter? Why might it be important to take as our point of departure a position on values and how they are manifest?

The answer to that question is that the industry within which we are situated is heavily value laden, value oriented and value driven. We are all of us, each and every day, involved in making values-based decisions around subjective concepts such as optimal child wellbeing, normative standards of parenting, acceptable thresholds of parenting behaviour and what ought to constitute a good life

trajectory and life outcome for a child or young person. Our industry is embedded within a broader social system that values the presence and absence of certain conditions within the family environment such that children and young people can survive and thrive within nominal standards.

If our industry subscribes to certain values and is oriented around them, what might those values be?

We may well cite values such as beneficence, social justice and equity of opportunity, respect for human and children's rights, charity and altruism as guiding values that help to organise the behaviour of the sector and hope that these are reflected and translated in social policy and commissioning frameworks that seek to improve the lives of vulnerable children and their families.

To what extent is this true though in the Australian context?

The way in which social policy makers (Ministers and senior bureaucrats) conceptualize of 'need' and desired responses to need involves a whole host of very explicit value judgements. Social policy makers will often define policy problems in terms of more desirable social alternatives, and the problems themselves are often described or represented in terms of the 'ideal-world' state dichotomy, that is to say, policy is often represented as a '*what-we-have-now-versus-what-we-need*' state of affairs.

When we consider the multiple interests and perspectives that exist within the child safety and family support sector, we need to allow space for divergence and disagreement around what the problem is that we are trying to define, and what commissioning and policy alternatives may be available to address them. This is a supremely difficult task when there are multiple perspectives on what the 'solution' might be. Conflict over decisions that affect resource and funding flows are values oriented, and when there is misalignment around what the outcome ought to be, we are most likely to experience friction and disagreement about how and where resources are allocated.

Social policy makers and social policy influencers have exceptionally important roles to play in directing the investment of social (collective) resources to addressing problems deemed worthy of government attention. Social policy makers are charged with identifying problems that need to be 'fixed', and invariably these 'solutions' are designed via commissioning and procurement processes via contracting.

It has been the case for almost six decades that social policy making that occurs at the interface between the state and civil society has been uni-directional; that is to say that the role of government has traditionally been to design the social policy solution and then to fund it via a process of procurement and contracting. It has been the role of civil society, and the 'third-sector' as its

representative to carry out the implementation of the policy solution that has been prescribed by government, and to behave as the passive recipients of both resources and policy direction.

There is a contemporary question then about the applicability of traditional arrangements for social policy making; what have these arrangements meant for collaboration and partnership between governments, the public service and the third sector?

The question can be further explored in terms of how conceptualizations of solutions to child safety and family wellbeing have differed between the state and the non-government sector, and how this has resulted in divergence of perspective about where resources need to be most urgently allocated. This is an especially poignant conversation when applied to the domain of primary and secondary intervention activities and prevention investment as alternatives to overwhelming expenditure in tertiary child protection.

As much as we might like to try to propound the simplicity of proposed policy solutions, it is absolutely the case that we are all inherently involved in a project of *bio-politics*, whether we mean to be or not. Bio-politics is anything that is involved in the administration of processes of day-to-day life of specific populations, communities and the families who reside within them. Governments, within a bio-political framework, will attempt to rationalize the problems that are presented to them by specific cohorts of the population and will attempt to adapt existing social policy to better respond to their bespoke needs.

When we think about child protection and family support, it is very difficult to separate the work itself from a bio-political agenda. We are everyday involved in social engineering in practice, and we are actively engaged in a struggle against societal architectures that leave some families so vulnerable and marginalized that they cannot actively create and maintain safe and nurturing environments for their children.

Social policy makers and politicians will often defer to the rationale of commissioning to address and solve social problems; in this vein, commissioning is involved in the analysis and explication of social pathologies and the proposed antidotes to them. Procurement and competitive tendering have been used to secure efficient and effective market-based responses to social policy problems, and this is the hallmark of new public management and administration – the market is deemed to be the best positioned apparatus to effectively solve the social problems with which we are faced. The question becomes then, ‘How well can the market respond to issues that are more complex than simple supply and demand?’

In the context of a competitive tendering environment which has become the hallmark of neo-liberal governments world-wide, how can the third sector effectively position itself to respond and add public value where there are issues present related to deep-seated poverty and economic disadvantage? How might such a response be conceptualised in the context of child protection, child safety and family support?

One way is to view the 'industry' as one that is experiencing steady growth. Nationally and internationally the number of children and young people in out-of-home care continues to grow at a rate of around 10 percent per year; child protection can be conceptualised as a growth industry, and there will be absolutely enough work for all of us in the next three decades.

Competition as core component of marketized government procurement of services and social policy outcome has become normative, and it is certainly not going anywhere. Efficiency and value for money have become just as important as quality and accountability in the debate about 'public value'.

For those organisations who are situated in the non-government sector, sustainability is set to face us as a ubiquitous challenge; we are all just as concerned about organisational survival, longevity and legacy as the quality and efficacy of the services we are providing, and it could be argued that this may, on occasion, cloud our judgement around service expansion and service development.

In the context of the child protection and family support environment, there are ways in which partnerships can be highly protective. Alliances and business partnerships can be sources of strength and support and there are numerous examples of pro-active, mutually beneficial partnerships within the sector in South Australia that have both increased competitive advantage, reduced costs of delivery and expanded the delivery of public value (not to mention good outcomes for clients).

It is a challenge to be taken up within the third sector to embrace competition around better-quality service provision and the realisation and achievement of better outcomes for vulnerable families. No longer is it going to suffice that we compete to deliver the same set of services on a region-by-region basis. More and more, we are going to need to compete on the basis of competitive advantage, and we are going to need to develop and refine a specific set of services and interventions that are based in evidence and which meet the specific criteria of our commissioning agents. Governments are not going to stop being principally involved in setting the social policy agenda and subsequent commissioning and procurement frameworks, and in order to secure a sustainable third sector we are going to need to be responsive and competitive.

The challenge that faces both government and the third sector in the child protection industry is unique, because the 'policy problem' has often been ill-defined. Locational disadvantage, poverty,



inter-generational unemployment, educational disadvantage, mental illness and addiction have all been variously blamed as facets of the pathology that pushes children in to state care. The various levels of agreement that currently exist around policy solutions to these issues seems to diverge most significantly from the most obvious, evidence-based policy solution: investment in prevention and early intervention supports for families who are at risk of coming in to contact with the child protection system.

What is needed is a radical and values-oriented agreement between government as the social-policy and commissioning agenda-setter, and the third sector as the deliverers of change. Such an agreement needs to be premised on the following tenets:

1. Our collective values need to be brought closer in to alignment such that policy makers understand the nuances of the issues and complexities involved. If we collectively care deeply about good life outcomes for vulnerable children then we will all (politicians and Ministers included) take some time out to understand the complexities that face vulnerable families and the reasons by which they cannot care for their children; we will also commit to understanding the impact of complex trauma and the current inability of the system appropriately address and ameliorate the life-course repercussions of trauma
2. The third sector needs to bring their intrinsic values in to alignment with the extrinsic values of governments; beneficence and social justice need to exist alongside efficiency, creation of public value and accountability for the use of scarce public resources
3. We must as a sector accept the challenges of marketization and contractualism; we need to do this bravely and with a view to improving business structures and processes; the third sector must evolve in order to survive
4. We must remember that in all of the complexity, that we are fundamentally concerned with the wellbeing and flourishing of children; small human beings are relying on us all to get it right for them.