

Submission on behalf of Micah Projects Inc to Issues Paper 10

Advocacy and Support and Treatment Services

Supporting People with the Royal Commission
into Institutional Responses to Child Sexual Abuse



HISTORICAL ABUSE NETWORK
FOR PEOPLE WHO EXPERIENCED ABUSE
IN INSTITUTIONS, FOSTER CARE & DETENTION



MICAH PROJECTS INC



Breaking Social Isolation
Building Community

Royal Commission into Institutional Responses to Child Sexual Abuse

GPO Box 5283

Sydney, NSW, 2001

30 November 2015

Dear Colleague,

Thank you for the opportunity to make a submission to Issues Paper 10 *Advocacy and Support and Therapeutic Treatment Services*, issued by the Royal Commission into Institutional Responses to Child Sexual Abuse. Our response to this issues paper provides a combination of historical information, learning's of the organisation over time and input from people who have experienced abuse in institutions, foster care or detention centers.

Micah Projects has been involved in advocacy in relation to childhood sexual abuse in institutional settings, as well as all forms of physical, sexual, emotional abuse and neglect of adults who, as children, were in out of home care provided by church, state or non-government organisations for 20 years.

The origins of our response to date were in Project Esther in 1995, which was formed to break the silence of violence within faith communities as well as to support people and communities respond to issues associated with their experiences. The project, called *Break the Silence* was for 2years. The overwhelming issues raised, along with requests for assistance, were from people attempting to get the church or state to respond to their childhood experience of abuse by clergy, or religious in parishes, boarding schools, and institutions and out of home care. At the time they therefore were under the guardianship of the *Children's Services Act 1911* and subsequent Government Acts. With each inquiry at State or National level the work continued through the Esther Centre, which received state funding initially from Victims of Crime, Queensland Government to support people during and post the *Inquiry into the Abuse of Children in Queensland Institutions*. (Forde Inquiry). The Historical Abuse Network was formed as part of the Esther Centre as a peer advocacy network to continue to have a voice over the years of Inquiries and Commissions.

With each public Inquiry/Commission / Committee the work of the Esther Centre was focused on support for individuals, operating a resource center and systemic advocacy through the Historical Abuse Network to monitor the recommendations of the reports that were tabled in Federal and State Parliaments.

With each Commission or Inquiry the nature and content of the work did not change from wanting to ensure that individuals who had experienced historical institutional abuse had a voice and that investment into services would be upheld by governments as they changed.

In 2006 The name of the service changed to Lotus Place as it was determined that the goals for the Esther Centre had been achieved and a participatory process was undertaken with input from many people who had experienced abuse in institutions, foster care and detention centers contributing to the creation of a metaphor that resonated with their journey. The Lotus Flower was chosen, as it is a self-cleansing flower that arises out of muddy waters to a peaceful and beautiful flower. It depicted for many the adversity that they experienced in the muddy waters and the hope and courage that they had themselves found through their journey in the beauty of the flower.

Lotus Place is funded by the Department of Communities Queensland and Find and Connect through the Australian Government and is located in Brisbane, Rockhampton and Townsville.

Lotus Place exists as a service of Micah Projects, as an independent not for profit providing a range of services to support people experiencing homelessness, living with a disability, mental health illness, substance use, chronic primary health conditions and social isolation. Many people who experienced physical, sexual, emotional abuse and neglect as children are represented across these populations and as such are provided with an integrated service response.

We would welcome any opportunity to provide information and participate in discussion beyond this submission if required for your research.

Please contact me if you would like more information, or have any questions regarding Micah Projects or this submission.

Karyn Walsh

CEO

Micah Projects

Introduction

Planned Support and Advocacy is the key strategy used by workers at Micah Projects to provide assistance to the people we work with. It describes the targeted process of working with someone to meet their immediate, short, medium and/or long term needs, aspirations and goals¹. It draws from a variety of evidence-based case management approaches, but also seeks to look beyond a notion of ‘management’ of a case or case plan, and instead describes the purposeful ‘working beside’ with the person or family, and their central role as the expert in their own lives.

Advocacy within the planned support context refers to speaking on behalf of a person or family, or assisting them to speak, to ensure people get fair access to services or supports they need to meet their needs and achieve their agreed aspirations and goals. **Advocacy** is viewed by Micah Projects as an essential activity of good support work, and has a strong evidence-base to support its effectiveness when dovetailed with other support processes.

Micah Projects endorses and has always aimed to implement the Charter for Service Provision for Lotus Place that was developed in partnership with the Historical Abuse Network, Aftercare Resource Centre (Relationships Australia), Forde Foundation and Esther Centre (Micah Projects) for Lotus Place. Underpinning the approach of Lotus Place are person centred values that create a platform that can assist people fulfil their potential and access justice and healing from the effects of childhood abuse. These values are in summary:

- > Choice
- > Voice
- > Empowerment
- > Dignity and Respect
- > Hope
- > Safe and Private.

In addition to these principles Micah Projects has been guided by the evidence based practices such as Trauma Informed Practice Frameworks which are being articulated in the areas of work with survivors of sexual and physical abuse especially in

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institutionalized care, mental health, domestic violence, addiction recovery and homelessness.

The *Working Together Charter* below is the result of consultation workshops with adults who, as children, lived in institutional and out of home care. The workshops were conducted with Ann Porcino from RPR Consulting and CEO of Micah Projects Karyn Walsh.

Working Together Charter

This charter identifies the principles for Micah Projects and Forgotten Australians and Former & British Child Migrants to undertake a partnership approach. The purpose of the Charter is to demonstrate a shared commitment of cooperation and collaboration between Micah Projects and Forgotten Australians and Former & British Child Migrants. The following principles will guide the development of the Charter:

Principle One

Micah Projects recognises the deep insight Forgotten Australians and Former & British Child Migrants have into the complex nature of the impact of childhood abuse within the child protection system and its lifelong consequences. Micah Projects is committed to working together with people who lived in out of home care, institutions, group homes, foster care and detention centres to enable this lived knowledge to assist the development of policies and services that affects their lives.

Principle Two

Micah Projects will work with Forgotten Australians and Former & British Child Migrants to seek justice in relation to government and religious institutions who were responsible for the lack of transparency in their policies and practices and the extent of abuse and neglect which deprived children of justice and a lack of action when criminal behaviour was reported at the time.

Principle Three

Micah Projects will work with Forgotten Australians and Former & British Child Migrants so that together they will:

- > create safe environments that encourage hope, healing and respectful partnerships*
- > respect both the knowledge and insight of people with lived experience and the knowledge and skills of professionals, staff and stakeholders*
- > encourage dialogue, a range of opinions and solutions in recognition the varied backgrounds of people who as children were in the care of the church and state.*

Principle Four

Micah Projects is committed to ensuring that Forgotten Australians and Former & British Child Migrants are informed of events, ideas and general information to enable their participation in the organisation's activities. This information will be provided in an accessible and timely manner in language that is respectful and understandable to people with diverse backgrounds.

There will be an emphasis on raising awareness about services available to Forgotten Australians and Former & British Child Migrants. People are encouraged to provide feedback on all aspects of Micah Projects delivery of services.

Principle Five

Micah Projects and Forgotten Australians and Former & British Child Migrants will work within the available resources and policies which will: recognise financial assistance is required for participation, provide training to assist Forgotten Australians and Former & British Child Migrants to undertake delivery of community, professional and stakeholder education and provide support to speak up with confidence, ensure all staff receive education and training based on the findings of the Forde Inquiry and Senate Community Affairs Committees in relation to Former & British Child Migrants and Forgotten Australians as well as the Bringing them Home Report. Staff will be trained and informed about the ongoing implications of the Royal Commission into Institutional Responses into Child Sexual Abuse

Forgotten Australians and Former & British Child Migrants are recognised as experts and historians in their lives.

Principle Six

Forgotten Australians and Former & British Child Migrants will work together with Micah Projects to develop, implement and evaluate the services of Lotus Place, including the Find and Connect service by:

The formation of a Consumer Engagement Committee or Reference Group, focus groups, surveys maintaining the Historical Abuse Network consultations on matters of policy development by State and Commonwealth policies that impact on Forgotten Australians and Former & British Child Migrants.

Who are adults who, as children, lived in institutional or out of home care?

- > *Children who were placed in out-of-home care*
- > *Former & British Child Migrants*
- > *Forgotten Australians*
- > *Women who were forced to adopt their children*
- > *Children who were placed in adult mental health facilities*

Topic A: Victim and survivor needs and unmet needs

Through our consultation with victim/survivors of the Historical Abuse Network, Lotus Place conducted a workshop on the questions from the Royal Commission on needs and unmet needs. This is a summary of the issues of what works for survivors/victims.

Clusters identified:

- > Information/mainstream services
- > Records and reunions
- > Place based responses
- > Counselling
- > Educating professionals

Overarching:

- > Access to mainstream services
- > Specialist services that have the knowledge of people who, as children, lived in out of home care
- > The involvement of adults who, as children, lived in out of home care in decision making
- > Regional and rural support

Assistance accessing mainstream services – what is needed to deliver this

- > Coordinated and integrated way of doing this – disparity in services available and access e.g. regional differences
- > Developing networks of service providers who understand adults, who as children, lived in institutional and out of home care – means building capacity
- > Capacity for a facilitated referral/warm referral
- > Case coordination – actively being involved requires considerable one on one work, advocacy, and needs assessment.

Victim and survivor needs in the words of the Historical Abuse Network workshop participants on Issues Paper 10;

Advocacy

- > The availability of a drop in centre – Lotus Place (all inclusive) that is a gateway to services
- > Consistent and continuous availability of workers
- > Services are available where there is no cost to survivors
- > Peer leaders working with advocacy organisations
- > Participation between/ with survivors and Micah/ Lotus Place
- > Continuity of support workers
- > Lotus Place
- > Historical Abuse Network
- > Micah Projects

- > Pastoral support
- > Like minded professionals
- > Peer Support
- > Advocay and support to navigate a redress process
- > Stakeholder/consumer input to service delivery
- > The Council of Australian Governments commit to implement a whole of government approach for the provision of programs and services for adults, who as children lived in out of home care, across areas such as health, housing and welfare, aged care and community services.
- > Professionals recognise the need for learning and improvement in various areas to adequately treat adults who, as children, lived in institutional and out of home care.
- > Specialist higher education courses be available for training health professionals in areas related to the effects of institutional abuse and trauma informed care.
- > The Home and Community Care program recognise the needs of adults who, as children, lived in institutional and out of home care.
- > Suitable memorials should be erected as a historical acknowledgement of institutional sites.
- > Public events in local communities. State and commonwealth sponsored arrangements recognising the abuse of the past and to ensure abuse does not occur again, due to community ignorance and silence
- > Community based galleries for public access to witness the legacy of historical institutional care.
- > National research on Forgotten Australians (FA) and Former Child Migrants (FCM) to be used to educate all Australians on the historical record of institutional abuse and care.
- > Review of Apologies: Accepting responsibility and acknowledging harm.
- > A set of 'no-cost to patient' Medicare items for survivors of child sexual abuse.

Therapeutic Treatment Services

- > Male abuse and rape support services
- > Inner child work
- > Schema therapy
- > Core profiling
- > CBT

- > Workshops and info seminars on specific related topics
- > Holistic bodywork therapy
- > Incest survivors anon (ISA)
- > 12 step programs
- > Men's health and wellbeing association
- > Retreats which are gender specific
- > Access to relaxation centres
- > Access to alternative medical therapies
- > Nutritional therapy
- > Priority access to all types of detox centres (whole body detox)
- > Community and financial support to take time to access healing therapies
- > A national registry of professionals that demonstrate their skill set to enable them to work with care leavers
- > Access to services provided by persons with lived experiences of issues involved
- > Additional medical access to all suggested therapies
- > Community participation programs (arts, drama etc)
- > Reform the existing Medicare programs to survivors of child sex abuse for a diagnosis of 'assessed mental disorder' by a GP to be eligible for services under a redress scheme.
- > Survivors should be eligible for funding of an uncapped number of sessions of counselling or psychological care.
- > A separate Medical Benefits Schedule item number for counselling and psychological care is provided for eligible survivors.

Summary of consultations with Queensland Forgotten Australians by RPR Consulting, 2011.

Long term impacts of time in Care

The survey report gives very important data on what Forgotten Australians view as the most important long-term results of their time in care. The vast majority of the respondents have been adversely affected by their time in care. Many bear psychological scars – ongoing mental health issues, lack of self confidence and lack of self esteem (30% of respondents); feelings of distrust and a sense of being

betrayed by adults, particularly by those in the church and by authority (11%); the impact of loneliness and lack of love and caring as a child (6%); dealing with the legacy of physical, psychological or sexual abuse (13%). A number carry physical impairments; some people lament the loss of contact with family and nearly all have been denied a good education and the many benefits in life which go with that.

A few respondents viewed their time in care in a positive light, granting them a legacy of independence and resilience. However, a far greater number of respondents were bitter about their experiences, and the legacy of psychological and physical damage which it left behind. Some still hungered for answers, others wanted the door closed and never opened. Some of this complexity is evident in the various results summarised in this report and the small number of quotations extracted from the survey and included here.

An important thing to note is that negative impacts appear to have been experienced by people regardless of how long they were in care. So, whether a person was in care for a very short time (1 year or less) or for an extended period (over 10 years) they have experienced trauma which is long lasting.

Assistance to education or employment

45% of Forgotten Australians nominated help with study, education, employment or volunteering as one of their five priority needs for future services, however those under the age of 50 were much more likely to want help with these things than were the older groups of Forgotten Australians. This is consistent with information provided in focus groups, where some people strongly urged greater assistance in helping Forgotten Australians access meaningful study and work. This is not surprising given that Forgotten Australians often identify the failure to get a good education as one of the most significant negative and long lasting impacts of their time in care as, indicated in this one indicative quote.

The right of each individual to an education was denied; through abusive instructional methods, lack of support from carers, frequent shifts, and especially, destruction of self-esteem and self-confidence, which also destroyed any chance to learn and improve life chances. Permanent socio-economic disadvantage resulted. As a further result, ex-residents' children have suffered permanent educational disadvantage,

exacerbated by lack of recognition of their status, since they did not fit with established theoretical models. The ongoing damage to ex-residents' children also includes self-esteem issues, with consequent effects on ability to achieve in school and socially (see attachment 2).

Health needs

In view of the legacy of ill-health borne by victim/survivors they now require as a basic minimum:

- > delivery of all health services with compassion, empathy, sensitivity and respect
- > priority access to services, including transport, as is provided for veterans
- > "Gold Cards" and pensions specifically tailored to their needs
- > recognition of particular vulnerabilities – e.g. phobias about waiting rooms, payment transactions, filling in forms

Public acknowledgement and continued public awareness of issues affecting adults who, as children, lived in out of home care.

There should be commemorative events such as: annual street march in Child Protection Week, annual or biannual telling of stories of the abused from church pulpits, official annual memorials.

In addition, ongoing media involvement in educating the public must be encouraged. Public education is needed about what happened and about the long-term consequences of abuse of children in care.

Family and Relationship Issues

Adults who, as children, were raised in institutional care can face many problems with family bonding and separation in their adult lives, as a result of the childhood institutional abuse. They often feel inadequate to provide guidance and support to their own children. (For the intergenerational impacts of trauma and abuse of adults who, as children, lived in institutional or out of home care (see *attachment 3, Walking Together*).

Provision of Ongoing Support and Funding

Long term counseling support is a crucial need for many adults who, as children, lived in institutional care. However, it must be conducted with professionals who are highly skilled in trauma informed practices. This includes counseling for specific issues such as physical and sexual abuse. In addition, Forgotten Australians must have access to the healing power of creative activities such as writing and painting. As part of telling the story, the records must be accessible, and where mistakes have occurred in record-keeping, they must be amended. Records should become part of the history of what happened. Funds for trauma counseling by accredited professionals, and for healing activities, must come from Churches and Government, both Federal and State.

Specific needs regarding Counseling

- > It can be inappropriate for churches to assume the role of healers or counselors of their own victims
- > Need for counseling will be ongoing, with no prescribed limits.
- > Healing must be self-directed, according to the ex-residents' wishes
- > Counselors should acknowledge that adults who, as children, lived in institutional or out of home care have particular needs regarding:
 1. Lack of recognition of disability until recently
 2. Significant "blame the victim" issues – particularly from Government and Churches
 3. Need for the child within to be exonerated from all blame for abuse, neglect, starvation, and subsequent, compounding life difficulties
 4. Need for acknowledgement that childhood/playtime/parental love and guidance/ were non-existent
 5. Acknowledgement that the ex-resident often attempted to draw departmental/official attention to the situation, resulting in further abuse and consequent destruction of any confidence in the authorities.
 6. As a result, there is naturally a perception that all in authority are joined in a conspiracy with abusers.

The needs of Forgotten Australians and Former Child Migrants are well documented in particular by the key Senate Inquiries (2001 'Lost Innocents' Senate Inquiry and the

2004 'Forgotten Australians' Report), the 1999 Queensland government Commission of Inquiry into Abuse of Children in Queensland Institutions (The Forde Inquiry) and the current Royal Commission into Institutional Responses to Child Sexual Abuse. These foundational documents inform Micah Projects' advocacy work with Forgotten Australians and Former Child Migrants. Following on from a formal Apology by the Australian Government in 2009, there has been increased investment by Government in Adult Specialist Services for this population through Find and Connect and other specialist funding initiatives. This increased investment has enabled Micah Projects (through its service delivery hub Lotus Place) to integrate Federal and State-funding to create a cohesive suite of services. This integration has reduced duplication of services and is consistent with the findings of the 2011 'Survey of Queensland Forgotten Australians', commissioned by the Queensland government where 603 responded to a series of questions regarding their needs. A crucial finding was that people wanted a 'one stop shop' or coordination gateway from their services, rather than having to deal with multiple places and providers.

This integration of services has enabled regional expansion, with Lotus Place now having three office locations; Brisbane (South Queensland), Rockhampton (Central Queensland) and Townsville (North Queensland) and some regional outreach from these offices including weekly to the Gold Coast area. Lotus Place has a mailing list of 2747 people across Queensland, and in the last twelve months Find and Connect has provided service responses to 468 people and provided registered services (inclusive of record searching family tracing genealogy, counselling) to 327 people. The implementation of Regional offices has been crucial to expanding on regional service user engagement and numbers, with 100 Forgotten Australians and Former Child Migrants in the North Queensland are now regularly accessing support from the Townsville office.

Micah Projects has worked with Forgotten Australians and Former Child Migrants for seventeen years, the last two of which have included providing the Find and Connect services for Queensland at Lotus Place. Over that seventeen years, the organisation has developed a growing understanding of the experience of Forgotten Australians and Former Child Migrants. As well as working with government to identify service needs, collaborating with Forgotten Australians and Former Child Migrants in the development and review of services aimed at supporting their efforts in seeking redress has been a foundational underpinning. Also key to Micah Projects work has been trauma informed, person-centred values which create a platform so that hurt and

vulnerable people can be supported and assisted to fulfil their potential and access justice and healing. People’s direct input into service delivery is key to Micah Projects work. This has been achieved in a number of ways; the development of a “Working Together” Charter, a Working Together Stakeholder Reference Group (made up of twelve Forgotten Australians and Former Child Migrants) that informs the development of services at Lotus Place, and the community education provided by Lotus Place staff and Peer Educators to new Child Safety officers and other professionals.

Micah Projects recognises the need for specialist services to improve outcomes and enhance well-being for people adversely affected by past institutional and child-welfare practices and policies. We recognise that Forgotten Australians and Former Child Migrants, because of their early childhood experiences and the enduring affects and impacts these have had on their lives are both vulnerable in and often excluded from mainstream community life. The key aim of Micah Projects work with Forgotten Australians and Former Child Migrants since it began, has been to support social inclusion for this vulnerable population. We also believe the broader community is greatly enhanced when its most vulnerable are included.

As a significant population of people adversely affected by past institutional and child welfare practice and policies, Micah Projects recognises that Forgotten Australians and Former Child Migrants are the key target group for the Find and Connect services. We also recognise that a significant number of this target group share overlap in experiences and impact with those of the Stolen Generation, were impacted by Forced Adoptions and also meet the Terms of Reference for the Royal Commission into Institutional Responses to Child Sexual Abuse, and that therefore an integrated approach (inclusive of early intervention, prevention and support) to service delivery responses is an important underpinning of the work of Find and Connect (see attachment 4).

Feedback from the Historical Abuse Network identified the following as what can be harmful to survivor/victims of abuse in institutional and out of home care.

Participants of Lotus Place provided feedback about the need to be mindful of how services are organised and how people are not in any way placed in a position where the routine way that services are provided trigger past experiences of abuse, mistrust

and trauma from their childhood. This requires attention to the way events are organized, the way a room is organized for large group meetings, where services are offered and where they are provided

Whilst people who were in institutions have advocated for many years consistently for drop in centers, it has also been a source of continuous learning having a place that is open and available as well as addressing individual needs on any given day.

A drop in centre needs to be a place of safety and a place of learning so that people can learn new ways to address what is commonly referred to as triggers for their unacceptable behavior. They also need to act as a pathway to a range of services, activities, information and events rather than be the center of all services, Counseling is often an example of where some individuals having a counselor and professional to seek assistance from in a drop in center provides them with a sense of safety, whilst for others it could be associated with feeling stigmatized in front of others for needing counseling.

Therefore, it is harmful to operate services from a position where the power and decision making is not open to adapting and having direct input and feedback with participants.

It is also harmful if only one way of doing things is considered the norm as participants change and what might be important to one group of people at a particular stage of their journey may not be to another. This adaptability is really important and should not be confused with being inconsistent if it is done in a way that is responsive to the individuals participating at any given time. What works for some may not work for others.

Topic B: Diverse victims and survivors

What existing advocacy and support and/or therapeutic treatment services are available that cater to the specific needs of diverse victim and survivor groups?

Our submission recognises that adults who, as children, lived in institutional and out of home care are a specific population who need particular support.

Micah Projects endorses and has always aimed to implement the Charter for Service Provision for Lotus Place that was developed in partnership with the Historical Abuse Network, Aftercare Resource Centre (Relationships Australia), Forde Foundation and Esther Centre (Micah Projects) for Lotus Place. Underpinning the approach of Lotus Place are person centred values that create a platform that can assist people fulfil their potential and access justice and healing from the effects of childhood abuse.

These values are in summary:

- > Choice
- > Voice
- > Empowerment
- > Dignity and Respect
- > Hope
- > Safe and Private.

In addition to these principles Micah Projects has been guided by the evidence based practices such as Trauma Informed Practice Frameworks which are articulated in the areas survivors of sexual and physical abuse while in institutionalized care, mental health, addiction recovery and homelessness.

Micah Projects currently manages the 1800 line for Lotus Place and has a Quality Improvement Plan to enhance the web based services which have been limited due to existing resources. This plan includes incorporating software for people with disability,

and aligning the information with the Find and Connect Initiatives and the National Museum.

Micah Projects has a web site with a dedicated page to working with Forgotten Australians. Over the years Micah Projects has increasingly been building connections through email and requests from the website as more and more Forgotten Australians have become computer literate.

Significant effort has been made over the ten years in assisting Forgotten Australians to have access to affordable computers through the Forde Foundation as well as training and providing phone assistance to people as they learn more computer literacy. Many people used their Redress payments to enhance their capability.

Monthly e-shots: a monthly email newsletter is sent to people and the communication strategy has been backed up by help desk support to individuals. The current combined list for Lotus Place and the Historical Abuse Network is over 2,500.

Many people are also assisted with their own Facebook and are successfully using it as a medium to maintain contact with family and friends for the first time. Staff provide advice about how to keep their Facebook safe and private given some of the experiences that Forgotten Australians have had with participation in online forums.

Service information

Micah Projects implements many methods of ensuring the provision of general information and advice through:

- > A dedicated position for phone information and referral which includes the mailing out of information to people from across the State
- > Assisted referrals process by phone to people across the state
- > Quarterly newsletter LilyPad
- > Web linkages
- > Walk in requests to the Centre
- > Secondary consultations with specialist providers both about Forgotten Australians and in areas of speciality such as mental health and substance abuse
- > Extensive data base of community and government organisations and referral points
- > Information displayed in the Centre through brochures

- > Attendance at culturally specific events such as NAIDOC week
- > Participation on community awareness activities with Forgotten Australians such as Mental Health Week, Child Protection Week, Families Week, Homelessness Week, Disability

In relation to the service system with additional resources Micah Projects would aim to:

- > Use Community Door through the QCOSS web site as a community of practice and information site
- > Facilitate service provider networks where appropriate
- > Partner with other peaks and networks on issues of common interest.
- > Actively work alongside Find and Connect initiatives
- > Actively work alongside Alliance for Forgotten Australians.

Lotus Place as a resource centre

Micah Projects has a commitment through Lotus Place to work alongside adults who, as children, lived in institutional and out of home care. Since its creation which was initially known as the Esther Centre. Micah Projects has used surveys, reference groups and email processes to determine how to best establish a centre and a shared identity. Participatory processes resulted in the Lotus flower being used as a symbol and for the renaming of the centre as Lotus Place. The importance of Lotus Place is both in the delivery of services but also as a place of recognition of the common bonds of being in care as children.

In addition to government funding, significant money has been raised through donations to purchase art work, ensure a calm and aesthetic environment was created and that a diverse range of activities were provided.

In accommodating the growing demand for services during and the post Queensland Government Redress Scheme, Micah Projects has been reviewing and researching evidence based practices that can be adapted for working with adults who, as children, lived in institutional or out of home care. This has resulted in a plan to move away from a drop in centre and promote a peer support and learning centre. Since the change within the Forde Foundation, NGO grants have greatly assisted the movement towards this change.

What types of models and approaches are used to address the particular needs of these populations?

Micah Projects Practice Principles

Practice principles are the values, models and approaches that inform the Planned Support and Advocacy (PSA) work of Micah Projects. They underpin all direct service work in the organization. It is expected that workers are familiar not only with what is written in this policy, but utilize opportunities to build on their broader understanding of the principles summarized here through reading, professional development, supervision and practice reflection within their teams, so that this can be integrated into their practice. Team Leaders are expected to have a highly developed understanding of the Micah Projects Practice Principles and how they are applied to the work of the organization. They should be able to lead by example in their own practice, provide guidance to staff about their work and seek out and contribute to, the ongoing development of practice knowledge across Micah Projects in relation to these Principles and how they inform the PSA work.

Trauma informed

For many of the individuals and families Micah Projects through Lotus Place supports, trauma (single-incident and complex) has played (or continues to play) a significant part in why they require support. Often these individuals have experienced on-going trauma throughout their lives in the forms of childhood abuse and neglect, domestic violence, community abuse and the trauma associated with poverty and the loss of home, safety and sense of security. These experiences have a significant impact on how people think, feel, behave, relate to others and cope with future experiences. Individuals have learned to adapt to these traumatic circumstances in order to survive, but their ways of coping may seem confusing and out of place in their current circumstances.

“Complex” trauma differs from single incident trauma (such as car accidents, robberies etc) in that it is interpersonally generated, that is it often occurs in a person’s family of origin and/or their intimate or familial relationships or their community, is repetitive and has a cumulative impact over time.

To work in a trauma-informed way is to recognize people’s responses to triggers as a consequence of past trauma, rather than a ‘problematic behaviour’ that needs ‘managing’. Some people find the process of engaging with services can trigger their trauma responses, making the formation and maintaining of working relationships more challenging. It is important to remember it is the worker and organization’s responsibility to create a trauma-informed environment and work context, so that the person can be less triggered and more able to engage in the work.

There are five recognized components to working in a trauma informed way: SAFETY, TRUSTWORTHINESS, CHOICE, COLLABORATION, EMPOWERMENT (Fallot and Harris, 2009, adopted by ASCA in 2012). These practice principles are implicit across all of Micah Projects’ work; however it is important to also consider them for each individual or family you are working with, as what will create a sense of safety for some (for example) may be different to another’s.

Recovery-oriented

Recovery-oriented practice seeks to normalize the continuum of mental health and wellness on which all people live (“we are all in recovery”), and takes a view that supporting recovery is not only possible but is an important goal of support work, rather than traditional mental health approaches that sought to ‘cure’ a person.

Recovery can be defined as “a process of restoring or developing a positive and meaningful sense of identity apart from one’s condition and then rebuilding a life despite or within the limitations imposed by that condition” (SAMSHA, 2003).

For many of the people Micah Projects supports, mental health issues may be an integral part of why you are working with them either as a primary support focus or as a contributor to why someone is experiencing other challenges

Person-centred

The self-identified needs and preferences of the individual (or family) sit at the heart of the Planned Support and Advocacy work and inform all stages of the process and the working relationship forged between worker and the person (or family) you are supporting. Person-centred means ‘working with’ not ‘doing for’ or ‘to’, and seeks to maximize opportunities for choice, voice, empowerment, dignity and respect and hope through all elements of the working relationship

Child and Family inclusive

Depending on the team, some workers will be working more directly with whole families than others. Child and family inclusive practice however recognizes that almost all individuals have a family context within which they belong that is important to consider in the work you do. In particular, it recognizes the importance of recognizing that children may have support needs (such as safety) that may differ from or be greatly impacted by the adults in their family.

Strengths-based

Recognizes people’s aspirations and goals and the strengths, competencies and resiliencies they have to achieve them. Planned support and Advocacy work should always seek to recognize and build on an individual or family’s strengths and competencies, rather than identifying deficits or ‘problems’.

Hope is also an important part of working from a strengths-based place, and is an essential element for a person or family to have if goals and aspirations are to be achieved. For many of the people Micah Projects supports, hopefulness may not be something they have experienced often in their lives for many different reasons. It is important not to give false hopes, however it is equally important that workers encourage a sense for people that their goals are possible. Workers can model hopefulness through maintaining a focus on the person or family’s strengths and resiliencies even in times of challenge in the work, normalizing their feelings of disappointment or despair when they come up, and celebrating achievements as they happen however small.

Culturally competent

Culturally competent Planned Support and Advocacy work assists individuals and families in a way that is respectful and compatible with their cultural strengths and needs. It is grounded in an understanding of the impact of intergenerational loss and displacement from culture and land for many Aboriginal and Torres Strait Islander people, and recognizes the wide diversity of the Queensland community including people from culturally and linguistically diverse backgrounds. Culturally competent practice is grounded in an understanding that each individual and family will have differing cultural contexts, practices and support needs, recognizes that relationships develop with trust and over time, knows the importance of ensuring people can review material or participate in conversations in their first language, and seeks to prioritize choice for people wherever it is possible to do so.

Safety as a human right

Micah Projects' work with people is grounded in a strong belief that everyone has the right to live a safe life regardless of the lifestyle or circumstances they may find themselves in; it is a fundamental human right for all people to live a life that is safe and free from harm or abuse. It is however important to acknowledge that for many of the people Micah Project supports their safety is often threatened, they have had (or continue to have) significant periods of living unsafely and for many also carry the impact of and/or continue to experience, abuse, harm and neglect.

Safety is essential to creating an opportunity for change; a person or family will struggle to see their lives improve and goals achieved when they do not feel (or are not) safe. Safety allows a person to be less triggered by their circumstances and more able to think longer term about achieving goals and aspirations, instead of being in constant 'fight, flight or freeze' mode.

Housing as a fundamental right

Micah Projects recognizes the importance of 'home' for all of the people we work with. Also, that it may be helpful to think of 'home' as meaning three homes; the self, the home as a physical dwelling, and the home that is the community we live in. When we do not have a physical home or we are not safe in the one where we live, then our

ability to engage and participate successfully to meet the needs of the other two homes (self and community) are greatly compromised (Volk and Kraybill, 2013).

Micah Projects recognizes the importance of actively addressing housing needs with the person or family you are working with as a first and ongoing priority. Our approach to this is governed by three key approaches; housing first, rapid re-housing and supportive housing. The extent to which you work with this directly or refer to another team within Micah Projects or another external service will depend on your team context.

Consumer participation

Micah Projects recognizes that people's recovery, progress in achieving goals and aspirations and overall inclusion in community is greatly improved when they are given meaningful opportunities to participate. Consumer participation can take many forms; it may be through formal peer support and peer work, it may be through participating in feedback or reference groups about service delivery or systemic advocacy issues, or it could also be in having a clear understanding of feedback and complaints processes and utilizing these to raise issues or concerns.

Consumer Participation for Micah Projects seeks to actively combat past experiences of exclusion from other elements of the service system and community that many of the people we support have experienced. Good consumer participation is trauma-informed and acknowledges that the abuse of power that was the source of harm for many people (including by institutions or faith communities who claimed to 'care' for people). For Micah Projects to maximize our effectiveness in working with people, we recognize the importance of those we are working with experiencing transparency and equal partnership in the supports they receive.

How people participate can vary according to the individual and their circumstances over time; some like to actively participate, others may not. However it is Micah Projects belief that opportunities for participation should always be provided and encouraged, feedback thoughtfully considered and implemented into practice wherever possible, and that people's complaints (when they happen) should be seen as an appropriate way for someone to express dissatisfaction or concern and should be responded to sensitively and in a way that creates an opportunity to build trust and safety for people (See attachment 5).

What are the barriers for victims/survivors receiving the advocacy and services survivors/victims need

It is important in planning future services for there to be greater understanding of why people don't access available services now. The survey by RPR Consulting sought views about why people did not access mainstream and Forgotten Australian services. Focus groups also contributed information on barriers to accessing dedicated services.

The three most common reasons why Forgotten Australians did not avail themselves of services were the same for both mainstream and dedicated Forgotten Australian services: they were not aware of the existence of services, were not able to access the services physically and had psychological barriers to access resulting directly from the legacy of their time in care. A smaller percentage of people found services unsatisfactory or unresponsive. The results are discussed below.

Physical barriers to access

Lack of physical access to services has emerged as a significant reason why Forgotten Australians did not use services, both mainstream and dedicated. This was a more significant barrier for Forgotten Australian services with roughly 29% of Forgotten Australians who answered this question listing physical access barriers: distance, cost of travel, living interstate, or inability to access services due to a disability. For mainstream services distance was a barrier for 12% of respondents.

Physical access issues were naturally most evident for Forgotten Australians living in regional and rural Queensland. 21% of those living outside Brisbane and the South East corner gave distance as the main reason for not using mainstream services, whilst 28%

indicated that distance or travel issues were the main reason for not using Forgotten Australian services.

Even those living in Brisbane and the South East found services difficult to access physically. Some 12% of them indicated that this was the primary reason they did not use services for Forgotten Australians. Only 4% gave it as the main reason for not using mainstream services.

Another 7% of Forgotten Australians answering the survey are in prison and all of them listed this as their primary reason for not being able to access mainstream services; though only 4% nominated being in prison as the main reason for not accessing dedicated services, suggesting that the FASS may be successfully reaching some prisoners.

Psychological barriers to service access

Significantly, people do not access services for reasons which relate directly to their negative experiences of being in care; because they don't trust governments or other authorities, don't want the pain of revisiting their past, have a sense of futility in seeking help so long after the events or other such factors directly relevant to their time in care. This impact was significant regardless of whether services were mainstream or dedicated Forgotten Australian services. 21% of all respondents indicated that legacy issues were central to why they did not access Forgotten Australian services and 22% for mainstream services. What is important to note, however, is that lack of trust in service providers, as a subset of this category, was much more prevalent in relation to mainstream services (12% explicitly mentioned lack of trust in governments or other authorities as a reason for not approaching these kind of services) whereas for dedicated Forgotten Australian service the figure was lower (4%).

Not being aware of services:

Survey responses indicate that there is more work to be done in raising awareness of the services that people are entitled to receive, within both the mainstream and dedicated Forgotten Australian system. 19% of respondents did not use Forgotten Australian services because they were not aware of their existence. A small proportion also indicated that they were not eligible to use Forgotten Australians services because

they had lived with foster parents, which indicates a lack of awareness of the criteria for accessing services through Lotus place.

Though the figure is lower for mainstream services there were still 10% of respondents who indicated they did not use mainstream services because they were unaware of them. A further 15% said they were ineligible for mainstream services, presumably some of this is real (e.g. people have jobs and don't meet the income thresholds) but some of it no doubt relates to difficulties utilising eligibility requirements.

Lack of awareness of services (mainstream and dedicated) was higher for those living outside of Brisbane and South East Queensland.

Unsatisfactory experiences with services. People continue to report unsatisfactory experiences with services as being a barrier to access. For mainstream services 15% of those who answered the question indicated that services were unresponsive due either to the poor reception Forgotten Australians received when they approached services (9%) or the limited availability of services such as long waiting times for public housing or an absence of affordable dental care (6%).

Difficulties with services can also be a barrier to Forgotten Australian's willingness to use dedicated services. This was evident in the focus groups where a number of participants spoke strongly about their dissatisfaction with one or more aspect of the current Forgotten Australian service system (see attachment 2).

Topic C: Geographic considerations

From 2010, with consultations from adults who, as children, lived in institutional and out of home care and Find and Connect and State funding, Lotus Place now has three office locations; Brisbane (South Queensland), Rockhampton (Central Queensland) and Townsville (North Queensland) and some regional outreach from these offices including weekly outreach to the Gold Coast and Gympie areas. Lotus Place has a mailing list of 2747 people across Queensland. Find and Connect has provided service responses to 468 people and provided registered services (inclusive of record searching family tracing genealogy, counselling) to 327 people. The implementation of Regional

offices has been crucial to expanding on regional service user engagement and numbers, with 100 Forgotten Australians and Former Child Migrants in the North Queensland are now regularly accessing support from the Townville office.

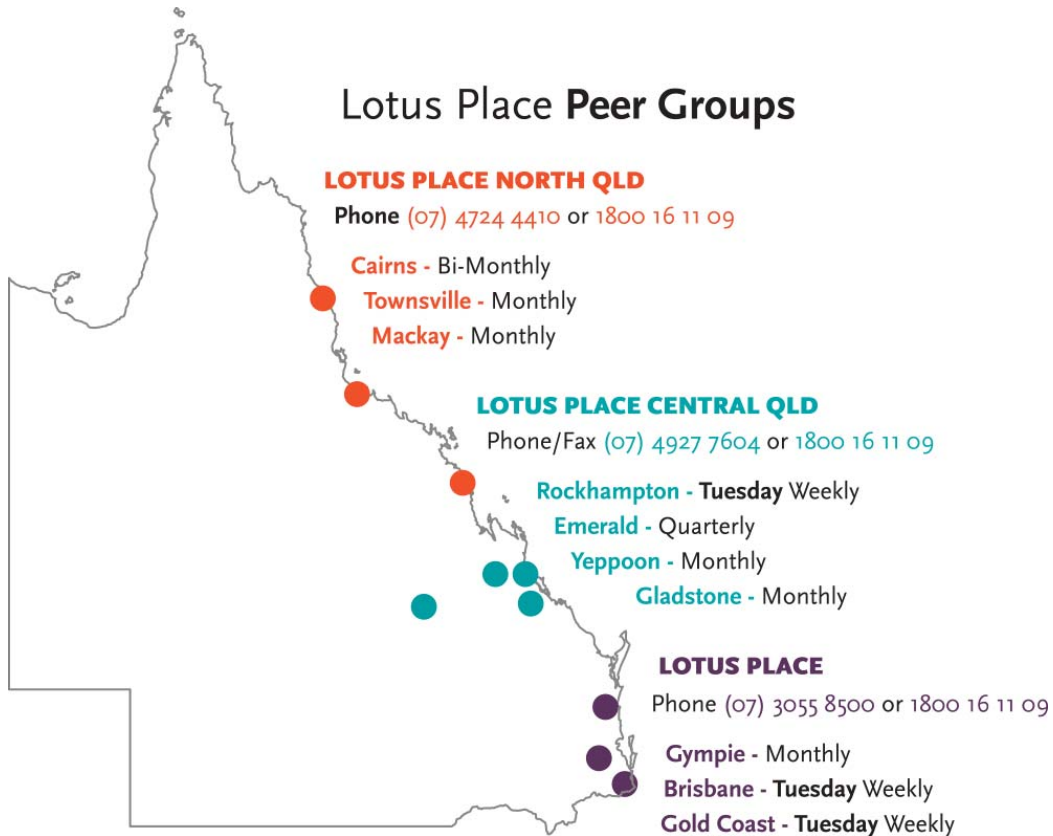
Before the Find and Connect funding Micah Projects has been providing statewide and interstate services for many years.

This has included:

- > workers visiting areas and holding information sessions or consultations around issues such as Redress and the National Apology
- > Workers visiting and supporting individuals in isolated areas
- > Travelling to areas to link individuals into services through assisted referral as well as accompanying people to meet with church officials
- > Brokering local services to provide services on a planned basis until services have capacity to incorporate individual into eligible services
- > Secondary consultation to service providers in local areas
- > Worker providing individual advocacy and case coordination by a combination of visits to local communities, phone and email contact, and brokering of local services or travel costs to services.

Regional engagement has been maintained and has developed through a range of strategies with additional resources including but not limited to:

- > Ensuring the budget has money allocated for travel expenses
- > Ensuring the roles and responsibility of staff include travel to regional areas
- > Maintaining phone and email contact with Forgotten Australians
- > Exploring Skype as a meeting strategy
- > Localised reference groups to inform service provision
- > Providing a facilitated process for Forgotten Australians to put forward their interests and link with local providers who are also engaged in community building activities
- > A statewide publication of news and activities for adults who, as children, lived in institutional and out of home care, *Lotus Times*. (see attachment 8)
- > Link with housing and homelessness networks as recently.



Topic D: Service system issues

There is a range of terminology used to describe advocacy and support as well as therapeutic treatment services for victims and survivors of child sexual abuse. We provided our current working definitions in the introduction to this paper. Are these terms adequate and have they been defined appropriately? If not, what terminology and definitions should we consider using?

Support and Advocacy is the key strategy used by workers at Micah Projects (Lotus Place) to provide assistance to the people we work with. It describes the targeted process of working with someone to meet their immediate, short, medium and/or long

term needs, aspirations and goals². It draws from a variety of evidence-based case management approaches, but also seeks to look beyond a notion of ‘management’ of a case or case plan, and instead describes the purposeful ‘working beside’ with the person or family, and their central role as the expert in their own lives.

Advocacy within the planned support context refers to speaking on behalf of a person or family, or assisting them to speak, to ensure people get fair access (QCOSS Planned Support Guide, p. 15) to services or supports they need to meet their needs and achieve their agreed aspirations and goals. Advocacy is viewed by Micah Projects as an essential activity of good support work, and has a strong evidence-base to support its effectiveness when dovetailed with other support processes.

Given the range of services victims and survivors might need and use, what practical or structural ways can the service system be improved so it is easier for victims and survivors to receive the advocacy and support and/or therapeutic treatment services they need? What type of service models help victims and survivors to receive the support they need?

Our submission recognises that adults who, as children, lived in institutional or out of home care are a specific population who need particular support.

Queensland’s Forgotten Australians are a diverse group of people but with a great deal in common. Many Forgotten Australians live in poverty and isolation. A significant number, however, live with their families and some live in comfortable circumstances. The vast majority of have been adversely affected by their time in care. Many bear psychological scars; a considerable number carry physical impairments; and nearly all have been denied a good education and the many benefits in life which go with that. A few respondents viewed their time in care in a positive light, granting them a legacy of independence and resilience. However, a far greater number of respondents were bitter about their experiences, and the legacy of psychological and physical damage which it left behind. Some still hungered for answers, others wanted the door closed and never opened. Some of this complexity is evident in the various quotations used throughout this report. While there is diversity in this material, the tabulated data shows a great deal of commonality, and the patterns which emerge are mostly

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consistent and unambiguous. Three quarters of the Forgotten Australians in this survey were in orphanages or children's home, about 20% were in youth detention centres, and about 20% were in foster care (respondents could be in more than one type of care). Nearly one third of Forgotten Australians were now retired, and a quarter were living with a disability. About 20% were still working. More than 40% of Forgotten Australians in this survey were married couples, with about 10% living with their children. Nearly one third were living alone.

A story of isolation and poverty emerges quite starkly from these survey data. In the case of poverty, we can compare the situations of Forgotten Australians with other Queenslanders and this forms a picture of severe disadvantage. Some 18% of Forgotten Australians regarded themselves as poor or very poor. The comparable figure for other Queenslanders was just 3%. Another 46% of Forgotten Australians regarded themselves as 'just getting along'. This compared with a figure of 26% among other Queenslanders. Furthermore, nearly 40% of Forgotten Australians were not confident that they could access support or help when needed. While a large proportion of Forgotten Australians made use of general medical or health services, for a range of other services usage appears to be quite low. For example, despite the trauma of their past, many Forgotten Australians did not, or could not, make use of mental health services. Only 8% reported using these services and only 19% reported using them sometimes.

When asked for their reasons for not using these kinds of generalist services, a large proportion of Forgotten Australians answered that they were not eligible (15%) or that problems with distance presented difficulties (12%). Aspects of being Forgotten Australians were particularly relevant to this question. In particular, 12% explicitly referred to a lack of trust in governments or other authorities as a reason for not approaching these kinds of services. Another 10% of respondents carried other psychological scars from their time in care which inhibited them from accessing generalist services. Overall, some 22% of respondents gave reasons which related directly to having been Forgotten Australians. Another 44% of responses related to the nature of the services themselves and their lack of accessibility. Turning to the kinds of services specially targeted at Forgotten Australians, those which were most helpful were clear-cut. Nearly 60% of Forgotten Australians reported that a payment from government or past providers had been helpful and 44% reported that an apology had been helpful. Another group of services were also seen as helpful: seeing a counsellor face-to-face (30%), taking part in public events (24%) and having the opportunity to

share similar experiences (23%). About two thirds of respondents indicated that they had not used some of the services or activities available to them as Forgotten Australians and the two most common reasons were distance, including the costs of travelling, and not being aware that such services were available.

When asked what they wanted in the future, the response from Forgotten Australians was unequivocal. Overwhelmingly respondents wanted information on entitlements and benefits for Forgotten Australians. 60% chose this option. The next most important options were better access to health services (42%), help with finding records or meeting their families(38%),individual counselling (36%),help to make a complain to seek compensation(36%)and a place to meet with other Forgotten Australians(35%). Nearly half of the respondents indicated that counselling was important to them while just over half supported the idea of assistance for Forgotten Australians to become peer leaders (though a considerable number did not appear to understand what peer leadership was). Finally, the survey canvassed what type of contact should be offered to Forgotten Australians in regional Queensland and interstate. The two most common suggestions were face-to-face contact (such as visitors) and telephone contact.

Individual Advocacy

Micah Projects has demonstrated experience in undertaking individual advocacy with adults who, as children, lived in institutional or out of home care.

Micah Projects core business is individual support and advocacy work with people across a broad range of issues and degrees of complexity. The structure and capacity is organised around the principles of supporting the effective delivery of support and advocacy services including case work, case management and case coordination. Micah Projects intentionally refers to workers as Support and Advocacy Workers. This is to differentiate them from case managers who work within statutory systems such as mental health, probation and parole, income support, and employment.

Support and advocacy with Forgotten Australians is focused on voluntary engagement, person centred planning, as well as engagement with people to meet their obligations within other case management service systems and or their tenancy obligations to sustain housing. Micah Projects is accredited according to Disability Support Standards and person centred individualised support plans are a key quality measurement within each annual audit.

Micah Projects has been responsible for developing a model of practice for individual advocacy with people who have experienced abuse whilst in the care of the church and state. This process enables the progression of complaint or a crime through the appropriate civil, criminal and or internal organisational process of the churches. Whilst the state has implemented a Redress Scheme every individual church legal identity has a different process for individuals to seek redress which may or may not result in an apology, acknowledgement of the violation and any monetary compensation.

In 1997 Micah Projects was funded to support two people undertake training in Salt Lake City by Rev Marie Fortune founder of the Centre against Domestic and Sexual Violence now called the Faith Trust Institute. The training was a comprehensive four day program focused on abuse prevention and Justice Making Principles for when abuse occurs. Over the past ten years Micah Projects has worked with every major denomination in progressing their development of protocols and processes for processing complaints. Micah Projects through the Esther Centre work has assisted over 4,000 people since 1997 in accessing ex gratia payments through civil, criminal or internal process. Collectively this has resulted in churches paying over a \$4 million dollars in amounts ranging from \$5,000 to \$100,000. Seven perpetrators have been charged, and sentenced through these processes and civil proceedings and out of court settlements have occurred with three class action groups. Unfortunately for some no redress has been provided.

In establishing the process Micah Projects have used the United Nations Declaration of Basic Principles for Victims of Crime and Abuse of Power.

Victims of Crime are defined as persons who individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental right, through acts or omission that are in violation of criminal laws.

Victims of Abuse of Power are defined as persons, who individually or collectively have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts of omission (or systemic arrangements) that do not yet constitute violations of national criminal laws but of internationally recognised norms relating to human rights.

Abuse of Power by a professional or carer is (adapted from Rev Maire Fortune (CPDVSV)):

- > The misuse of power and authority, with the professional or carer using the position and power to meet their own needs rather than to those they are providing a professional service or care to
- > Vulnerability and trust are exploited, as the profession or carer take advantage of the needs of the other person
- > It involves a violation of the professional or carer's role which is to work according to the interests of the other person
- > Meaningful consent is lacking. In order for meaningful consent to occur there must be mutuality, choice and equality as well as the absence of fear.

In developing Micah Projects Advocacy Process, we consider the following dimensions based on the principles of Justice Making developed by Dr. Marie Fortune, Faith Trust Institute Seattle:

- > **Truth Telling:** giving voice to the reality of abuse
- > **Acknowledge the Violation:** hear the Truth, name the abuse and condemn it as wrong
- > **Compassion:** listen and provide support to the person disclosing
- > **Protecting the Vulnerable:** take steps to prevent further abuse to the person and others
- > **Accountability:** takes steps to assist in the confrontation of the abuser, and seek redress
- > **Restitution:** make symbolic restoration of what was lost, give tangible means to acknowledge the wrongfulness of the abuse and the harm done, and to bring about healing
- > **Vindication:** remove the blame and responsibility for the abuse.

During advocacy processes with individuals Micah Projects ensures that people have access to their file and are supported to read their file.

Key advocacy outcomes

- > Micah Projects has assisted over 4,000 individuals since 1997 to process complaints and crimes through criminal, civil and internal church processes and professional bodies, resulting in over \$4 million dollars of individual payments ranging from \$5,000 to \$100,000

- > 2118 people assisted with the Queensland Redress Application as well as state-wide consultation
- > assisting individuals in the Neerkol Action Support Group which negotiated a settlement with the Sisters of Mercy, Rockhampton and providing consultation on solutions resulting in an independent mediation process
- > Establishing with church groups appropriate processes to enable complaints to be made
- > Assisting people to provide evidence to the Forde Inquiry, Senate Community Affairs Committee and Towards Healing Processes
- > Advocating for the Senate Community Affairs Committee Inquiry, supporting people make submission, attend consultations, and be at Parliament for the tabling of the Inquiry
- > Supporting people through criminal proceedings for five people sexually abused by priests whilst in care resulting in convictions
- > Brokerage of counselling services prior to the funding of the Aftercare Resource Centre 1997
- > Supported three representatives from Historical Abuse Network for 8 years in working with Ministers and Members of Parliament with the result being the Redress Scheme.

Coordinated Services

Micah Projects has experience in developing mechanisms for coordination of multidisciplinary services around individuals with complex needs and has been working with victim/survivors of abuse for 20 years. The organisation has a well developed understanding of and process around privacy, consent and sharing of information both within a crisis situation where there is risk to self or other or in planned and coordinated approach. All staff are trained and supported with Information Technology systems that are in line with policy and practice.

Coordinated services with Forgotten Australians includes:

- > Developing an understanding with the person of what they seeking to do and setting up a plan for achieving this. For example someone might request that they get their file through Freedom of Information. Workers would assist in the process and provide options for where they would like the information to be sent and stored

- > In waiting for the information a person is invited to participate and become involved at the centre , information is provided on all the activities
- > If appropriate there may be a need to look at other services such as getting an understanding about who else a person is working with, what are their goals and obligations that they may need assistance in meeting? Referrals may also be required to housing and health services
- > When a person's file arrives then there are options about how a person may want to read or go through the file, alone, with a worker, or with another trusted friend or professional
- > Sometimes specialist counselling may be required and a process of seeking the appropriate professional would occur with the person. Brokerage funds may be used to purchase this counselling
- > A person is provided with information at all points and can choose options around the appropriate process to report a crime, engage in the legal process, contact a church authority, to process matter of criminal nature and experiences or abuse.

Support plans are used, monitored and reviewed in many situations where workers at Lotus Place are coordinating services; however the coordination may also happen over time through a series of separate requests rather than an ongoing support process.

Micah Projects has established relationship with homelessness and housing providers and would like to undertake further work in linking the services for Forgotten Australians as recent surveys of people sleeping rough in Sydney, Melbourne, Tasmania and Brisbane have identified consistently around 23 percent of the population have a history of care in child protection systems including institutional care, detention centre and foster care.

Find and Connect

Micah projects has been involved in working with Forgotten Australians since 1997 in providing practical assistance and emotional support to:

- > request records about themselves from a variety of sources including state and church organisations
- > supporting people access further information arising from the access to records in relation to themselves and family
- > provide the practical, financial and emotional support required to make connection as safe as possible

In addition Micah Projects supports Forgotten Australians in their advocacy for change processes following Forde Inquiry in relation to the freedom of information.

Micah Projects facilitated the participation of Forgotten Australians as well as staff in the consultations about the Find and Connect Services. Micah Projects has advocated at a National Level for the integration of Find and Connect into State based Services.

Micah Projects is committed to the recruitment of staff who have the skills and the ability to work in flexible ways with people in accessing their records, then reading their files, providing emotional support and tracking their personal history, families, friends.

Micah Projects seeks staff who have experience in the management of release of records and information in the child protection context. Micah Projects believes that Find and Connect requires both centre based appointments and the ability to undertake outreach with people as they find their own processes of reconnecting. Micah Projects has had significant experience in working with Forgotten Australians as they have embarked on their own pathways to finding and connecting with family, and linking people through Link Up as well as the Salvation Army Tracing Service. Each Remembrance Day event has seen greater participation of family and friends with Forgotten Australians including last year were three people attended with their birth mothers.

Micah Projects welcomes the integration of this service and the complimentary skills of existing team and service elements within the organisation

Manage demand for services

The management of demand for services requires developing and maintaining a culture within the organisation and teams that reflects to people:

- > both a responsiveness to their immediate request and
- > proactive engagement in providing accurate information about opportunities for participation in networks and activities as well access to individualised services.

The processes that Micah Projects have implemented for demand management are:

- > Ensuring the first point of contact is accessible, can assess eligibility quickly, has up to date information on current activities and capacity of staff for individual services. With an enhanced budget the phone will be answered by a support and

- advocacy worker. This is in line with previous experience when an integrated position between Relationships Australia and Micah Projects was shared financially
- > Ensuring a backup position is available to the person on the phone to take up crisis calls and to undertake safety assessments with crisis intervention plan. Micah Projects has had significant experience in crisis interventions for example callers disclosing their intent for suicides
 - > Whilst there is no time limit on the length of time a person can participate and access services workers are encouraged to use a support planning process for each period of time that a request has been made for a individualised intervention. This enables better monitoring and periods of support on a individual basis can be closed whilst a person is still accessing activities. Also allows for prioritising and reprioritising workloads amongst the team
 - > A waiting list is maintained for the processing of complaints as it is a specialised area of work which can extend over a period of time
 - > Staff support is critical. Micah Projects undertake a team approach to the allocation of work providing a combination of individualised work according to skill levels and community building within the space. The ability to employ a community development worker with a specific role for the peer participatory processes will provide the team with more resources and enable outcomes to be achieved which have not been possible due to the demand for services.

Building referral networks/pathways (identify any preferred providers for client referrals)

Micah Projects builds relationships within the community services sector across Queensland building on the extensive network that the organisation currently has which includes not for profits, for profit organisations, single practitioners, Mental Health Accredited Nurses, psychologist, social workers, lawyers.

Micah Projects has and is developing relationships with providers in a range of settings in an ongoing basis through:

- > Developing greater knowledge and relationships with Medicare Locals and the planning and implementation of services to different population groups through the Better Access Initiative of the Australian Government
- > Use of Professional Associations for referrals and linkages across the state and nation such as the Psychologist Association

- > Presentations at Forums on the impact of abuse and the experiences of Forgotten Australians and maintaining a list of interested professionals
- > Linking people into services that they are already entitled to due to their particular circumstances such as Relationships Australia, Centacare, and Anglicare across the state
- > Linking with Universities and academic staff who also have private practice
- > Create a local network of interested professionals, community church and government organisations where there is interest
- > Maintaining an updated register of the protocols and contact people for the processing of complaints within churches across Australia
- > Maintain collaboration with Broken Rites
- > Maintain collaboration with Link Up
- > Maintain collaboration with Australian Sexual Abuse Association

Micah Projects is a member of:

- > Peakcare
- > QCOSS
- > National Child Protection Coalition
- > Child Protection Practitioners Association of Queensland
- > Australian Forgotten Australians Alliance
- > Care Leavers Australia Network
- > Origins
- > ADCA
- > Mental Health Coordinating Council
- > Canon Institute.

Develop and enable a peer support network of adults, who as children, lived in institutional or out of home care including in regional locations

Micah Projects has developed and facilitated the Historical Abuse Network for 12 years. During this time the organisation has developed an understanding of the participatory processes required to build a network, and a sense of belonging and identity.

Micah Projects works with Forgotten Australians on plans focusing on a range of ways to enhance engagement and participation across the State. Currently Micah Projects

has a mailing list of 2,500 people representing people from interstate and regional areas. The appointment of a Community Development Worker will provide a focus which has been disrupted in recent years due to demand for services.

Micah Projects has a comprehensive resource library of materials for peer support development, some of which Forgotten Australians have provided input to.

The Ambassador Program aims to align training with a pathway for a Certificate for Community Services through Training Providers and this would be the intention of Micah Projects to align some of the peer work with this initiative.

Work with and involve adults who, as children, lived in institutional and out of home care in the planning and development of service activities

Micah Projects continues to involve adults, who as children, lived in institutional or out of home care in the planning and development of service activities through a number of strategies:

- > annual survey with people seeking feedback from people on services
- > facilitation of focus groups around particular issues
- > responding to complaints and feedback register as part of continuous improvement
- > participation in evaluations and planning arising from them
- > individual conversations and suggestions
- > feedback through web site.

How can we ensure practitioners and workers are sufficiently skilled to provide advocacy and support and/or therapeutic treatment for adult and child victims and survivors, including those from diverse backgrounds?

All staff currently employed by Micah Projects within Lotus Place are known to service users and are experienced in working with Forgotten Australians and Former Child Migrants. All have relevant tertiary qualifications, they are local people who know their service delivery area and all have significant experience in sector and working with vulnerable population groups. During the establishment phase of Find and Connect from August 2012, as well as participating in all Practice Roundtables facilitated by DSS, all staff received the following training:

- > Understanding the key findings of the previous Inquiries including the 2001 and 2004 Senate Inquiries and the 1999 Queensland Forde Report;
- > Specialist Record Searching and person-centred supported record release;
- > Training with international expert of faith based abuse, Dr Marie Fortune including key topics such as moral injury and the principles of Justice Making;
- > ASCA's Training on becoming a Trauma Informed workplace;
- > Understanding the "Working Together" Charter for Lotus Place; [\[2\]](#)
- > Peer engagement and Social support work with Forgotten Australians and Former Child Migrants;
- > Supervision training including self-care against Vicarious Trauma and Burnout. Micah Projects has excellent working relationships with past providers, external counselors and other service delivery organizations, which is supported through the Lotus Place Stakeholder Group. We continue to support peer educators in their community education to professionals.

The organisation has a strong record of independence as well as the ability to develop and work with a network of past providers including state government and church authorities. Through the organisation's employment practices, people are requested to declare any 'conflict of interest' which may present if they have (i) other roles or responsibilities on Boards of past providers, or (ii) involvement in church or government activities which may impact on their objectivity in dealing with sensitive information. At the same time, no staff member is discriminated against because of past employment, religious beliefs or identification with any denomination of Church. All staff are supported in dialogue with Forgotten Australians and Former Child Migrants to be transparent about their involvements. If a perception or issue is raised by any person, it is done so in a safe environment and in a way that ensures natural justice. This process has always been effective in resolving any misunderstandings.

The following practices are a part of Micah Projects planned support and advocacy guidelines for working with adults who, as children, lived in institutional and out of home care (Attachment 5, Advocacy and Support, Micah Projects).

"Engagement is a process, not an event" (Hannigan, T, & Wagner, S. 2003, p. 17)

'Engagement 'is the formation of a relationship of trust so that support work can occur. Like any relationship, it needs attending to and will fluctuate over time. Engagement is essential to good *advocacy and support*. Engagement with people or families may begin occurring long before they formally opt in to a service. Trust is an essential

element of good engagement. The degree to which anyone trusts a worker will vary widely and over time, however a degree of trust is important if goals are to be achieved. It is important to consider people's past lived experiences and experience with other parts of the service system in understanding why successful engagement may take a long time to build, and a short time or single event or disappointment to disrupt. It is essential that workers remain persistent in their attempts to engage, whilst being respectful of people's right to opt out of services. It is also important if a worker senses they are not well engaged with a person or family they are working with, that they talk this through with the Team Leader and explore what the barriers to better engagement might be.

Engagement as a phase of advocacy and support refers to the process of introducing the person or family to the service relationship, explaining our role and trying to find common ground to build on. The length of time it takes to establish a working relationship varies with each individual or family, their circumstances, and the actions of the worker. Gaining a person or family's trust takes time, and workers may be unable to gain this confidence despite months of outreach efforts. However, the extent to which an individual is willing to work with staff can evolve and change. Workers can try to establish an atmosphere of acceptance and trust by defining themselves in purpose and action as a listener and helper.

Effective engagement practices include:

- > Introducing yourself and how you can be helpful. Talk first to the person or family about ways you could be of assistance, rather than asking them about their issues or challenges first. Understand that some people may want to tell you everything, others may not. Also, that the 're-telling' of distressing experiences or events should be minimized if it is not something you can help them with. That does not mean you should not listen if a person wants to tell you these things, just that if you begin by outlining what you can help with, it may give the person or family a sense of whether they need to share particular experiences with you in order to gain a service;
- > If you identify that the person or family can be assisted by your team, explain service eligibility and encourage them through an intake process. If they would be better supported by another Micah Projects team or an external service, talk this through with them and utilize a supported referral approach;

- > Being mindful of people's differing constructs around safety and that these may be greatly influenced by their lived experiences as well as current circumstances. Meet with them where they feel safest, give them choices about days, times and places and hold to those wherever possible
- > Identify some early achievable ways you can demonstrate your trustworthiness. Always be honest with people about the limitations of the assistance you can provide, even if it may not be what they want to hear. If you can't see someone or are running late call them ahead of time and let them know. If you say you are going to call at a particular day or time, hold to that wherever possible or have someone else contact them if you cannot and explain why. Offer some early practical assistance Offering support, empathy and respect and actively listen to each person or family member. Notice people's strengths and attributes and feed them back to people. This lets them know you are interested and paying attention. If working with a couple or family, ensure you acknowledge and attempt to talk to everyone and not just those that seem most comfortable to talk;
- > Be patient and persistent. Someone may cancel or not attend a number of appointments before properly engaging. People have a right to opt out of services, however following up with them in a respectful way and making another time to see them is important.

Early, practical support as an engagement strategy

An excellent way to engage individuals is to provide concrete, practical support. As workers it is important to respond to people's concrete needs quickly; this demonstrates a tangible sign of respect and empathy for the difficulties they are experiencing and can enhance a person or family's trust in you. Examples of concrete, practical support are purchasing food, providing transport, support moving to a new house, and financial assistance.

Perceptions of Power: Triggers and Responses

Micah Projects recognizes that for many of the people we support, interactions with authority, systems and services has the ability to strongly trigger them. This can elicit trauma-based responses that are often viewed as 'problematic', and can result in people being excluded from mainstream services or supports. This exclusion may be overt (banning someone, refusing service) or subtle from a service or systems

perspective, or the person may self-exclude due to the distress and discomfort of the experience. For many people Micah Projects works with, abuse of power and authority is a fundamental element of the harms they have endured. That this has resulted in hyper-vigilance when it comes to who (or what) holds authority and power is to be expected and should be seen as a normal response to these abuses; if power/authority is what enabled abuse and harm to occur then it is an appropriate self-protection mechanism to become watchful for when/by whom/how this might happen again to a person or family. It is important that workers understand that our own perception of our authority or power (or lack thereof) should not be the guide-point; it is the person we are working with who will make their own assessments on that and respond accordingly.

The importance of Language

When describing who we work with

- > Do use “person/family I’m working with”, the person’s name
- > Don’t use ‘client’, a medicalised, professionalized term that can trigger some people and adds to a sense of power imbalance between the person and the worker

When describing yourself

- > Do use your name, or ‘your worker’, ‘support worker’, ‘outreach worker’ (for further guidance please discuss with your Team Leader)
- > Don’t use “case manager”

When describing the working relationship

- > “we will be working together”, “I’m working with (the person)”

When talking with others

- Avoid adopting other terms such as ‘client’ or ‘case manager’ in case coordination discussions, even if the person isn’t there. Politely request that the term ‘worker’ be used wherever possible with external services, including any meeting minutes or similar

Violence, risk and “Fight/Flight/Freeze” responses

Violence is NEVER acceptable, for the people we support to either experience OR perpetrate. It is important however that in seeking to work effectively with vulnerable people workers of Micah Projects recognize that safety is not something often experienced for some of the people we work with, and feelings of unsafeness and/or feeling threatened can be easily triggered. A consequence for some of having their sense of safety triggered either by their interactions with the worker, Micah as an organization, the broader service system or someone else in their lives can be that they respond through the use of violence themselves against themselves or others (fight response). For others it may mean they continue to remain in high risk relationships or situations and may find acting to remove themselves from unsafe situations particularly challenging (freeze response). Others may choose to disengage from their support systems including their workers (flee response). All of these should be seen as normal reactions to violence or feelings of unsafeness, but may require very different responses from the worker.

Non-exclusion practice in response to violence or risk of harm

The physical safety of children is always the first priority of the organization, as well as the physical safety of other vulnerable adults, workers and the broader community. In responding to people who may use violence or pose risk to themselves or others however, it is important that worker responses do not have the unintended consequence of excluding people from services. In particular, workers have a responsibility to ensure it is not their own safety concerns that have been triggered and that they act according to what is best for the people they are working with and not themselves.

It is acknowledged that working in a way that maintains the safety and well-being of the people we work with, staff and broader community is important, as is holds people to account and helping them to see the consequences of their actions. However it is equally important that Micah delivers a compassionate, considered response to people who may be triggered, unwell or also unsafe themselves. This balance is a complex one, but must at all times be strived for. The contexts for such work will vary widely depending on your team and area of work. You are expected to engage in regular and continuous dialogue with your team colleagues and your Team Leader about how non-exclusion practices can be achieved in your responses to risk and violence.

Good safety and risk practices are:

- Constantly watchful for and screening/assessing for risk;
- Recognize that safety and risks for one person may be different for (and/or impacted by) those of another;
- Grounded in a normalized continuous dialogue about safety with people that supports it as a right and appropriate aspiration for people to have;
- Recognizes that Best Practice responses to safety and risk are always grounded in coordinated responses (refs) rather than siloed, one worker/team responses;
- Trauma-informed and recovery-oriented i.e. they are non-judgmental about the circumstances or choices that might be increasing risk for people but instead work to create a trusting relationship over time that can enhance open and honest discussion about safety;
- Person-centred and strengths-based i.e. recognize that the person will often be best placed to know when they are or aren't safe and what a good response looks like;
- Are clear about what responses the worker or Micah Projects can/can't provide; and
- Are documented, flexible, regularly reviewed and appropriately resourced.

Topic E: Evidence and promising practices

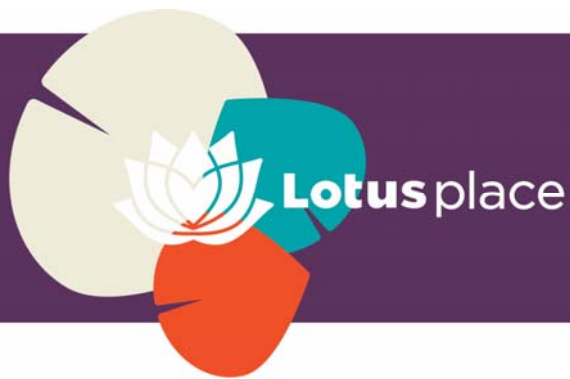
What promising and innovative practices (including therapies, interventions, modalities and technologies) for victims and survivors of institutional child sexual abuse are emerging from practice-based evidence? Where are these available and who can access them?

See attachments 5, 6, 7.

What evaluations have been conducted on promising and innovative practices? What have the evaluations found?

See attachments 1, 2 and 3.

What other learnings are emerging from practice-based evidence or from grey literature (i.e. published reports and papers that have not been formally peer-reviewed, such as government reports) about supporting adult and child victims and survivors?



Working Together Charter

This charter identifies the principles for Micah Projects and Forgotten Australians and Former & British Child Migrants to undertake a partnership approach. The purpose of the Charter is to demonstrate a shared commitment of cooperation and collaboration between Micah Projects and Forgotten Australians and Former & British Child Migrants. The following principles will guide the development of the Charter:

Principle One

Micah Projects recognises the deep insight Forgotten Australians and Former & British Child Migrants have into the complex nature of the impact of childhood abuse within the child protection system and its lifelong consequences. Micah Projects is committed to working together with people who lived in out-of-home care, institutions, group homes, foster care and detention centres to enable this lived knowledge to assist the development of policies and services that affects their lives.

Principle Two

Micah Projects will work with Forgotten Australians and Former & British Child Migrants to seek justice in relation to government and religious institutions who were responsible for the lack of transparency in their policies and practices and the extent of abuse and neglect which deprived children of justice and a lack of action when criminal behaviour was reported at the time.

Principle Three

Micah Projects will work with Forgotten Australians and Former & British Child Migrants so that together they will:

- create safe environments that encourage hope, healing and respectful partnerships
- respect both the knowledge and insight of people with lived experience and the knowledge and skills of professionals, staff and stakeholders
- encourage dialogue, a range of opinions and solutions in recognition of the varied backgrounds of people who as children were in the care of the church and state.

LOTUS PLACE IS AN ACTIVITY OF

MICAH PROJECTS INC

Breaking Social Isolation
Building Community



Our hope is to create justice and respond to injustice at the personal, social and structural levels in society.

We seek to work collaboratively and respectfully with Indigenous communities and agencies. Micah Projects endorses the United Nations Universal Declaration of Human Rights.

Principle Four

Micah Projects is committed to ensuring that Forgotten Australians and Former & British Child Migrants are informed of events, ideas and general information to enable their participation in the organisation's activities. This information will be provided in an accessible and timely manner in language that is respectful and understandable to people with diverse backgrounds. There will be an emphasis on raising awareness about services available to Forgotten Australians and Former & British Child Migrants.

People are encouraged to provide feedback on all aspects of Micah Projects delivery of services.

Principle Five

Micah Projects and Forgotten Australians and Former & British Child Migrants will work within the available resources and policies which will:

- recognise financial assistance is required for participation
- provide training to assist Forgotten Australians and Former & British Child Migrants to undertake delivery of community, professional and stakeholder education and provide support to speak up with confidence
- ensure all staff receive education and training based on the findings of the Forde Inquiry and Senate Community Affairs Committees in relation to Former & British Child Migrants and Forgotten Australians as well as the Bringing them Home Report. Staff will be trained and informed about the ongoing implications of the Royal Commission into institutional responses into child sexual abuse

Forgotten Australians and Former & British Child Migrants are recognised as experts and historians in their lives.

Principle Six

Forgotten Australians and Former & British Child Migrants will work together with Micah Projects to develop, implement and evaluate the services of Lotus Place, including the Find and Connect service by:

- formation of a Consumer Engagement Committee or Reference Group
- focus groups
- surveys
- maintaining the Historical Abuse Network
- consultations on matters of policy development by State and Commonwealth policies that impact on Forgotten Australians and Former & British Child Migrants.

Who are Forgotten Australians?

- Children who were placed in out-of-home care
- Former & British Child Migrants
- Forgotten Australians
- Women who were forced to adopt their children
- Children who were placed in adult mental health facilities

Who Am I? ...

I am a member of the 'Forgotten Australians', one of the more than 500,000 adults who were raised in over 127 church, government and non-government institutions.

I am a 'Former Child Migrant', sent here to Australia without any knowledge of where I was going or why I was being sent. I shared my life in institutions and other out of home care with Forgotten Australians.

I am as one of the many thousands of children who were placed in 'Foster Care', many of us were moved from one foster home to another on numerous occasions throughout our childhood.

I share a common bond with those 'forced Adopted' children who at birth, were stolen from their birth parents (mothers/ fathers or both) and given to families with no biological connection to who I am.

I share the pain of dislocation of the Aboriginal people who are members of the 'Stolen Generation' taken from the custodians of this great nation we call Australia, by white government agencies whose sole intent was to integrate us into European culture and society. **I Am Australian.**

By Michael Collins



Findings of a survey of Queensland Forgotten Australians

Conducted November 2010 – January 2011, as part of the consultations
contributing to planning future services for Forgotten Australians in
Queensland

Volume 2

Data analysis and Report by Dr Ian Watson for RPR Consulting

7 March 2011



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Preface

This report contains the findings of a survey of Forgotten Australians carried out at the end of 2010. The goal of the survey was to collect information on the situation of Forgotten Australians, their experiences with services available to them, and their preferences for the future. The population surveyed were those Forgotten Australians who had been in care in Queensland and included people who were now living in Queensland and interstate. 603 individuals responded to the survey, made up of 251 men and 313 women.

In a nutshell, the survey aimed to reach as many Forgotten Australians as possible, to make it easy for them to complete the form, and to find a way for their own points of view to be expressed. The result was a combination of ticking-the-box style questions as well as some open-ended questions where Forgotten Australians could provide answers in their own words. In the light of possible literacy issues, the respondents were invited to seek assistance in completing the form if they felt it necessary.

This report attempts to reflect this combination by presenting tabulations of all the tick-the-box style questions and also excerpts from the open-ended questions. The former are shown mainly as graphs, with detailed tables presented in the appendix. The latter are presented as ‘boxed quotations’, sometimes with thematic headings. The tabulated data is quite robust and the patterns in this data are very consistent. In other words, this tabulated data appears to be a reliable indication of the situation and preferences of Forgotten Australians. The boxed quotations are chosen to reflect diversity and do not attempt to be representative of the sentiments of *all* Forgotten Australians. These quotations illustrate the reality which lies behind the numbers and they provide meaning to the patterns which emerge from those numbers.

Three things are worth keeping in mind when reading the report. First, the graphs are mainly dot plots, which show the relative magnitude of the percentages for various subgroups (eg. male and female) for a particular item. They are read from left to right, with the dots furthest to the right indicating the highest percentage. A solid dot indicates one subgroup (eg. male) and a hollow dot the other subgroup (eg. female). Where only one dot is visible, this indicates that both subgroups had the same percentage. The advantage of this style of graph is that the reader can see, in a single glance, both how important something is and how that differed according to a subgroup breakdown.

Secondly, many of the questions allowed multiple responses and this makes it a bit complicated in reporting the findings. For example, we have a sample of 603 persons, but there may be 2000 responses to a question. Some people may have ticked one or two boxes, other might have ticked four, and some may have

ticked none. The number of ticks for a particular item is a fixed number (for example, 200) but the percentage can be expressed in two ways. Either 33% of persons (200 over 603) ticked that box, or 10% of the responses were made up of that item (200 over 2000). It's clear that both percentages are accurate but the difference between 33% and 10% depends on how one wants to look at things. Are we primarily interested in the people, or in the responses? For this report, it is the former which is the priority, so most of the discussion concerns these kinds of percentages. Nevertheless, there is always one table for each multiple response question which shows the percentage of responses so that those readers interested in this perspective can consult the figures.

Thirdly, for ease of expression, the terms 'respondents' and 'Forgotten Australians' are used interchangeably throughout the report. It needs to be kept in mind that the findings refer to the sample who responded to the survey, not to all Forgotten Australians.

There is a detailed discussion in the appendix about the methodology but it's worth making the point here that we can have considerable confidence in the findings for this survey. As in many other social research areas it can be quite difficult gathering information about a group of people like the Forgotten Australians. There can be issues around literacy and there can also be suspicion towards governments and other agencies by Forgotten Australians because of their history with such bodies. Despite these drawbacks, some 603 people responded to this survey and its reach was very extensive. The answers to the open-ended questions provided insights into the backgrounds and circumstances of the respondents and these indicated that the sample was a very diverse group of people. There is also considerable consistency in all of the findings, which lends further credibility to the survey.

The development of the questionnaire was undertaken by Ann Porcino and Ian Watson, of RPR Consulting and Robyn Eltherington of the Queensland Department of Communities. The Consultation Reference Group for the project, individually and collectively, offered invaluable assistance including: Allan Alloway, Bob Toreaux and Shelly Farquhar (Historical Abuse Network); Rebecca Ketton (Aftercare Resource Centre); Jo Bennett (Forgotten Australian Support Service); Karyn Walsh (Micah Projects); Kerry Charlton and Helen Baird (Forde Foundation); and Robyn Eltherington and Natalie Wilson (Department of Communities).

The survey was piloted with a small group of Forgotten Australians and their assistance was much appreciated: Lana Syed, SueTrewweek, Roy Walsh, Sheryl Munson, Peter Crowl and Jessie Harlow. Forms were distributed by mail through the Relationships Australia Queensland call centre, with the support of all the services. Daphne Roach of RPR Consulting coordinated the collection of completed forms. During the period of the survey, the Forgotten Australians Support Service employed a temporary staff member to provide assistance to any Forgotten Australian who requested help in understanding and completing the form. Data Entry from the survey forms was carried out by datacomIT under the supervision of Joseph Petrarca. The analysis of the data and the writing of this report was by Ian Watson.

Key findings

This survey presents a picture of Queensland's Forgotten Australians as a diverse group of people but with a great deal in common. Many Forgotten Australians live in poverty and isolation. A significant number, however, live with their families and some live in comfortable circumstances.

The vast majority of the respondents to this survey have been adversely affected by their time in care. Many bear psychological scars; a considerable number carry physical impairments; and nearly all have been denied a good education and the many benefits in life which go with that. A few respondents viewed their time in care in a positive light, granting them a legacy of independence and resilience. However, a far greater number of respondents were bitter about their experiences, and the legacy of psychological and physical damage which it left behind. Some still hungered for answers, others wanted the door closed and never opened. Some of this complexity is evident in the various quotations used throughout this report. While there is diversity in this material, the tabulated data shows a great deal of commonality, and the patterns which emerge are mostly consistent and unambiguous.

Three quarters of the Forgotten Australians in this survey were in orphanages or children's home, about 20% were in youth detention centres, and about 20% were in foster care (respondents could be in more than one type of care). Nearly one third of Forgotten Australians were now retired, and a quarter were living with a disability. About 20% were still working. More than 40% of Forgotten Australians in this survey were married couples, with about 10% living with their children. Nearly one third were living alone.

A story of isolation and poverty emerges quite starkly from these survey data. In the case of poverty, we can compare the situations of Forgotten Australians with other Queenslanders and this confirms a picture of severe disadvantage. Some 18% of Forgotten Australians regarded themselves as poor or very poor. The comparable figure for other Queenslanders was just 3%. Another 46% of Forgotten Australians regarded themselves as 'just getting along'. This compared with a figure of 26% among other Queenslanders. Furthermore, nearly 40% of Forgotten Australians were not confident that they could access support or help when needed.

While a large proportion of Forgotten Australians made use of general medical or health services, for a range of other services usage appears to be quite low. For example, despite the trauma of their past, many Forgotten Australians did not, or could not, make use of mental health services. Only 8% reported *often* using these services and only 19% reported using them *sometimes*.

When asked for their reasons for not using these kinds of generalist services, a large proportion of Forgotten Australians answered that they were not eligible (15%) or that problems with distance presented difficulties (12%). Aspects of being Forgotten Australians were particularly relevant to this question. In particular, 12% explicitly referred to a lack of trust in governments or other authorities as a reason for not approaching these kinds of services. Another 10% of respondents carried other psychological scars from their time in care which inhibited them from accessing generalist services. Overall, some 22% of respondents gave reasons which related directly to having been Forgotten Australians. Another 44% of responses related to the nature of the services themselves and their lack of accessibility.

Turning to the kinds of services specifically targeted at Forgotten Australians, those which were most helpful were clearcut. Nearly 60% of Forgotten Australians reported that a payment from government or past providers had been helpful and 44% reported that an apology had been helpful. These two areas were by far the most important for Forgotten Australians. Another group of services were also seen as helpful: seeing a counsellor face-to-face (30%), taking part in public events (24%) and having the opportunity to share similar experiences (23%).

About two thirds of respondents indicated that they had not used some of the services or activities available to them as Forgotten Australians and the two most common reasons were distance, including the costs of travelling, and not being aware that such services were available. The legacy of their time in care was also an important factor. This included the emotional turmoil which bringing up the past entailed. Another group of Forgotten Australians referred to a lack of trust as the inhibiting factor. Being in prison or interstate limited the opportunities for involvement for about 10% of Forgotten Australians who answered this question. Finally, only about 10% of the respondents to this question indicated they had no need for these services or activities.

When asked what they wanted in the future, the response from Forgotten Australians was unequivocal. Overwhelmingly respondents wanted information on entitlements and benefits for Forgotten Australians. 60% chose this option. The next most important options were better access to health services (42%), help with finding records or meeting their families (38%), individual counselling (36%), help to make a complaint or seek compensation (36%) and a place to meet with other Forgotten Australians (35%).

Nearly half of the respondents indicated that counselling was important to them while just over half supported the idea of assistance for Forgotten Australians to become peer leaders (though a considerable number did not appear to understand what peer leadership was).

Finally, the survey canvassed what type of contact should be offered to Forgotten Australians in regional Queensland and interstate. The two most common suggestions were face-to-face contact (such as visitors) and telephone contact.

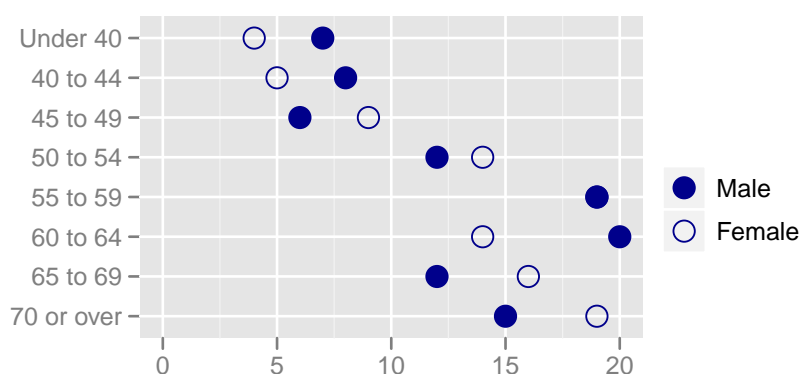
1. Who are the Forgotten Australians?

1.1 Demographic profile

The Forgotten Australians who responded to this survey were more likely to be women than men, though the gap is not that large: 52% women to 42% men. The vast majority were aged over 50 (79%), and nearly one half were aged over 60. About 15% identified as Indigenous (though 6% were uncertain how to answer this question and another 5% chose not to respond). Finally, just over one quarter of the respondents were living in Brisbane, with another 13% living in the South East region. About 7% were from North or Far North Queensland and about 11% were from the South West. Finally, about 12% of respondents were living interstate.¹ The figures for these basic demographics are shown in Table 1.1.

We now look at a gender breakdown of these basic demographics, using graphs to illustrate the patterns (the full details are shown as tables in the appendix).² Figure 1.1 shows that among men there is a ‘bulge’ in the age distribution in the 55 to 64 age group. Among women, the age distribution is more even, with the largest age bracket in the 70 or over age group. These patterns are consistent with the demographic reality that women generally live longer than men. Figure 1.2 shows that there are no gender patterns among the Indigenous respondents and Figure 1.3 shows a similar uniformity for the regions (though slight gender differences are evident for Central Queensland and North Queensland).

Figure 1.1 Age by gender (%)



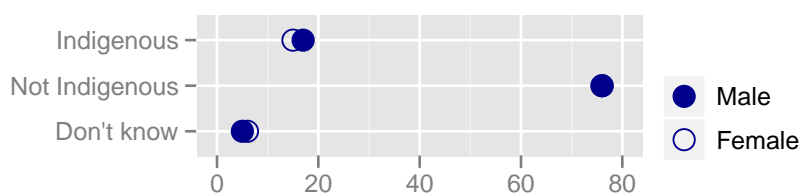
Source: Table A.1

Table 1.1 Demographic profile

	Number	Per cent
Gender		
Male	251	42
Female	313	52
No response	39	6
Total	603	100
Age group		
Under 40	30	5
40 to 44	37	6
45 to 49	43	7
50 to 54	79	13
55 to 59	109	18
60 to 64	98	16
65 to 69	86	14
70 or over	104	17
No response	17	3
Total	603	100
Indigenous status		
Indigenous	93	15
Not Indigenous	448	74
Don't know	34	6
No response	28	5
Total	603	100
Region		
Brisbane	154	26
Central Qld	55	9
Far North Qld	12	2
North Coast	91	15
North Qld	33	5
South East	76	13
South West	66	11
Interstate	75	12
No response	41	7
Total	603	100

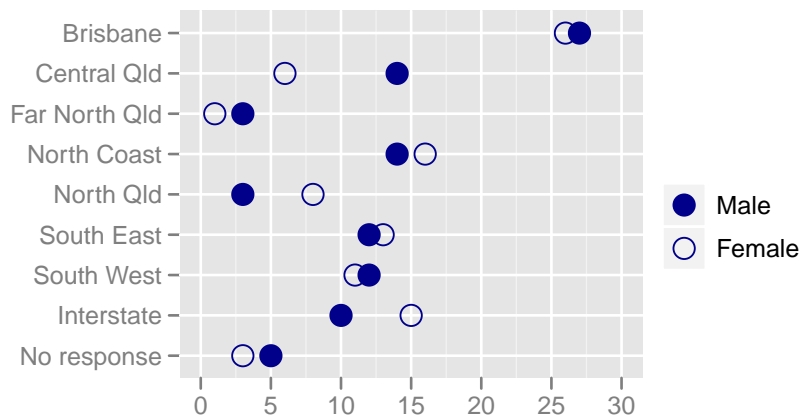
Notes: Totals differ because of missing responses.

Figure 1.2 Indigenous status by gender (%)



Source: Table A.2

Figure 1.3 Region by gender (%)



Source: Table A.3

1.2 Background in care

The type of care experienced by Forgotten Australians was overwhelmingly orphanages or children’s homes. While it was possible for some of them to be in different types of care, at some stage some 76% of Forgotten Australians spent some time in orphanages or children’s homes (see Table 1.2 and Figure 1.4). Considerable numbers of Forgotten Australians also spent time in youth detention centres (22%) and in foster care (21%). There were few gender differences in the type of care experienced, but there was an important age difference. As Figure 1.5 shows, among older Forgotten Australians—particularly those aged 55 and older—the type of care was almost exclusively orphanages or children’s homes. By contrast, Forgotten Australians aged under 40 were more likely to have been in youth detention centres (50%), foster care (47%) and family group homes (33%) than they were to have been in orphanages or children’s homes (27%). While there was a similar diversity in types of care among the other younger age groups (40 to 49), the most likely type of care for this group was nevertheless orphanages and children’s homes (see Table A.5 for details).

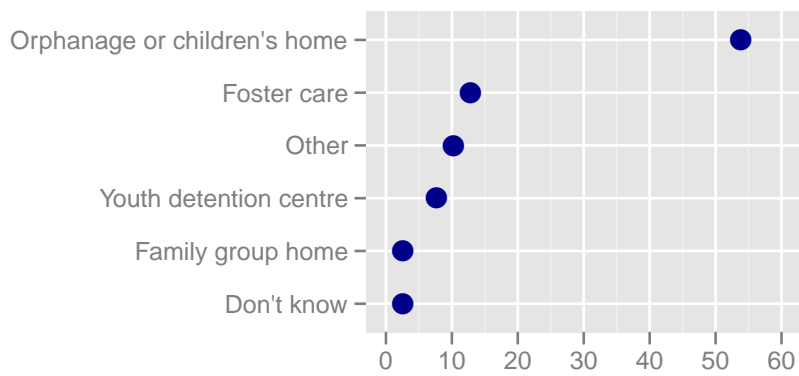
This diversity of care among younger Forgotten Australians is evident in Table 1.3. This shows that among Forgotten Australians aged 60 and over, some two-thirds or more experienced only one type of care. By contrast, for those aged between 40 and 49, only about one third experienced just a single type of care.

Table 1.2 Background in care

	Number	Per cent
Type of care		
Foster care	129	21
Family group home	51	8
Orphanage or children's home	459	76
Youth detention centre	134	22
Don't know	4	1
Other	53	9
Total	830	
Age when entered care		
1 years old or under	93	15
2 to 5 years old	156	26
6 to 10 years old	160	27
Over 10 years old	126	21
No response	68	11
Total	603	100
Length of time in care		
1 year or less	28	5
2 to 5 years	149	25
6 to 10 years	157	26
Over 10 years	177	29
No response	92	15
Total	603	100
States where in care		
Queensland	549	91
New South Wales	34	6
Victoria	15	2
South Australia	7	1
Western Australia	1	0
Tasmania	0	0
Australian Capital Territory	0	0
Northern Territory	3	0
Don't know	2	0
Total	611	

Notes: Type of care and States where in care both allowed multiple responses. Hence totals are greater than 603 and percentage totals are not shown.

Figure 1.4 Type of care (%)

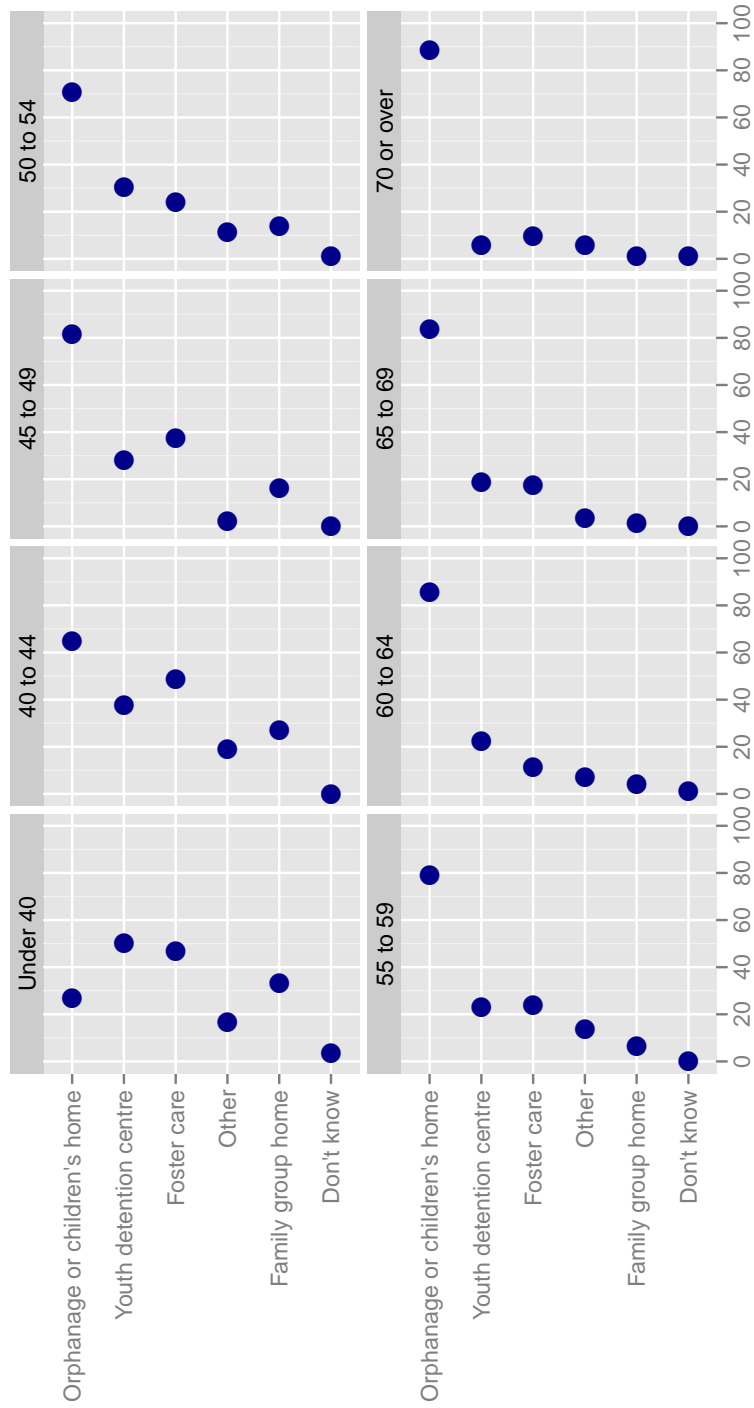


Source: Table A.4

Table 1.3 Number of types of care, by age group (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
One type of care	43	35	35	46	59	66	73	75	58
Two types of care	27	32	37	37	24	24	13	16	24
Three types of care	23	27	19	10	13	5	8	1	10
No response	7	5	9	8	5	4	6	8	8
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

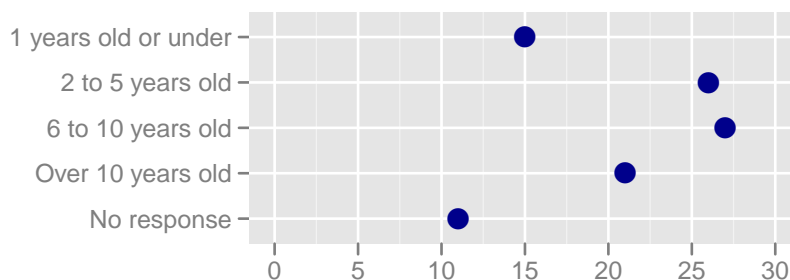
Figure 1.5 Type of care by age group (%)



Source: Table A.5

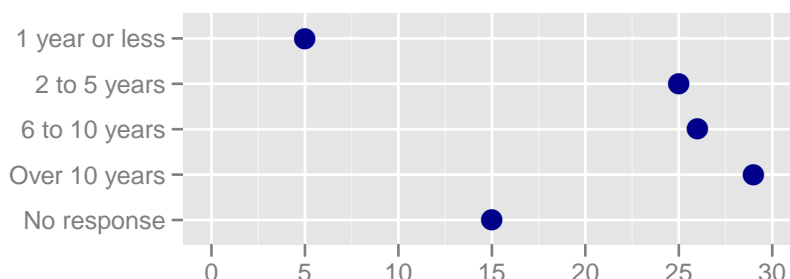
A majority of Forgotten Australians were aged between two and ten when they first went into care (53%), but a considerable proportion were aged one year or less (15%) (see Table 1.2 and Figure 1.6). There was little in the way of gender differences in these patterns while the age patterns are unclear. It does seem likely though that younger Forgotten Australians—that is, those aged under 40 today—were more likely to first enter care when they were older as children, for example, over ten years old (see Table A.6 in the appendix).

Figure 1.6 Age when first entered care (%)



Source: Table A.6

Figure 1.7 Length of time spent in care (%)



Source: Table A.7

The survey asked Forgotten Australians in which states they had spent their time in care. Nearly all of them spent their time in a single state (86%) and Queensland was the state where nearly all them spent some time (91%). The appendix shows these data as counts, rather than percentages, for both men and women (see Table A.8).

1.3 The legacy of care

The survey asked respondents ‘If there is one thing you could point to which you feel is the most important long-term result of your time in care, what would it be?’ This question was deliberately neutral, with no preamble and with the previous questions purely factual (for example, the states, type of care etc.) A few respondents thought the intention was positive (‘You have to be joking’) and a few misunderstood the purpose, but it’s clear from the vast majority of the responses that the respondents understood that this question was asking them what the legacy of their time in care was. About one third of respondents chose not to answer this question, but of the other responses the stories offered were stark and powerful and the overall pattern was very consistent. Some of these answers are shown as direct quotations in the accompanying boxes (with no changes made to grammar or expression apart from correcting some spelling).

Long-term results of time in care I

Herded like animals, extremely fearful, no looks, no love, fear sickening gut wrenching fear, brutality from inmates as well as staff put in cells for long periods drugged, worked so hard a lonely, loveless, wretched childhood. Lives of shame and inferiority complex, agoraphobia panic attacks, shame, shame, no schooling, never good enough to this day.

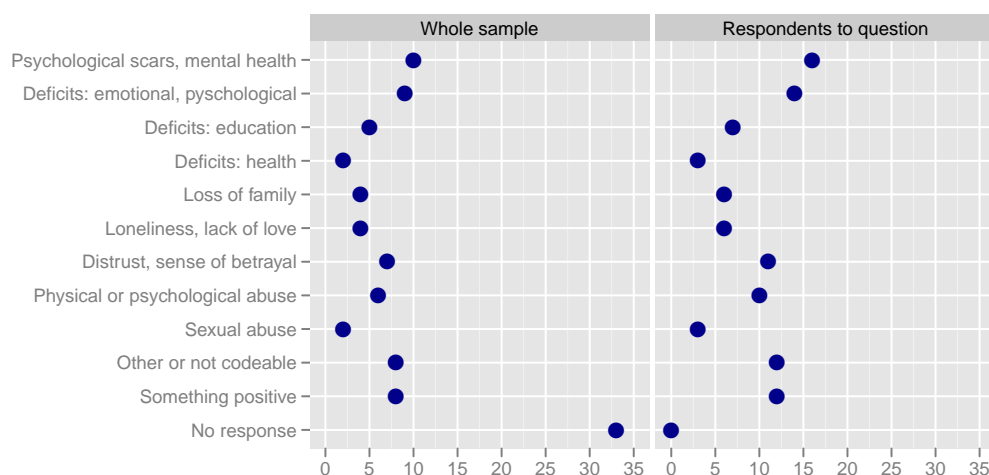
No childhood, no love, no care, didn’t use name—only a number, no birthdays, no easter. Effected my ability to parent—treated my children like I was treated. Weren’t taught how to relate to people.

Hate, loath despise church or Government officials and decrees. Telling me “what’s good for me”.

Separation from my brother, never being told until I was 42 years old that we were together in the orphanage.

The emotional complexity of these quotations illustrates just how hard it is to code this particular question to a single response. Nevertheless, a number of categories have been chosen which reflect the core feelings which were expressed in these answers and they are shown in Table A.9 in the appendix and in Figure 1.8 below.

Figure 1.8 The legacy of time in care (%)



Source: Table A.9

In discussing the results for this question I present two sets of figures: the percentage of the sample and the percentage of those who chose to respond. I have done this so that the reader can think about the percentages as either: *X%* of Forgotten Australians experienced *Z* during their time in care, or *Y%* of those Forgotten Australians who responded experienced *Z* during their time in care. The reason for this double approach is because its impossible to know why one third of the sample chose not to answer this question. It may be that their experiences were too distressing to write about, or that writing sentences may have been too difficult, or it may have been simply that they had nothing to say! We cannot know. Hence, providing both sets of percentages seems the fairest way to reflect the findings for this question. In what follows the first figure presented is always the percentage of the whole sample while the second figure is the percentage of those who responded.

Only 8% (12%) of Forgotten Australians indicated that the legacy of their time in care was positive, and this was usually expressed in terms of learning to be independent or self-reliant. Sometimes it was as simple as getting three meals a day.

The over-arching category, and the one which occurred most frequently (10%/16%), was a reference to the psychological scarring from their time in care. This pointed to a legacy of ongoing mental health problems, with the term ‘post traumatic stress disorder’ being commonly used. The second category (9%/14%) is similar to this one, but points toward the notion of a psychological deficit resulting from their time in care. In this case, Forgotten Australians often mentioned a lack of self-confidence or a lack of self-esteem, and commented that their time in care had left them with deficiencies which hampered them for the remainder of their lives. The next two categories are also part of this theme of deficits, with some 5% (7%) of Forgotten Australians emphasising their lack of education, including its impact on their employment prospects throughout their adult lives. Another 2% (3%) of Forgotten Australians referred to various

problems with their physical health which were a direct result of their time in care.

While the next two categories overlap with both psychological scarring and psychological deficits, they were considered worth isolating because of their relevance to the current concerns of Forgotten Australians. Some 4% (6%) emphasised the loss of their families and of losing contact with siblings or parents. Another 4% (6%) focussed on the loneliness of being a child and the lack of love and caring in their childhood.

Long-term results of time in care II

Issues with lack of trust, no matter how much I try to overcome it. It permeates so many areas of life – the end result being isolation, loneliness; and emotions which I try to avoid even thinking about (for fear of where they might lead me).

Definitely contributed to my being failed for minor breaches in later life, to my lack of self esteem & depression also in later years as a result of the floggings & cruelty inflicted by certain nuns at ... girls home. The memories are still with me.

I was locked under the stair's at In the dark. I was put there when I was 2 years old came out when I was 8 years old I get claustrophobia from being locked there in the dark there was no door handle from inside for hour. I also was locked up at ... girls detention home. Because my step father molested me. I would not go home till I was 16.

Some catholic priests and nuns are extremely bad people (& I have lost all faith in the whole system.) & I despise the religion they are a bunch of hypocrites.

Another important component of their time in care, which forms part of its psychological repercussions, are the feelings of distrust and a sense of being betrayed by adults, particularly by those in the church and by authority figures. Some 7% (11%) emphasised this aspect of their childhood.

While most of the categories just discussed can be regarded as forms of abuse, where respondents made specific reference to physical or psychological abuse, this formed the basis of a separate category, as did specific references to sexual abuse. About 6% (10%) of Forgotten Australians made reference to the former and 2% (3%) made reference to the latter.

It's important to understand what this coding means. While the question asked for 'one thing', only a minority of Forgotten Australians mentioned a single aspect of their time in care. Usually a number of different forms of abuse, ongoing problems and complex emotions were encapsulated in their responses. This is evident in the quotations in the accompanying boxes. Consequently, the way to read these percentages is *not* 'only X% mentioned ...' but rather 'at least X% referred specifically to ...'. The actual percentages could easily change if the focus in the coding were to shift to another framework. For example, the psychological

deficits category could be incorporated into the psychological scarring category, as could the abuse categories. The coding strategy followed here was to prioritise specific matters—which seemed of particular policy relevance—by coding to these categories, and then allowing generic categories (such as psychological scarring) to capture the rest. Other researchers might approach this task with a different strategy. What's more, there may well be issues related to abuse which some respondents felt inhibited from expressing, and so they may have concentrated on the legacy of their time in care in more general terms. It seems likely that the sexual abuse mentioned here is under-reported for reasons such as this. Despite the need for caution in interpreting these figure, the overall patterns are unmistakeable and reveal a stark history of childhood abuse.

Long-term results of time in care III

No educational qualifications to find employment. No living skills. No relationship skills. Isolation. Dysfunctional children (drug addicts) because they became products of my environment. Alcoholism. No joy till now.

Not knowing what I did that was so wrong daily. I was told no matter your father & mother didn't want you & desperately needing to be loved.

Distrust in white people—Politicians, Government Officials and Police. A sense of utter hopelessness, despair and anger that aboriginal people will never get equality or a fair go in my lifetime.

The Horror of people taking their life, Staff bashing US. 7 Year old's should not see people hang themselves or slit their throat & wrist with razor blades, staff bashing kids and teenagers who were pregnant knocked downstairs to miscarry. I have a spine that's no good because I stood up for a pregnant girl and got bashed knocked down concrete steps, left in a tiny room for days no bed no nothing.

Differences in responding to care

There was considerable uniformity in the responses to this question about the legacy of being in care, with little variation shown by subgroups. A set of tables in the appendix (Tables A.10, A.11, A.12, A.13, A.14, A.15) provide data on some of the subgroup breakdowns for this question and in what follows I point to a number of interesting variations. They are not major differences, however, and no strong conclusions should be drawn from them.

Female Forgotten Australians were more inclined to point to the emotional and psychological deficits arising from their time in care and male Forgotten Australians were slightly more likely to emphasise their distrust and sense of being betrayed. The respondents' ages showed some interesting variations, but nothing that was systematic. For example, those aged 45 to 49 were less likely to have answered the question, while those aged under 40, and 60 to 64, were more

likely to have answered. Feelings of distrust and betrayal were prominent among those aged from 45 to 54.

Indigenous Forgotten Australians were less likely to respond to this question than non-Indigenous Forgotten Australians (39% compared to 30%). Indigenous respondents were also slightly more likely to mention emotional and psychological deficits arising from their time in care, and a number referred to the damage that sprang from the loss of their culture.

There were some regional variations, but these were mainly for those regions where the sample size was quite small (particularly North Queensland and Far North Queensland) and so caution needs to be exercised. An example of this is the high percentage of Forgotten Australians in North Queensland who pointed to emotional and psychological deficits (27%) as a legacy of their time in care, and the 27% of Forgotten Australians from Far North Queensland who emphasised their psychological scars. The all-regions averages for these two items were 10% and 9% respectively, emphasising just how much the respondents from the northern areas stood out. The highest number of non-responses was in South East Queensland and the lowest number was in South West Queensland.

The age at which Forgotten Australians entered care seemed to make some difference. Those who entered care aged one year or younger were more likely to point to loss of family and to loneliness and a lack of love (16% emphasised these two, compared with an average figure of 8%). They were also more likely to point to educational deficits as a result of their time in care (9% compared with an average of 5%).

The length of time spent in care does not seem to be an important factor for this particular question. While there are some sharp differences for those who spent one year or less in care, the sample size for this group is quite small (28 persons). For the remainder, there are no strong variations. The same is true when it comes to the type of care experienced by Forgotten Australians. There are some interesting differences among one subgroup (those in family group homes) but the sample size for them is relatively small (51 persons). These Forgotten Australians were more likely to pinpoint emotional and psychological deficits as a legacy of their time in care (20%). Surprisingly, there were few differences in the legacy of their time in care between those Forgotten Australians who had been in foster care and those who had been in orphanages or in children's homes. The incidence of distrust (and the sense of betrayal) was lower among those who had been in foster care (though the numbers are quite small).

2. What is their current situation?

The current situation of Forgotten Australians was explored in the survey with a set of questions which focussed on their personal and household circumstances, including their financial situation. In addition, to gauge the extent of their support networks, a question was included which asked about how confident they were that someone was available to provide them with help or support. A summary of the responses to these various questions is shown in Table 2.1 and a breakdown of these questions by gender, by age group and by Indigenous status can be found in the appendix. Finally, the breakdowns by gender and Indigenous status are shown below in a series of graphs.

Table 2.1 Current situation

	Number	Per cent
Personal situation		
Retired	174	29
Working full-time	69	11
Working part-time	40	7
Domestic duties	36	6
Full-time parent/carer	27	4
Living with disability	143	24
Studying	6	1
Unemployed	26	4
Other	38	6
No response	44	7
Total	603	100
Household situation		
Married couple	194	32
Married couple with children	52	9
Living alone	178	30
Living by self with children	40	7
Living with others (relatives)	35	6
Living with others (not relatives)	29	5
Other	33	5
No response	42	7
Total	603	100

Notes: † How confident respondent is that help or support would be available if needed.

Table 2.1 (continued)

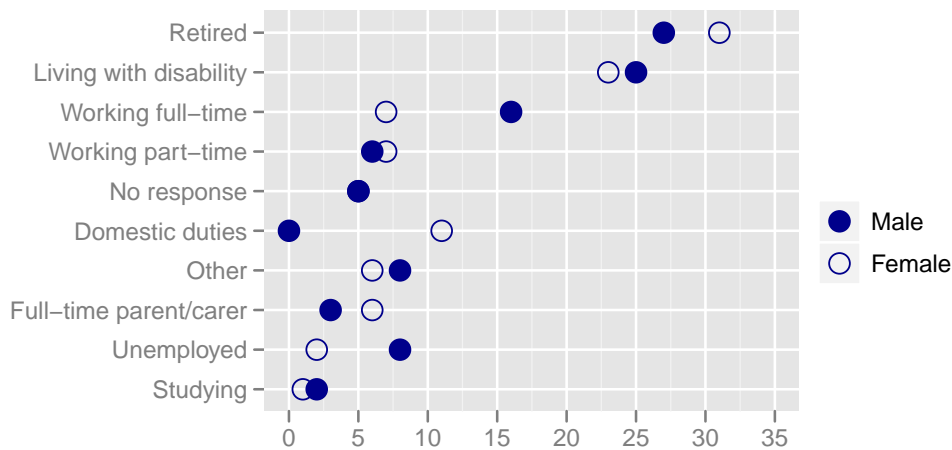
	Number	Per cent
Support available?†		
Very confident	141	23
Confident	161	27
Not confident	103	17
Not at all confident	124	21
Not applicable	36	6
No response	38	6
Total	603	100
Household finances‡		
Prosperous	9	1
Very comfortable	23	4
Reasonably comfortable	151	25
Just getting along	269	45
Poor	62	10
Very poor	56	9
Don't know	8	1
No response	25	4
Total	603	100
Source of income		
Wages	91	15
Self-employed	16	3
Self-funded retiree	21	3
Disability Support Pension	189	31
Newstart	29	5
Age pension	162	27
Other Centrelink payment	27	4
Other	28	5
No response	40	7
Total	603	100

Notes: † Self-assessed financial situation, taking into account current needs and financial commitments.

2.1 Personal situation

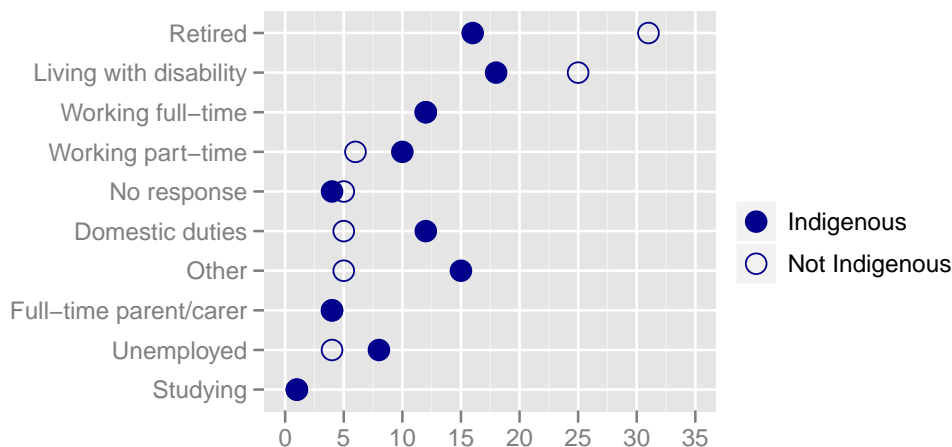
The largest proportion of Forgotten Australians were retired (29%), while those living with a disability made up the next largest group (24%). About 18% were in paid work, with about 11% working full-time and 7% working part-time. As Figure 2.1 shows, men were more likely to be working full-time and to be unemployed, while women were more likely to be engaged in domestic duties and to be retired. Not surprisingly, when it came to age, older Forgotten Australians were more likely to be retired (see Table A.17). In terms of Indigenous status, there were some sharp differences. Indigenous Forgotten Australians were much less likely to be retired (16%) or living with a disability (18%) and more likely to be working part-time (10%) and engaged in domestic duties.

Figure 2.1 Personal situation by gender (%)



Source: Table A.16

Figure 2.2 Personal situation by Indigenous status (%)



Source: Table A.18

2.2 Household situation

The two most common household situations among Forgotten Australians were living as a married couple (32%) and living alone (30%). Another 9% were a married couple with children, while 7% were living by themselves but with their children. In total, some 41% were living in a couple situation and 37% were living alone. A small proportion were living with relatives (6%) while another 5% were living with other people who were not relatives.

There were only a few gender differences in these patterns: women were more likely than men to be living by themselves with children and men were more likely than women to be living by themselves with other people who were not relatives (Figure 2.3). On the other hand, age differences were quite pronounced

(Table A.20). Younger Forgotten Australians were much less likely to be part of a married couple without children: only 10% and 8% of those aged under 40, and 40 to 44. On the other hand, larger proportions were part of a married couple with children: 20% and 24% for these two younger age groups. These younger age groups were also less likely to be living alone and more likely to be living with either relatives or other people.

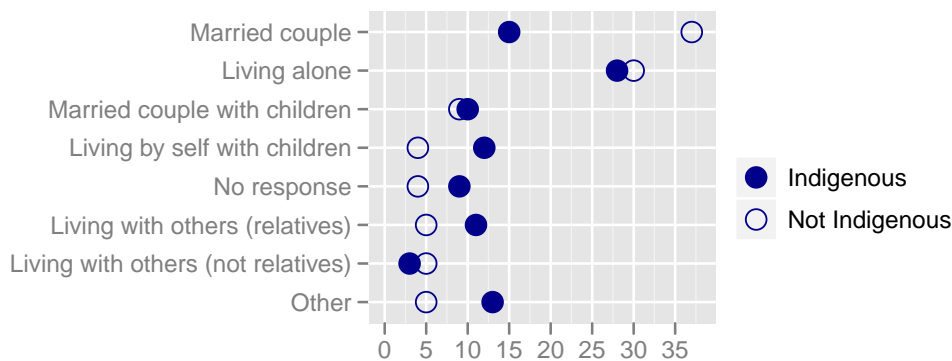
Indigenous status also shows some sharp differences. Indigenous Forgotten Australians were much less likely than the non-Indigenous to be a married couple without children: 15% compared to 37%. On the other hand, the proportion who were married with children was essentially the same (10% compared to 9%). Indigenous respondents were more likely to be living with their kin. The categories of living by themselves with children or relatives made up 23% of Indigenous household situations, compared with a figure of 9% among non-Indigenous Forgotten Australians.

Figure 2.3 Household situation by gender (%)



Source: Table A.19

Figure 2.4 Household situation by Indigenous status (%)



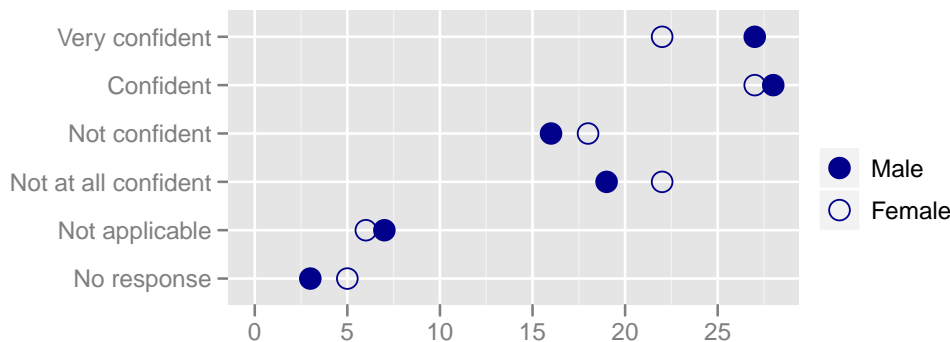
Source: Table A.21

2.3 Availability of personal support

To assess the degree of personal support available to Forgotten Australians, the survey asked: ‘How confident are you that there is someone you know who will be there to provide help or support when you most need it?’ Overall, 50% indicated they were confident (with 23% very confident) and 38% indicated they were not confident (with 21% feeling ‘not at all confident’). The gender differences were not very pronounced, with men slight more likely than women to respond with ‘very confident’ (27% to 22%) and with women more likely than men to express a lack of confidence overall (40% to 35%).

In terms of age, the two oldest groups of Forgotten Australians—those aged 65 to 69 and those aged 70 or over—were more likely to be ‘very confident’ about obtaining support: 27% and 37% compared with an all-age average of 23%. On the other hand, among younger Forgotten Australians there was less confidence about obtaining support: among those aged under 50 the proportion who answered either ‘not confident’ or ‘not all confident’ varied from 49% to 43%, considerably above the all-age average of 38%. Finally, Indigenous Forgotten Australians were slightly more likely to feel confident overall that they could obtain support: 56% compared to an average of 52%.

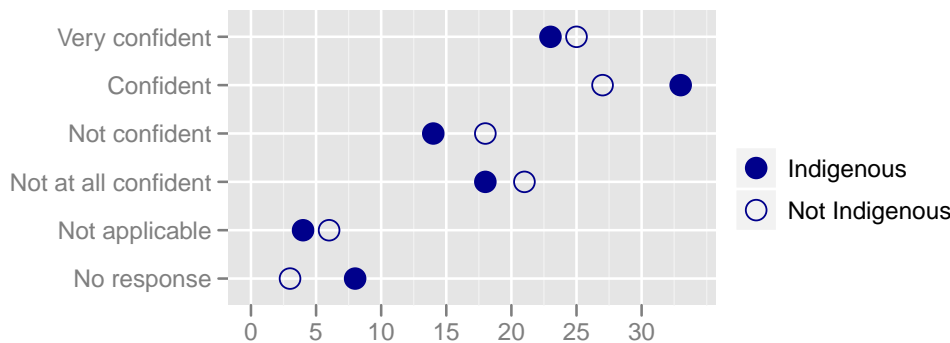
Figure 2.5 Support available† by gender (%)



Notes: † How confident respondent is that help or support would be available if needed.

Source: Table A.22

Figure 2.6 Support available† by Indigenous status (%)



Notes: † How confident respondent is that help or support would be available if needed.

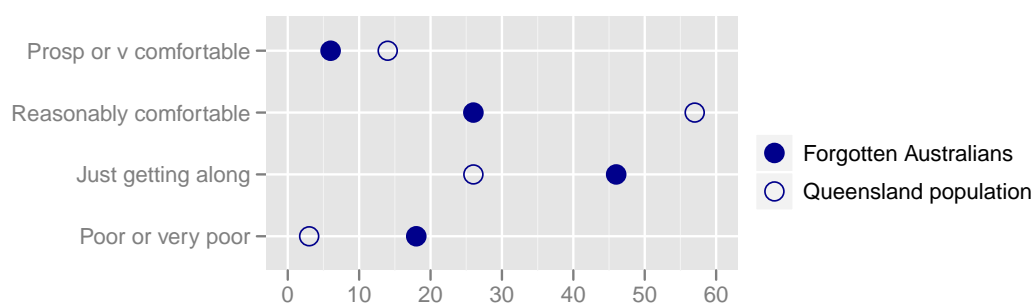
Source: Table A.24

2.4 Household financial situation

To assess the household financial situation of Forgotten Australians the survey asked respondents for a self-assessment of the adequacy of their household income, using a question which has been used widely in other surveys. It was phrased: ‘Taking account of your current needs and your financial commitments, would you say that you, or your household, are ...’, and the options given ranged from prosperous to very poor. Only 5% of Forgotten Australians judged themselves (or their households) to be prosperous or very comfortable. By contrast, 19% regarded themselves as either poor (10%) or very poor (9%). Most Forgotten Australians (45%) placed themselves in the lower category of the ‘middle’, namely ‘just getting along’, while about one quarter placed themselves in the higher category of the ‘middle’, namely ‘reasonably comfortable’. If we were to break the sample into those who were ‘well off’ and those who were ‘doing it tough’ the split would be 30% to 64%. The full details are shown in Table 2.1 above.

We can compare these figures with those of the Queensland population more generally by looking at the respondents from another survey which asked the same question (the Household, Income and Labour Dynamics in Australia survey). The results of this comparison emphasise the financial hardship faced by Forgotten Australians.

Figure 2.7 Household finances, comparison (%)



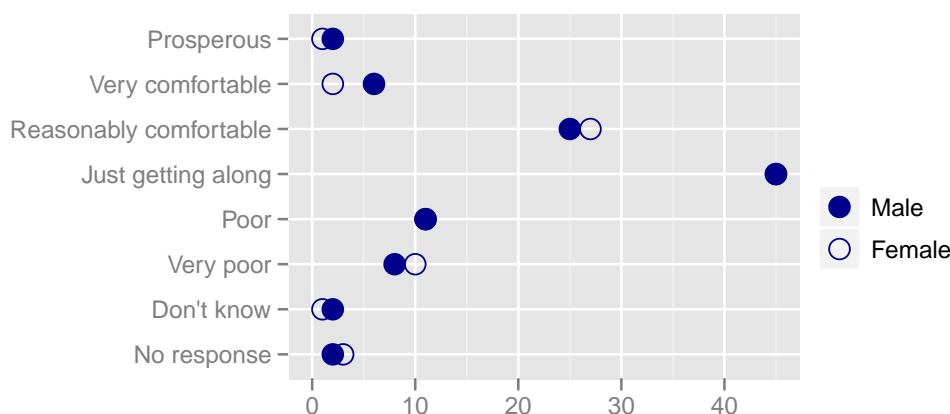
Source: Table A.25

To make the comparison valid, the age profile of the two populations is brought into alignment by restricting both samples to those persons aged 40 and over. This makes a only small difference to the percentages just discussed and does not alter the story. Looking at Figure 2.7 shows that in the Queensland population generally, some 14% regarded themselves as prosperous or very comfortable; the comparable figure for the Forgotten Australians was just 6%. Only 3% of the Queensland population regarded themselves as poor or very poor; the comparable figure for the Forgotten Australians was 18%. Turning now to the ‘middle’ groups, some 57% of Queenslanders regarded themselves as ‘reasonably comfortable’, while the equivalent figure for Forgotten Australians was just 26%. Finally, in the lower of the middle groups, those who were ‘just getting along’ made up 26% of the Queensland population but 46% of Forgotten

Australians. Using the simple comparison, some 29% of Queenslanders were ‘doing it tough’ while the figure for the Forgotten Australians was 64%. In other words, Forgotten Australians were more than twice as likely to be ‘doing it tough’ than other Queenslanders.

Looking now at subgroups within the Forgotten Australians sample, Figure 2.8 shows little in the way of gender differences at the bottom but a higher proportion of men in the prosperous/very comfortable category (8% to 3%). Age-based differences were more pronounced (see Table A.27 in the appendix). Among those Forgotten Australians aged 70 or over there was a higher proportion of people—about 49%—in the higher categories (reasonably comfortable through to prosperous) than is the case for those aged under 50. For this latter group the figures vary from a low of 10% (the under 40 year olds) to 18% (those 45 to 49) to 25% (those aged 40 to 44). Consequently, when it comes to the lower categories, particularly poor and very poor, the younger age groups stand out: those aged under 40 reported figures of 57% and those aged 40 to 44 years reported 30%. The all-age average for these categories was 19%. The sample size for these younger age groups is rather small, so caution is generally warranted. Nevertheless, the size of these differences is substantial and likely to be a reliable indication of an important aged-based dimension of poverty among Forgotten Australians.

Figure 2.8 Household finances[‡] by gender (%)

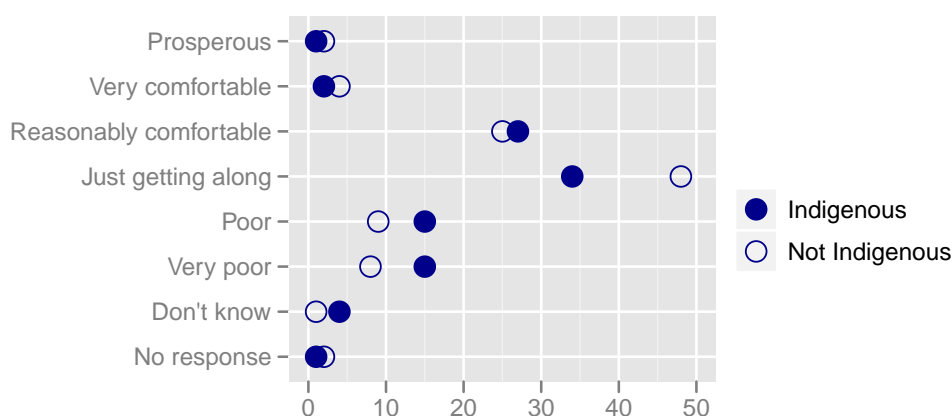


Notes: [‡] Self-assessed financial situation, taking into account current needs and financial commitments.

Source: Table A.26

The differences in financial circumstances according to Indigenous status are notable (Figure 2.9). While there are few differences at the top, when it comes to the bottom, Indigenous Forgotten Australians stand out. Some 30% of them report that they are poor or very poor, compared with a figure for the non-Indigenous of 17%. By way of comparison with other Queenslanders, as noted earlier, the comparable figure is just 3%.

Figure 2.9 Household finances by Indigenous status (%)



Notes: ‡ Self-assessed financial situation, taking into account current needs and financial commitments.

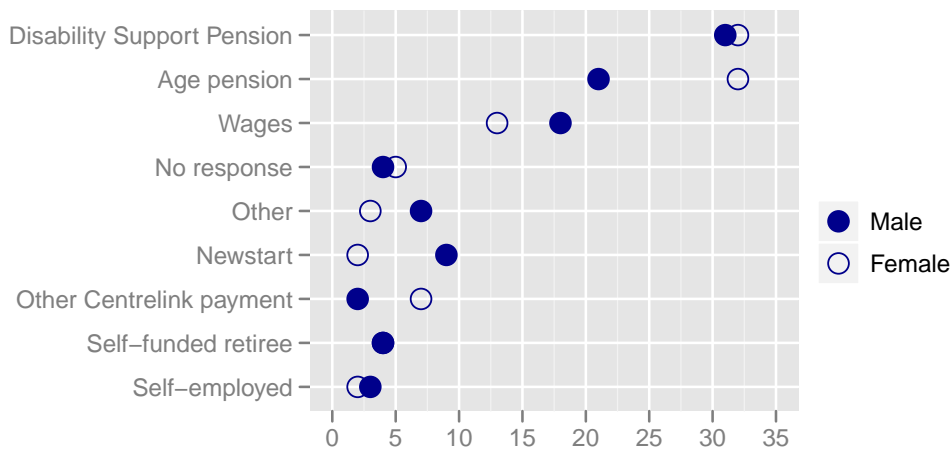
Source: Table A.28

2.5 Sources of income

Forgotten Australians were asked about their main source of income. Where they may have had more than one source, that which provided the highest amount of income was nominated. The results are summarised in Table 2.1 and show that two sources of income dominated: the disability support pension (31%) and the age pension (27%). The next most common source of income was wages (15%). Income from other government welfare payments totalled about 9% and income from self-employment or from self-funded retirement was about 6%. Given this pattern in the sources of income for Forgotten Australians, it is not surprising that their household financial circumstances are so bleak.

Men were more likely to be in receipt of wages than women (18% to 13%) and women were much more likely to be on the age pension (32% to 21%) (Figure 2.10). Newstart payments were also more common among men (9%) than among women (2%). Differences based on age were what one would expect: older Forgotten Australians were overwhelmingly on the age pension: around 80% of those aged 65 or over (Table A.30). Interestingly, those aged 70 or over were more likely to be self-funded retirees than those aged 65 to 69 (11% to 6%). The disability support pension featured prominently for those in the age range 40 to 64, ranging from 39% to 60%.

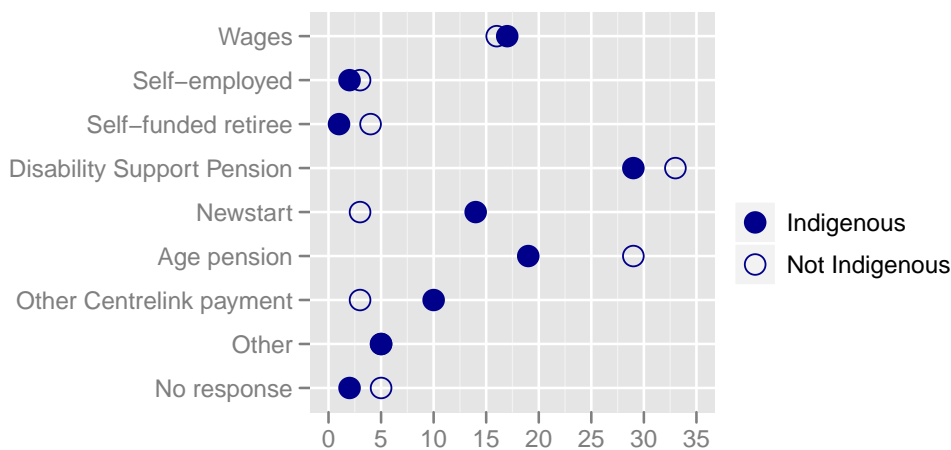
Figure 2.10 Source of income by gender (%)



Source: Table A.29

The age pension was less prominent among Indigenous Forgotten Australians (19%) than among their non-Indigenous counterparts (29%) (Figure 2.11). Among Indigenous Forgotten Australians Newstart payments and other Centrelink payments were more common (24%) than among the non-Indigenous (6%). Wages and self-employment income made up the same proportion (19%) among Indigenous Forgotten Australians as for the non-Indigenous.

Figure 2.11 Source of income by Indigenous status (%)



Source: Table A.31

3. Do current services meet their needs?

3.1 Government & community services

Before asking respondents about their use of services targeted at Forgotten Australians, the survey asked them about their use of services which were available to the general community. These included medical, housing, drug or alcohol counselling services, disability support services and mental health services. The answers available ranged from *often* to *sometimes* to *never* to *not able to use*. In the discussion which follows, the first two categories are sometimes discussed as a subtotal ('usage'), though the tables and graphs show the full details.

A summary of the responses to this question is shown in Table 3.1 and a set of graphs show breakdowns by gender, Indigenous status and region (which uses a more aggregated category here of Brisbane/South East Queensland and Other Queensland). Tables for these breakdowns are also shown in the appendix.

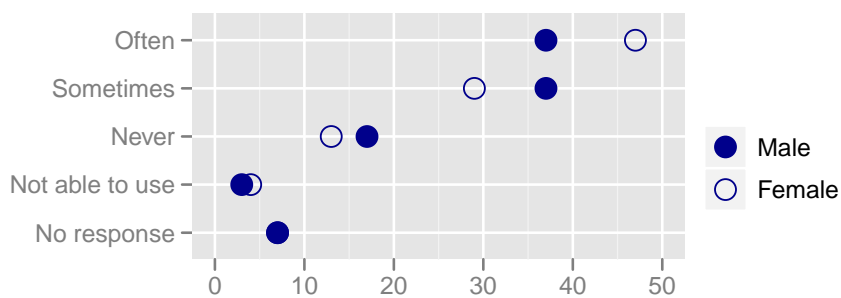
Caution is required in interpreting the results. Without knowing the level of need for a particular services, it's difficult to be sure what reports on usage mean. Never using a service, for example, may indicate no need for that service, or it may indicate a reluctance to use a service which might be beneficial.

Use of general medical and health services is common among Forgotten Australians, with 41% using them *often* and 31% using them *sometimes*. Only about 15% indicated *never*, although if we include those people unable to use these services as well as those people not responding, the figure for those Forgotten Australians who find themselves outside the provision of these services is considerably higher: 27%. Women are more likely than men to report that they *often* use medical services (47% to 37%), whereas the occasional usage pattern is reversed (29% to 37%). About 20% of men either never use, or are not able to use, these services. The comparable figure for women is 17% (see Figure 3.1 and Table A.32).

Table 3.1 Usage of government and community services

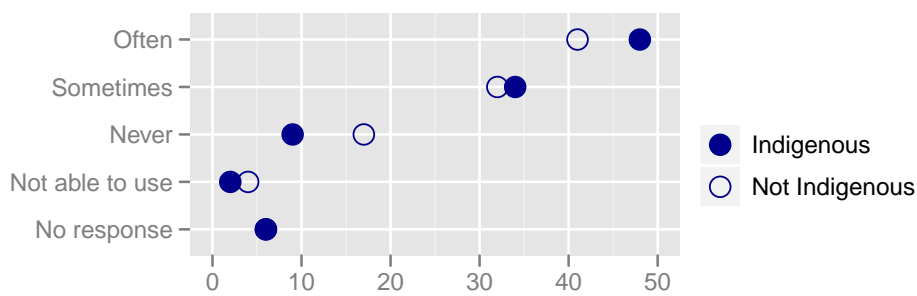
Type of service	Number	Per cent
General medical or health		
Often	250	41
Sometimes	186	31
Never	92	15
Not able to use	21	3
No response	54	9
Total	603	100
Housing or homeless support		
Often	103	17
Sometimes	60	10
Never	292	48
Not able to use	36	6
No response	112	19
Total	603	100
Drug or alcohol counselling		
Often	17	3
Sometimes	47	8
Never	406	67
Not able to use	17	3
No response	116	19
Total	603	100
Disability support		
Often	86	14
Sometimes	85	14
Never	305	51
Not able to use	32	5
No response	95	16
Total	603	100
Mental health		
Often	51	8
Sometimes	112	19
Never	312	52
Not able to use	27	4
No response	101	17
Total	603	100

Figure 3.1 Use of medical or health services, by gender (%)



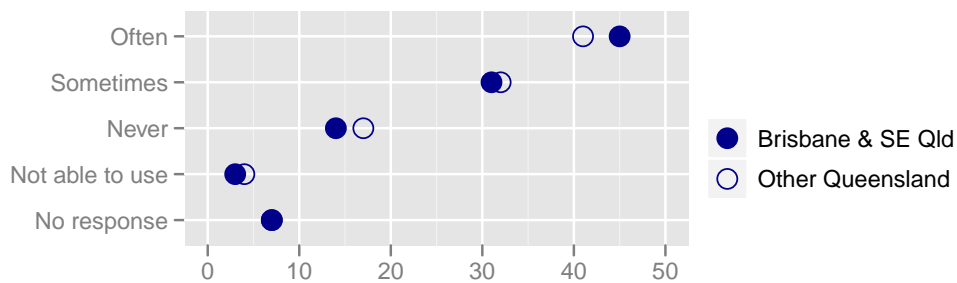
Source: Table A.32

Figure 3.2 Use of medical or health services, by Indigenous status (%)



Source: Table A.34

Figure 3.3 Use of medical or health services, by region (%)



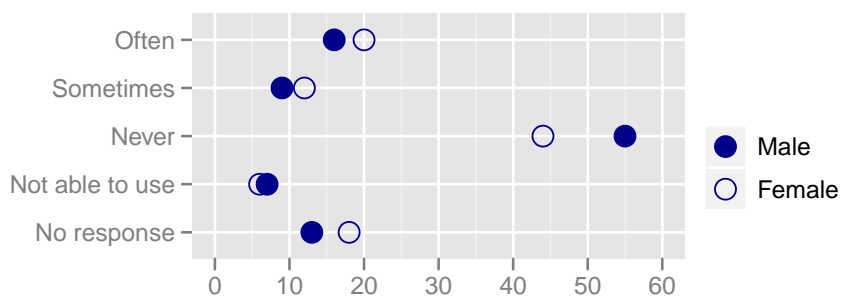
Source: Table A.35

One might expect older persons to make more use of medical and health services, but there are no clear age patterns in the data. Those aged 45 to 49, for example, are just as likely to use these services *often* as those persons aged 70 or over (Table A.33). Indeed, they report a higher level in the *sometimes* category (37% to 26%).

There is one notable difference in terms of Indigenous status, with non-Indigenous Forgotten Australians reporting higher levels of *never* or *not able to use*: 21% to 11%. Similarly, the regional breakdown shows that Forgotten Australians living outside Brisbane and the South East corner report slightly higher levels of *never* or *not able to use*: 21% to 17% (see Figures 3.2 and 3.3).

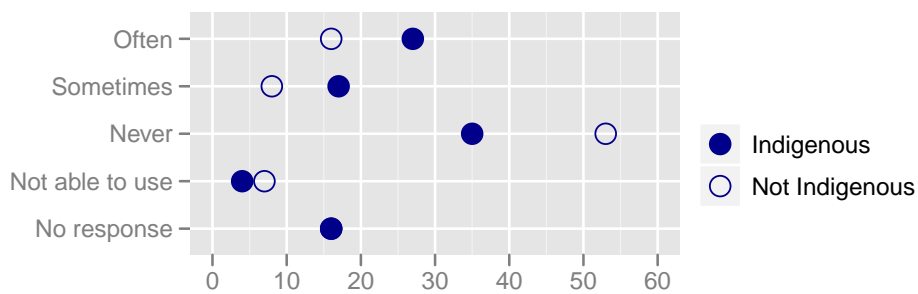
Housing services or homeless support is used by about 27% of Forgotten Australians, with 17% using them *often*. Nearly half (48%) report that they never make use of these services, and this figure is higher among men (55%) than among women (44%). There does appear to be an age-pattern in the use of these services: younger Forgotten Australians—those aged under 44—are more inclined to use them (in the range of 44% to 50%) than are older Forgotten Australians (in the range of 16% to 25%). Similarly, Forgotten Australians from an Indigenous background are also more likely to make use of these services (44% compared to 24%). Finally, people living in the Brisbane and South East corner were more likely to use housing services *often* than were people living in other parts of Queensland (23% to 12%). Figures 3.4, 3.5 and 3.6 show these results.

Figure 3.4 Use of housing services, by gender (%)



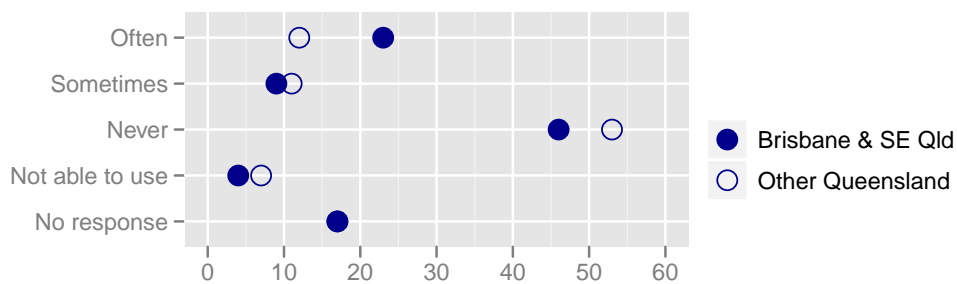
Source: Table A.36

Figure 3.5 Use of housing services, by Indigenous status (%)



Source: Table A.38

Figure 3.6 Use of housing services, by region (%)

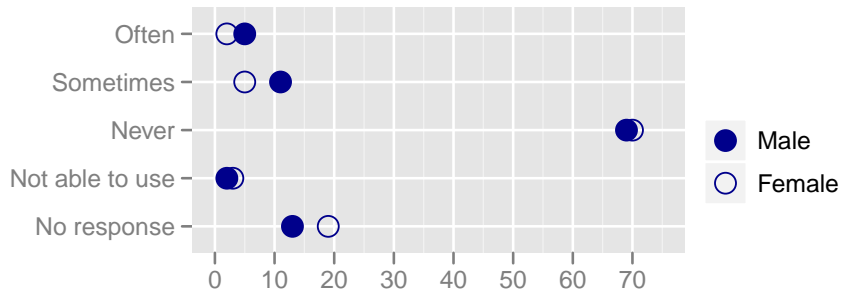


Source: Table A.39

The use of drug or alcohol counselling services is very limited among Forgotten Australians. Only 11% report using them *often* or *sometimes* and 67% report *never* using them. Gender differences are evident, with men more likely to use these services than women. Their use among younger Forgotten Australians is notable: those aged under 55 years average between 18% to 24% in the *often* and *sometimes* categories. By contrast, those older than 55 years have figures ranging from 0% to 13%. Indigenous Forgotten Australians are more likely to make use

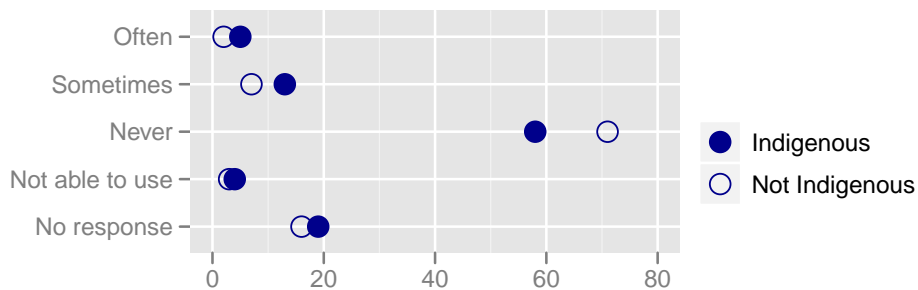
of these services (18% to 9%) while there appear to be no regional differences of note. (See Figures 3.7, 3.8 and 3.9).

Figure 3.7 Use of drug/alcohol counselling, by gender (%)



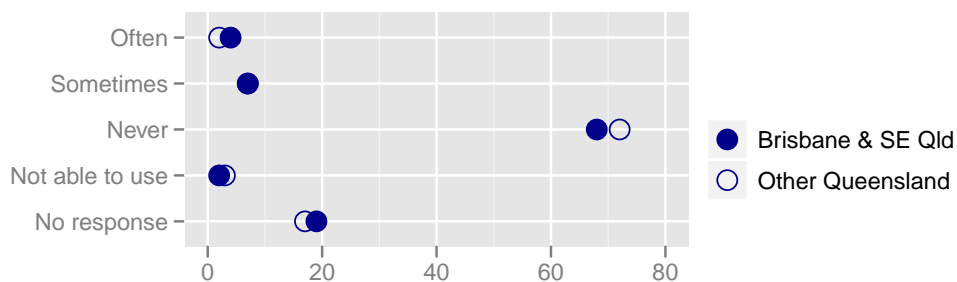
Source: Table A.40

Figure 3.8 Use of drug/alcohol counselling, by Indigenous status (%)



Source: Table A.42

Figure 3.9 Use of drug/alcohol counselling, by region (%)

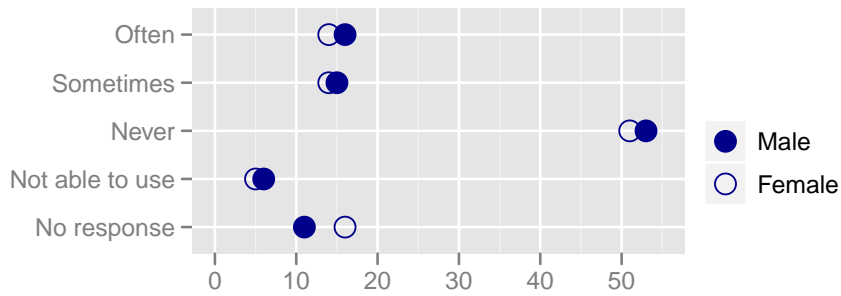


Source: Table A.43

About 28% of Forgotten Australians make use of disability support services, 14% of them *often*, and 14% of them *sometimes*. There are few gender differences in this pattern, nor are there clear patterns by age with one exception. It appears that for Forgotten Australians in the age range 50 to 64 years, the usage is considerably higher, reaching 42% among those aged 50 to 54 years. There is

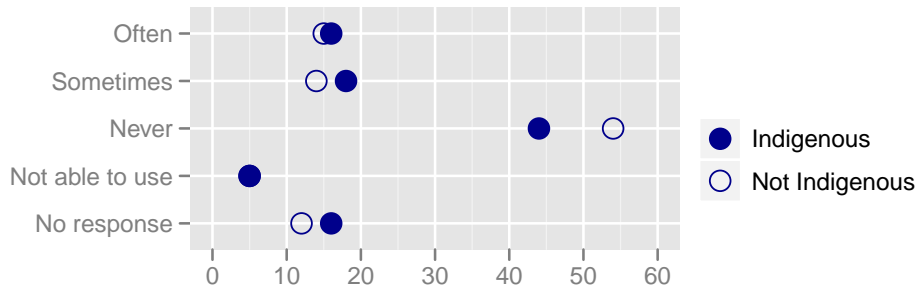
also a high level of *not able to use* among those aged under 40 (17% compared with an average of 5%) but the sample size for this age group is quite small, so some caution is warranted. Indigenous status shows a small difference, with Forgotten Australians from an Indigenous background more likely to use these services (34% to 29%). Finally, the regional dimension is pronounced: some 30% of Forgotten Australians living in Brisbane and the South East corner make use of these services compared with a figure of 24% in other parts of Queensland. (See Figures 3.10, 3.11 and 3.12).

Figure 3.10 Use of disability support services, by gender (%)



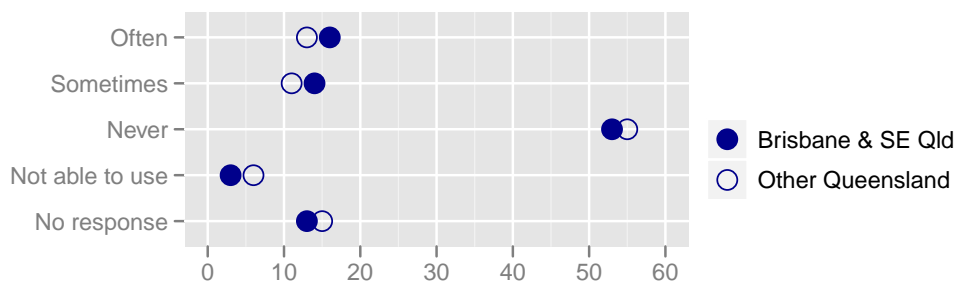
Source: Table A.44

Figure 3.11 Use of disability support services, by Indigenous status (%)



Source: Table A.46

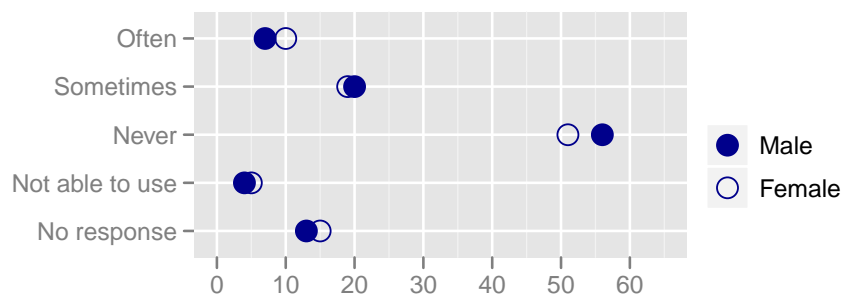
Figure 3.12 Use of disability support services, by region (%)



Source: Table A.47

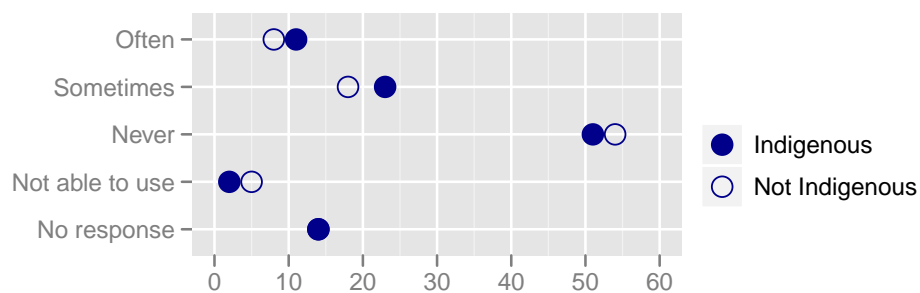
Some 27% of Forgotten Australians make use of mental health services, with 8% using them often and 19% using them sometimes. Women are slightly more likely than men to make use of them (29% to 27%). There are no distinct age patterns, though two findings are noteworthy. The proportion of Forgotten Australians in the 70 or over age group reporting *never* using these services is quite high (67% to 52%) while the proportion of those in the under 40 age group reporting *not able to use* is also high (17% compared to the average of 4%). Again, caution is warranted with this age group because of its small sample size. Indigenous Forgotten Australians report a higher level of usage of these services (34% to 26%). Interestingly, the gap between Forgotten Australians in the Brisbane/South East corner and those in other regions is not as great as with some of the earlier findings(27% to 24%). Figures 3.13, 3.14 and 3.15 show these results.

Figure 3.13 Use of mental health services, by gender (%)



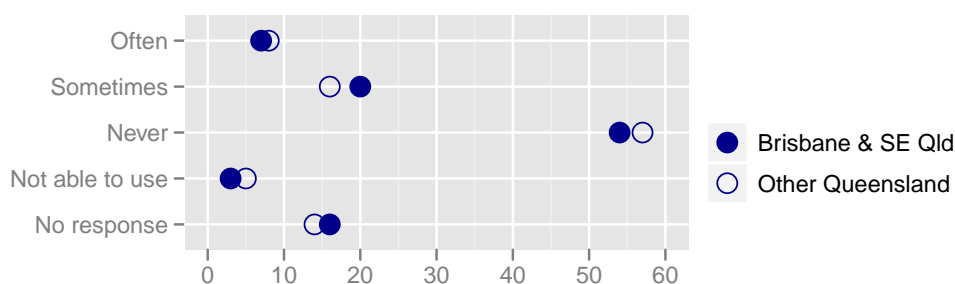
Source: Table A.48

Figure 3.14 Use of mental health services, by Indigenous status (%)



Source: Table A.50

Figure 3.15 Use of mental health services, by region (%)



Source: Table A.51

3.2 Reasons for not using government & community services

Following the questions about the use of government and community services, the survey provided an open-ended question: ‘If you answered Not Able to Use to any parts of the last question, please complete this sentence: “I think the main reason why I am not able to make use of government or community services is because ...”’

Some 165 respondents provided answers to this question and the vast majority understood the meaning of the question. Only 9 percent answered in a way that suggested they did not understand the purpose of the question or answered in a way that could not be coded. The findings for this question are shown in order of importance in Figure 3.16 (and the actual percentages are shown in Table A.52 in the appendix). Some examples of the reasons given are shown in the quotations in coloured boxes (which follows the convention used earlier, of preserving the expression of the original answers).

The most common reasons for not using these services were lack of eligibility (15%). For example, a number of Forgotten Australians were in paid employment and this prevented them from being eligible for some of these services (and also made it difficult to attend during business hours). Some 7% of respondents were in prison and unable to access such services.

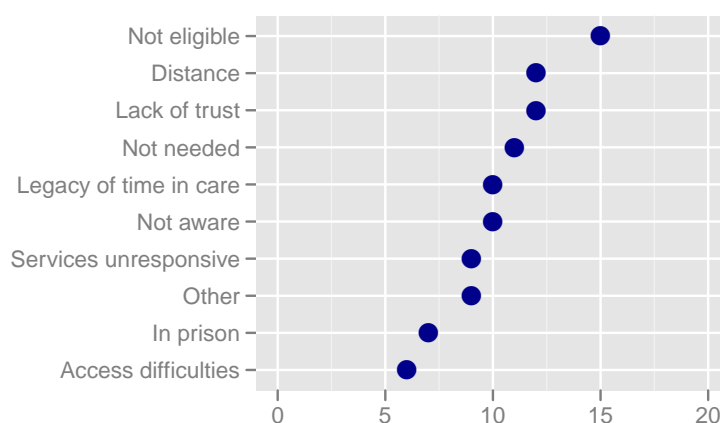
Difficulties with travelling and the distances involved were also important factors for 12% of respondents. Some 10% of respondents were not aware of the availability of these services and 11% indicated that they did not need to use these services.

Problems related to the services themselves were also evident. These included experiences where the services were unresponsive to Forgotten Australians (9%) and difficulties with access (6%). The unresponsiveness of the services was sometimes due to the poor reception Forgotten Australians received when they approached these services. The difficulties with access included the limited availability of these services, for example long waiting lists for public housing and an absence of affordable dental care.

Aspects of being Forgotten Australians were particularly salient in the findings for this question. In particular, 12% explicitly referred to a lack of trust in governments or other authorities as a reason for not approaching these kinds of services. A general category for the legacy of of being Forgotten Australians was used to capture a diverse range of reasons which could be traced back to their experiences in care. Some 10% of respondents fell into this category.

In summary, about 22% of respondents gave reasons which related directly to having been Forgotten Australians. Another 44% of responses related to the nature of the services themselves.

Figure 3.16 Reasons for not using government or community services (%)



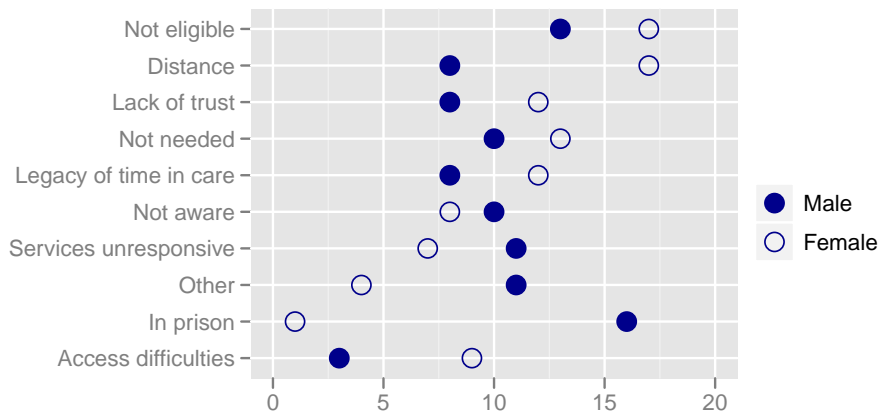
Source: Table A.52

The breakdown of this question by subgroups is limited because of the smaller number of observations (165 respondents). Nevertheless, for some of the categories there are some reliable findings that are worthy of note. Among women, for example, distance and a lack of eligibility were the main factors inhibiting their use of services. Among men, being in prison, finding services unresponsive and a lack of eligibility were the most important factors (see Figure 3.17).

Not surprisingly, distance is the most important factor among Forgotten Australians who live outside Brisbane and the South East corner (see Figure 3.18). Not being aware of what was available was also an important factor for this group of respondents.

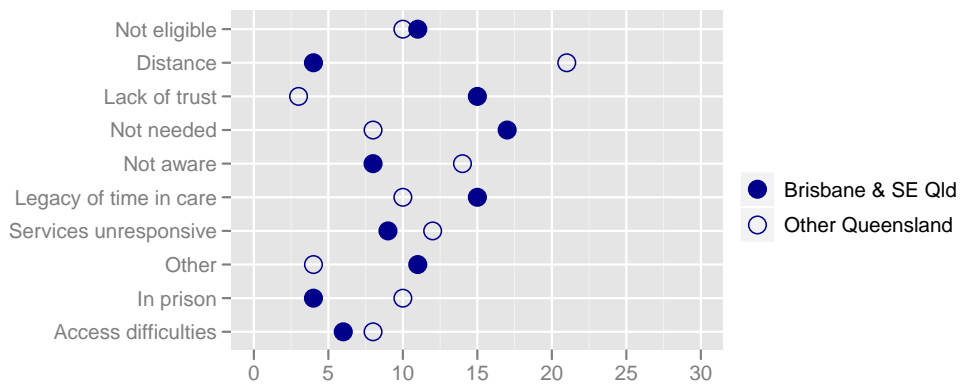
Finally, looking at this issue among those Forgotten Australians for whom support was not available, the most salient factors inhibiting their use of services were lack of eligibility, the distances involved, and the unresponsiveness of those services (see Figure 3.19).

Figure 3.17 Reasons for not using general services by gender (%)



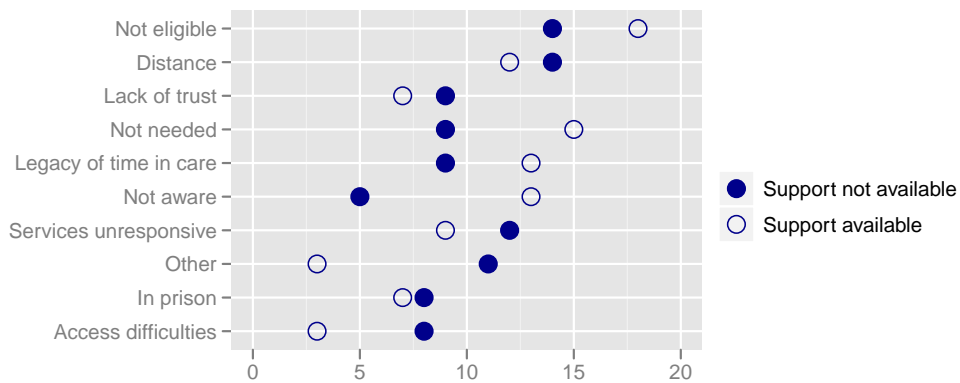
Source: Table A.52

Figure 3.18 Reasons for not using general services by region (%)



Source: Table A.53

Figure 3.19 Reasons for not using general services by availability of support (%)



Source: Table A.54

Some of the reasons given for not using general services

Don't trust Govt Depts.

For most of my life, avoided them in fear of what they would do to me again.

All these services on waiting list years long. At 60 I don't have time to wait. For example, housing paying exorbitant rents that leave nothing to live on (centrelink payment). As a result I live in abject poverty with no life. These services don't regard me as needy - more that I am irrelevant.

I am too scared to. There is no way anyone is going to ever believe us. Even now after the apology & all that have been in the papers some professionals & also doctors, nurses & social security still have never heard of us. A doctor told me once to get out of his office & stop lying because if it was true that I would be living in a mansion from compensation & there would be a lot of people sitting in jail ...

I don't trust government people I have been lied to by them all my life. I had to see a shrink when my husband died because I felt and still do that the ... hospital killed him. Now I am back to being that lonely little girl who doesn't trust people any more ...

I don't want people to know my background.

I have no idea at all. I never heard that you can ask help to the govt.

I no longer need services. In my early 20's I was very depressed and needed mental health services. I am now in my 60's & don't need special help. I have a good self-image and good self esteem. I am alone, but I manage well.

I will not use those government departments again because all government department treat people in need like scum & low lifes. while they have ideas of grandeur about themselves with an air of superiority that they lord over you, they are totally heartless in their dealings with the poor & needy. They play on words & pass the buck.

I work full time. I am a spray painter I cannot get to a lot of day time things I am not able to get public housing, so I live with my mother. I would like a place of my own but the rent is too high. If I had a place of my own I could bring my son to live with me.

I've spent a great deal of my life looked up in jails.

Most times because I am afraid of the power they can have over me and I don't feel safe.

3.3 Services and activities for Forgotten Australians

The survey presented Forgotten Australians with a list of services and activities which some of them would have had access to. Services could have been accessed through Queensland’s dedicated services for Forgotten Australians at Lotus Place (the Forgotten Australian Support Service and the Aftercare Resource Centre), or might have been accessed outside of Queensland. The question asked Forgotten Australians which services had been most helpful for them, and asked them to tick as many of them as necessary. The absence of a tick could mean either that the services hadn’t been helpful or that they hadn’t used them. For our purposes, the main point to this question was being able to tally the total number of ticks to ascertain which services had been most helpful. Table 3.2 provides a summary of this tally.

There are two ways to look at these kind of data. The percentages can be for persons or they can be for responses. Both are shown in this table but the discussion in this chapter concentrates on the first category. In other words, what percentage of people found such-and-such a service helpful, and what were the characteristics of these people. A summary of these percentages is shown in Figure 3.20 which organises the data in descending order of importance.

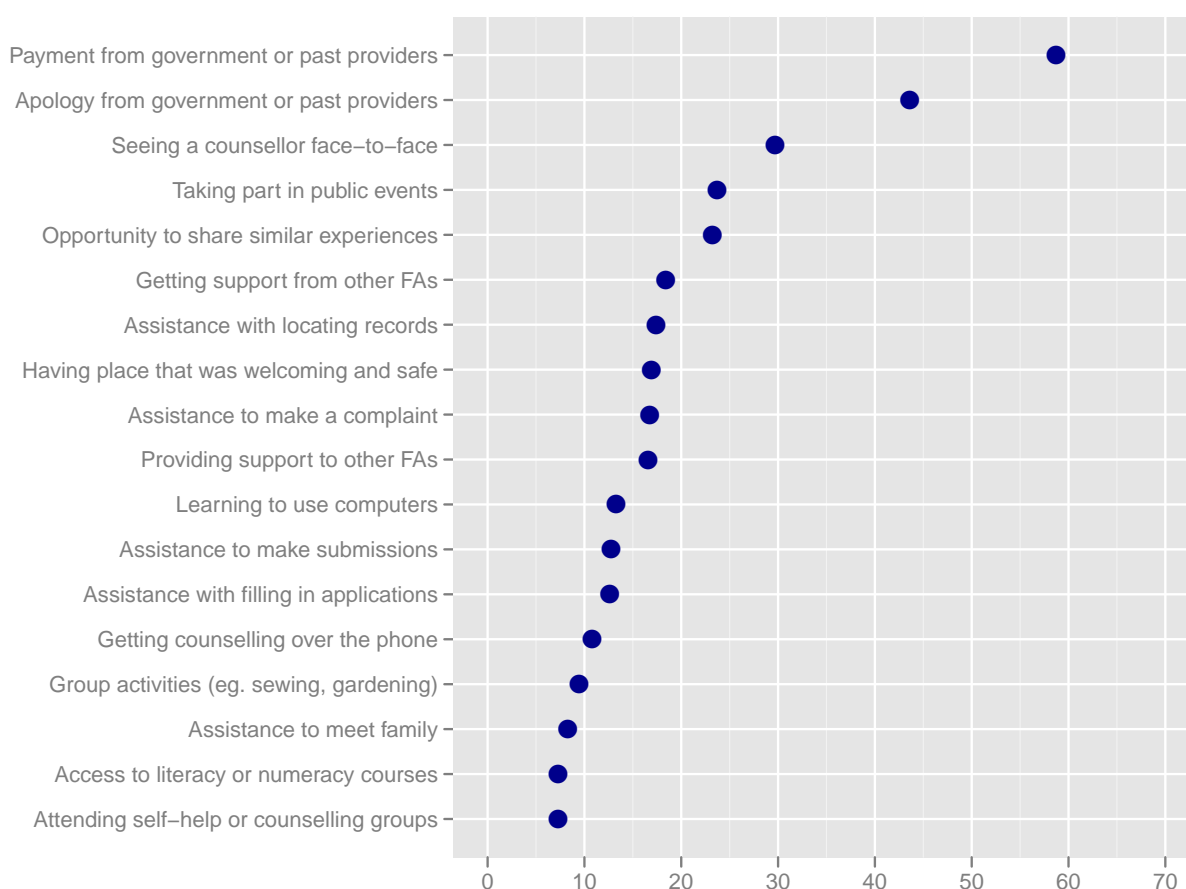
Table 3.2 What has helped the most

	Number	Persons (%)	Responses (%)
Having place that was welcoming and safe	102	17	5
Opportunity to share similar experiences	140	23	7
Learning to use computers	80	13	4
Access to literacy or numeracy courses	44	7	2
Assistance with filling in applications	76	13	4
Assistance with locating records	105	17	5
Assistance to meet family	50	8	2
Seeing a counsellor face-to-face	179	30	9
Getting counselling over the phone	65	11	3
Group activities (eg. sewing, gardening)	57	9	3
Attending self-help or counselling groups	44	7	2
Taking part in public events	143	24	7
Getting support from other FAs	111	18	5
Providing support to other FAs	100	17	5
Payment from government or past providers	354	59	17
Apology from government or past providers	263	44	13
Assistance to make a complaint	101	17	5
Assistance to make submissions	77	13	4
Total	2091		100

Notes: This question allowed multiple responses. Hence total of counts is greater than 603 and the percentage total for persons is not shown.

The most dramatic finding is that 59% of Forgotten Australians found a payment from government or past providers to be helpful, a figure well ahead of all other factors. Given the circumstances of Forgotten Australians, such as the high incidence of poverty, this result is no surprise. The next most important factor, however, was an apology from the government or past providers, with 44% of Forgotten Australians nominating this. The remaining factors fell a fair way behind. Seeing a counsellor face-to-face was helpful for 30% of Forgotten Australians, taking part in public events was helpful for 24% of respondents and having an opportunity to share similar experiences was helpful for 23% of respondents.

Figure 3.20 What has helped the most (%)



Source: Table 3.2

For the various breakdowns for this question, two presentations are shown for each theme. First, a graph shows the breakdown with the factors shown in descending order, similar to Figure 3.20. This is followed by a table, showing the same data but ordered by their logical categories. This has the advantage of displaying the actual numbers and also making it easy for the reader to locate a particular factor.

The gender differences among Forgotten Australians were not pronounced. A higher proportion of men than women found a payment from government

or past providers helpful (66% to 56%), but for both groups this was the most important factor. Similarly, a higher proportion of men than women found it helpful to have assistance with filling in applications (19% to 8%) and assistance to make submissions (18% to 9%). There were no clear patterns by age (see Table A.55 in the appendix for details).

There were a number of interesting differences between Indigenous Forgotten Australians and other Forgotten Australians, though both found a payment equally helpful. Receiving an apology was helpful to a smaller proportion of Indigenous respondents (38% to 47%) but seeing a counsellor face-to-face was helpful to a larger proportion (42% to 28%). Similarly, getting support from other Forgotten Australians was more important to Indigenous respondents (31% to 17%), as was providing support (24% to 15%). Assistance with locating records, learning to use computers and access to literacy or numeracy courses were also more important to Indigenous Forgotten Australians than they were to other Forgotten Australians.

Regional differences were also notable. Among those living in Brisbane and the South East corner, receiving an apology was important for 50% of respondents. The comparable figure for those outside this region was 40%. Taking part in public events, and the opportunity to share similar experiences were also more likely to feature among those living in Brisbane and the South East corner compared to other Queenslanders (30% to 21% and 30% to 19% respectively).

As well as the usual demographic breakdown, it is also worth looking at other patterns in these data. Three particular themes are shown below. First, there is a breakdown by source of income, with this defined as being on government payments of some sort, or another form of income. Secondly, there is a breakdown by household situation, with this defined as living alone or living with others (the latter including couples and couples with children or relatives). Thirdly, there is a breakdown by availability of support, using two broad categories based on the question about how confident respondents felt about help or support being available when they needed it.

Those whose income came from government payments were more likely to find all these services and activities helpful than were other Forgotten Australians. There were four areas where the gap was most evident: getting an apology (48% to 37%), taking part in public events (29% to 15%), the opportunity to share similar experiences (28% to 14%) and assistance to make a complaint (20% to 8%).

A similar story was evident for those Forgotten Australians living alone. They were slightly more likely to find these services and activities helpful compared to other Forgotten Australians, and the gaps were greatest for taking part in public events (33% to 22%), getting support from other Forgotten Australians (25% to 16%) and assistance to make submissions (19% to 10%).

The data which showed availability of support revealed an interesting result. Those for whom support was available were more likely to find these services and activities helpful. For example, 68% of these respondents found getting a payment helpful, compared with 53% of those for whom support was not available. Similarly, 52% of Forgotten Australians for whom support was available found

an apology helpful, but only 40% of those for whom support was not available found it helpful.

Finally, what is most striking about the findings for this question about what Forgotten Australians found helpful is their overall consistency. While there are some sub-group differences, these are mainly in terms of emphasis. The overall pattern is clear: what has been of central importance for Forgotten Australians is receiving a payment and an apology.

Figure 3.21 What has helped the most by gender (%)



Source: Table 3.3

Table 3.3 What has helped the most by gender (%)

	Male	Female	Total
Having place that was welcoming and safe	24	13	17
Opportunity to share similar experiences	27	21	23
Learning to use computers	16	11	13
Access to literacy or numeracy courses	8	7	7
Assistance with filling in applications	19	8	13
Assistance with locating records	16	20	17
Assistance to meet family	11	6	8
Seeing a counsellor face-to-face	29	32	30
Getting counselling over the phone	8	13	11
Group activities (eg. sewing, gardening)	9	10	9
Attending self-help or counselling groups	9	6	7
Taking part in public events	29	20	24
Getting support from other FAs	22	17	18
Providing support to other FAs	19	15	17
Payment from government or past providers	66	56	59
Apology from government or past providers	46	45	44
Assistance to make a complaint	18	16	17
Assistance to make submissions	18	9	13
Total			
n	251	313	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 3.22 What has helped the most by Indigenous status (%)



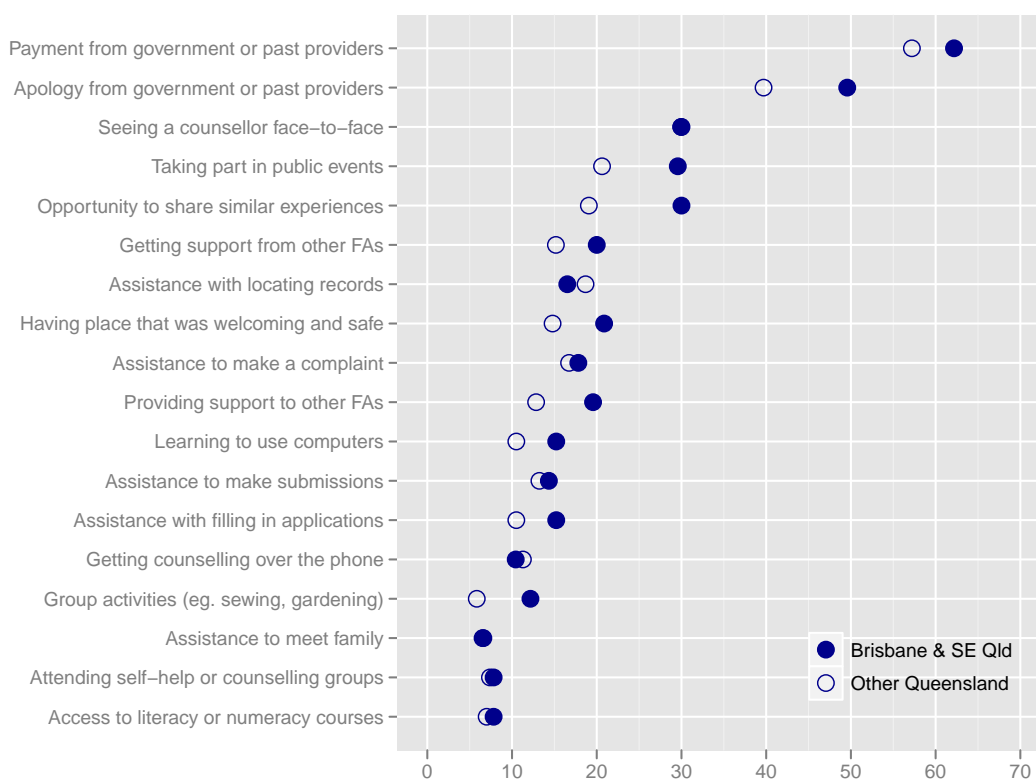
Source: Table 3.4

Table 3.4 What has helped the most by Indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Having place that was welcoming and safe	16	18	9	17
Opportunity to share similar experiences	27	23	21	23
Learning to use computers	22	12	9	13
Access to literacy or numeracy courses	15	6	3	7
Assistance with filling in applications	18	12	12	13
Assistance with locating records	25	16	26	17
Assistance to meet family	13	8	3	8
Seeing a counsellor face-to-face	42	28	29	30
Getting counselling over the phone	15	10	9	11
Group activities (eg. sewing, gardening)	13	10	3	9
Attending self-help or counselling groups	14	6	12	7
Taking part in public events	22	26	18	24
Getting support from other FAs	31	17	18	18
Providing support to other FAs	24	15	21	17
Payment from government or past providers	61	62	35	59
Apology from government or past providers	38	47	38	44
Assistance to make a complaint	15	18	12	17
Assistance to make submissions	17	13	9	13
Total				
n	93	448	34	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 3.23 What has helped the most by region (%)



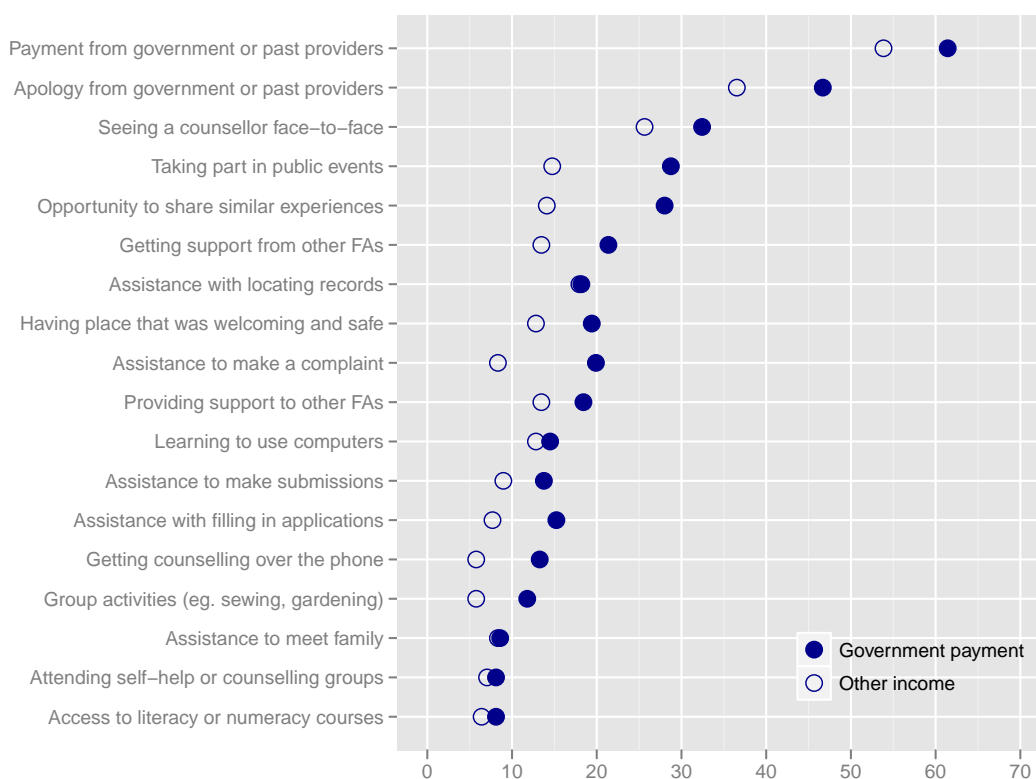
Source: Table 3.5

Table 3.5 What has helped the most by region (%)

	Brisbane & SE Qld	Other Qld	Total
Having place that was welcoming and safe	21	15	17
Opportunity to share similar experiences	30	19	23
Learning to use computers	15	11	13
Access to literacy or numeracy courses	8	7	7
Assistance with filling in applications	15	11	13
Assistance with locating records	17	19	17
Assistance to meet family	7	7	8
Seeing a counsellor face-to-face	30	30	30
Getting counselling over the phone	10	11	11
Group activities (eg. sewing, gardening)	12	6	9
Attending self-help or counselling groups	8	7	7
Taking part in public events	30	21	24
Getting support from other FAs	20	15	18
Providing support to other FAs	20	13	17
Payment from government or past providers	62	57	59
Apology from government or past providers	50	40	44
Assistance to make a complaint	18	17	17
Assistance to make submissions	14	13	13
Total			
n	230	257	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 3.24 What has helped the most by source of income (%)



Source: Table 3.6

Table 3.6 What has helped the most by source of income (%)

	Government payment	Other income	Total
Having place that was welcoming and safe	19	13	17
Opportunity to share similar experiences	28	14	23
Learning to use computers	14	13	13
Access to literacy or numeracy courses	8	6	7
Assistance with filling in applications	15	8	13
Assistance with locating records	18	18	17
Assistance to meet family	9	8	8
Seeing a counsellor face-to-face	32	26	30
Getting counselling over the phone	13	6	11
Group activities (eg. sewing, gardening)	12	6	9
Attending self-help or counselling groups	8	7	7
Taking part in public events	29	15	24
Getting support from other FAs	21	13	18
Providing support to other FAs	18	13	17
Payment from government or past providers	61	54	59
Apology from government or past providers	47	37	44
Assistance to make a complaint	20	8	17
Assistance to make submissions	14	9	13
Total			
n	407	156	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 3.25 What has helped the most by household situation(%)



Source: Table 3.7

Table 3.7 What has helped the most by household situation (%)

	Living alone	Living with others	Total
Having place that was welcoming and safe	20	16	17
Opportunity to share similar experiences	28	21	23
Learning to use computers	16	13	13
Access to literacy or numeracy courses	9	7	7
Assistance with filling in applications	17	10	13
Assistance with locating records	22	16	17
Assistance to meet family	10	8	8
Seeing a counsellor face-to-face	36	27	30
Getting counselling over the phone	16	9	11
Group activities (eg. sewing, gardening)	13	8	9
Attending self-help or counselling groups	10	6	7
Taking part in public events	33	20	24
Getting support from other FAs	25	16	18
Providing support to other FAs	20	15	17
Payment from government or past providers	58	61	59
Apology from government or past providers	47	43	44
Assistance to make a complaint	22	14	17
Assistance to make submissions	19	10	13
Total			
n	178	383	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 3.26 What has helped the most by availability of support (%)



Source: Table 3.8

Table 3.8 What has helped the most by availability of support (%)

	Support not available	Support available	Total
Having place that was welcoming and safe	15	21	17
Opportunity to share similar experiences	22	28	23
Learning to use computers	14	14	13
Access to literacy or numeracy courses	5	10	7
Assistance with filling in applications	11	16	13
Assistance with locating records	18	19	17
Assistance to meet family	6	12	8
Seeing a counsellor face-to-face	30	33	30
Getting counselling over the phone	13	11	11
Group activities (eg. sewing, gardening)	7	12	9
Attending self-help or counselling groups	5	11	7
Taking part in public events	21	30	24
Getting support from other FAs	16	23	18
Providing support to other FAs	16	20	17
Payment from government or past providers	53	68	59
Apology from government or past providers	40	52	44
Assistance to make a complaint	18	19	17
Assistance to make submissions	14	14	13
Total			
n	227	302	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

3.4 Reasons for not using services for Forgotten Australians

There was an open-ended question following the questions about how helpful or otherwise respondents found the various activities and services which were targeted to Forgotten Australians. This was similar to the earlier question and it asked those respondents who didn't tick many boxes in the last section to complete the sentence: "I think the main reason why I haven't used services, or activities, available for Forgotten Australians is because ..."

Some 389 respondents provided answers to this question and these were coded in a similar fashion to the earlier question. Many of the reasons ranged across a number of themes, so there is some difficulty in assigning a single code to such answers.³ Nevertheless, the coding does represent a reliable indication of the sentiments expressed by Forgotten Australians to this question.

The two most common reasons why Forgotten Australians did not avail themselves of these services were not being aware of their existence and the distance involved (see Figure 3.27 and Table 3.28). In the case of the latter, this was sometimes an issue of remoteness and sometimes an issue of travel difficulties or costs. Together these two reasons accounted for 38% of all reasons.

The next most important reason were a range of sentiments which related to the legacy of their time in care. In particular, there were many answers where Forgotten Australians talked of the pain involved in revisiting their pasts. There were answers where the futility of seeking help, so long after the event, were evident. These kinds of answers accounted for 17% of reasons. Another 4% of reasons specifically mentioned a lack of trust, so one could add these to the legacy answers and the overall total of 21% would be a fair reflection of the psychological impact of their years in care and the way in which this itself prevented Forgotten Australians receiving assistance.

Some 4% of Forgotten Australians were in prison, and unable to access services, while another 3% had disabilities which prevented them making use of such services. Another 7% were interstate and unable to access services based in Queensland, except on rare visits to Brisbane. In total, this suggests about 14% of Forgotten Australians were 'blocked' in some fashion from gaining access to services.

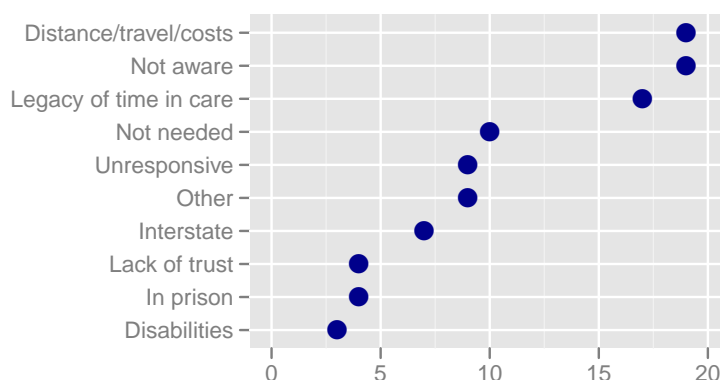
About 10% of Forgotten Australians indicated they did not need the use of these services. Generally, this was because they regarded themselves as independent or as having support networks which made these services redundant. In some cases, the reasons for not needing them overlapped with the legacy of their past, so coding to this category is somewhat arbitrary (for example, those Forgotten Australians who thought such services had come too late for them).

Finally, about 9% of Forgotten Australians indicated that their experiences with such services had been unsatisfactory. Either the services were unresponsive to their needs or intimidating in some fashion. This category was distinct from psychological barriers (such as raking up the past or lacking confidence) and related directly to the characteristics of the services themselves. A small

proportion (who ended up in the ‘other’ category) indicated that they were not eligible to use these services and were critical of that situation. These were often Forgotten Australians who had lived with foster parents.

The findings for this question are shown in order of importance in Figure 3.27 (and the actual percentages are shown in Table A.56 in the appendix). Some examples of the reasons given are shown as quotations in the coloured boxes below.

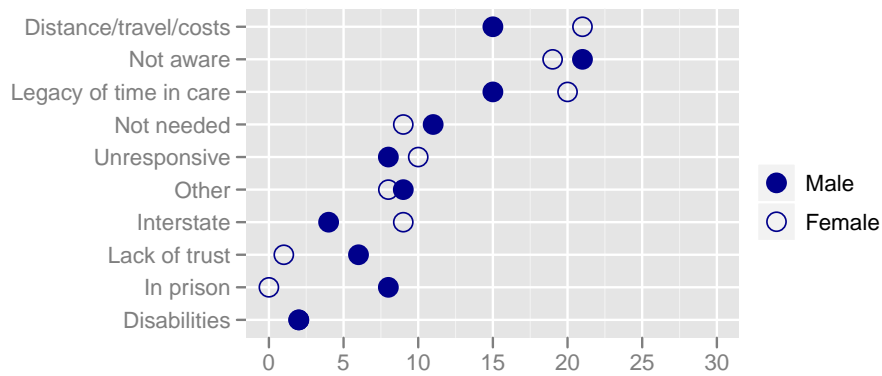
Figure 3.27 Reasons for not using services for Forgotten Australians (%)



Source: Table A.56

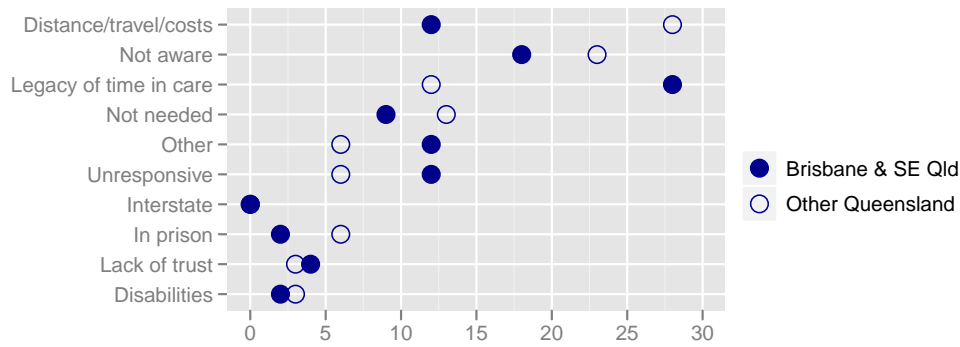
There were few sharp gender differences in the reasons given by respondents (see Figure 3.28). Regional differences, however, were very stark. Some 28% of Forgotten Australians who lived outside Brisbane and the South East corner indicated that distance or travel issues were the main reason for not using these services (see Figure 3.29). The comparable figure for those living in Brisbane and the South East was just 12%. On the other hand, among the latter group the main reason for not using services were issues related to their time in care (28% compared to 12%). Finally, when it came to the reason which indicated that Forgotten Australians did not feel they needed these services, there was a considerable gap between those Forgotten Australians for whom support was available and those for whom it wasn't. Among the former some 14% indicated that they didn't need assistance, whereas the figure for the latter was much lower, at just 5% (Figure 3.30).

Figure 3.28 Reasons for not using FA services by gender (%)



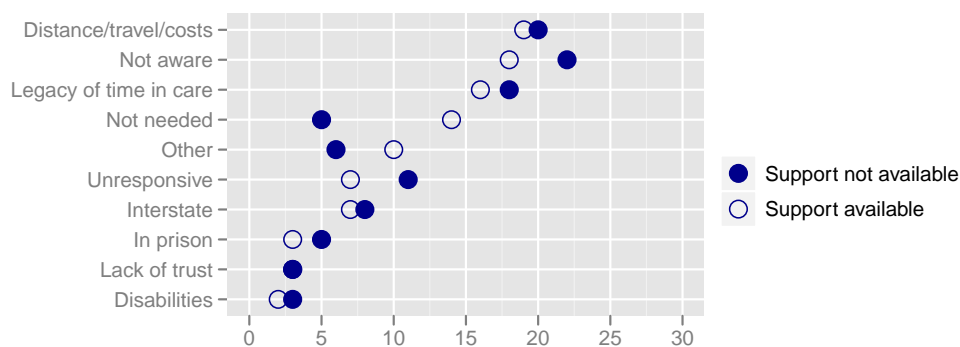
Source: Table A.56

Figure 3.29 Reasons for not using FA services by region (%)



Source: Table A.57

Figure 3.30 Reasons for not using FA services by availability of support (%)



Source: Table A.58

Some of the reasons given for not using services for Forgotten Australians

As I have never received any information in reference to these services I had no knowledge they existed

Because of the constraints imposed by distances. I don't use any of the services provided if I lived closer I would use them. I travelled to Brisbane to seek help with my claim. I spoke with a very understanding gentleman ... at the lotus centre I can't remember his name but he was outstanding in helping me.

Because I don't like to be reminded by my years in care: Even though we were given a good education: the methods of some of the teachers were not helpful in building confidence in later years.

I am higher functioning and don't need many of the services at present and many of the forgotten australians are much more traumatised than I am. I find it difficult to relate to some of them. Many have anger issues that I find difficult to navigate.

I am not comfortable. I feel I've stepped back into a systemic environment I have no desire for group gatherings doing activities like sewing stitching knitting all come with hostile memories I don't have time in my life to take part in events such as Remembrance Day and Chrissy I find a personal agony of an extremely sad and unloved childhood. I've received recommended reasonable payment both by Government and Catholic church and feel it came with its own systemic abuse all over again.

I am only one of many. my constant cry had become a migraine for the support/phone. people "redress is closed, doesn't matter who you speak to. Its over." so, my story has been hidden due to the neglect of ... was my case worker in Brisbane. She abandoned me - I was pack raped and it has & never will be dealt with because let sleeping dogs lie.

I become too emotional and takes a long time to settle down again.

I did not know about them till it was too late. Now I do not like mixing with people anymore.

I didn't fit in (sorry) I do not belong I will never belong but that's ok.

I didn't know there was help outside of Centrelink & my Dr has helped me so far. I try not to think about my past, but it haunts me and I face it nearly every day, it is just there in your head. Life is very hard & not fair, there has not been enough answers to my questions about my past. I couldn't go to the courts, as I didn't have enough proof who is going to believe me, what if this person is dead, it is a lost battle as for as the government is concerned, it is just not fair.

I don't like to be around people like myself.

It's too late.

Lack of faith or belief that anyone is sincerely interested in what happened over 50 years ago.

I don't trust big brother or anything that the government say.

I don't feel I need them - a bit late.

I don't know much about what is available and I generally do not disclose detail of my past. These opportunities came too late for a person my age.

I don't need to relive that part of my life.

Very hard to access in Northern Queensland. Complete lack of understanding from various government departments. No empathy and very hard to explain past events to these people. I would like to see a "one stop shop" for needs, issues from medical, financial assistances from to be completed with assistance, advocate services, counselling services, legal services, housing assistance and Centrelink services.

I feel perhaps more assistants at the drop in centre are needed when people come in as every time I call in it's friendly at the front desk, but when I get inside I don't feel safe around the other past residents. Usually there seems only 1 or 2 (coordinators ?) they are busy with people and the ones having a coffee, etc. They are all in a big room & it feels uncomfortable so I've decided not to go back. More volunteers or workers needed in the room & perhaps need to have distractions & invite people if they want to talk suggest they can go in another room.

I have a very close knit family, we all support one another, whenever there is need. Whether it is social, financial or needing advice or any form of support. We keep in close contact at birthdays, christmas or social school events. Most time the cost is not great. Just a phone call to say hello, how has the family been keeping. I learned from my parents mistakes, I only lived at home for ten years. mostly in the orphanage, or being placed in care. so I swore if I got married, my children would have a great chance to love, or be loved where my brothers and sisters missed out on. Especially in the orphanage, by the nuns.

I have found that education about care leavers is poor and there is a lack of professionals who will come on board because they know nothing about us. I'm looked at with distain + indifference when trying to explain + ask for help.

I have learnt. To stand on my own.

I have never felt comfortable discussing past events. Find it very upsetting.

I have only made use of these services in the past 10 years because I previously was unable to come to terms with my past.

I have tried to get on with my life. And to try to forget the past.

I haven't used any of them, because I get to upset. I only go to my doctor for help.

I live in a remote area. I have only visited a couple of times for that reason. I am in the city area for a few months, but when I return to the country I am unlikely to travel far. We need services in country towns.

I live in central Q.L.D and don't know about any services in my local area. I didn't know about the funding for Australians who had been in care in Q.L.D. So I missed out.

I rang Esther centre but because I was not held in QLD, they couldn't help me and couldn't give me a phone number to ring so used I am on my own no one want to help me ... my husband was trying to teach me to write and read, I want my apology and answers like why if my mum couldn't look after me, why didn't you ask my dad. I never had a birthday till I was 37 years old. Never had a xmas was made to scrub concrete with sand soap if you spoke you were beaten.

I think it's a total waste of time & money & I think it makes people hang onto bad memories too long & it doesn't help people move on.

I think the main reason I haven't used services, or activities, available for Forgotten Australians is because I believe that most of the workers and some of the peers are not genuine in their concerns. (Ambivalent) I honestly don't know if I'm welcome at the drop-in centre or not. I feel not. There is also a conflict of beliefs. I don't want to deal with the Catholic system ... thanks but I'd rather not have help from people whose heart isn't in it ... We really shouldn't be made to feel bad because we came forward to receive the money allocated to us. Most of us have families who are in need and who have suffered hardship because of our past traumas. (If you knew half the truth of what it's been like for me personally you wouldn't believe it.)

I want to try + forget - no amount of money will take the 8 years of hurt and homelessness away.

I was not aware they even existed. I would be surprised if there are any in my area.

I would like to go to a lot of these things but live 5 hrs away and the cost would kill me. I have traveled to a couple of Christmas get togethers and meetings when I went down on the bus.

It would only remind me of being a victim of a situation that was out of my control at the time all those years ago.

I'm still in jail & some of those services aren't relevant in here or unavailable. e.g. Drop-in centre, studying, personal counselling, group activities, peer support. Do we need something like that in this place, yes!! Plus, I didn't know these things were available.

It keeps me dependant on a bureaucratic system which is skewed to bureaucratic thinking (it they were right, I'd agree but its them they know, not me) I still do not completely trust the bureaucratic system.

No one cared then + no one cares now.

None in my town. Like all things government. They are all in major cities and forget the country areas.

Shame, abuse, confuse, trust.

They have not been much help at all, in the past, and I am getting very old and no one cares.

They were simply not around were when we needed them so I decided to get on with life best way possible.

To do so empowers The abusers by focusing me to relive the events.

Why now, have you just remembered us?

4. Future services?

4.1 Priorities for the future

One of the main goals of the survey was to ascertain what services would be of most help to Forgotten Australians in the future. To understand their priorities a list of options was presented and respondents were invited to tick five boxes. About 12% of Forgotten Australians did not respond to this question and another 11% ticked more than five boxes. Nearly half ticked the required five boxes and another one third ticked less than five boxes. As a device for collecting ‘votes’ on future priorities, this question has worked reasonably well and the results appear credible and reliable. While there are some interesting variations according to subgroups, the overall patterns are very consistent.

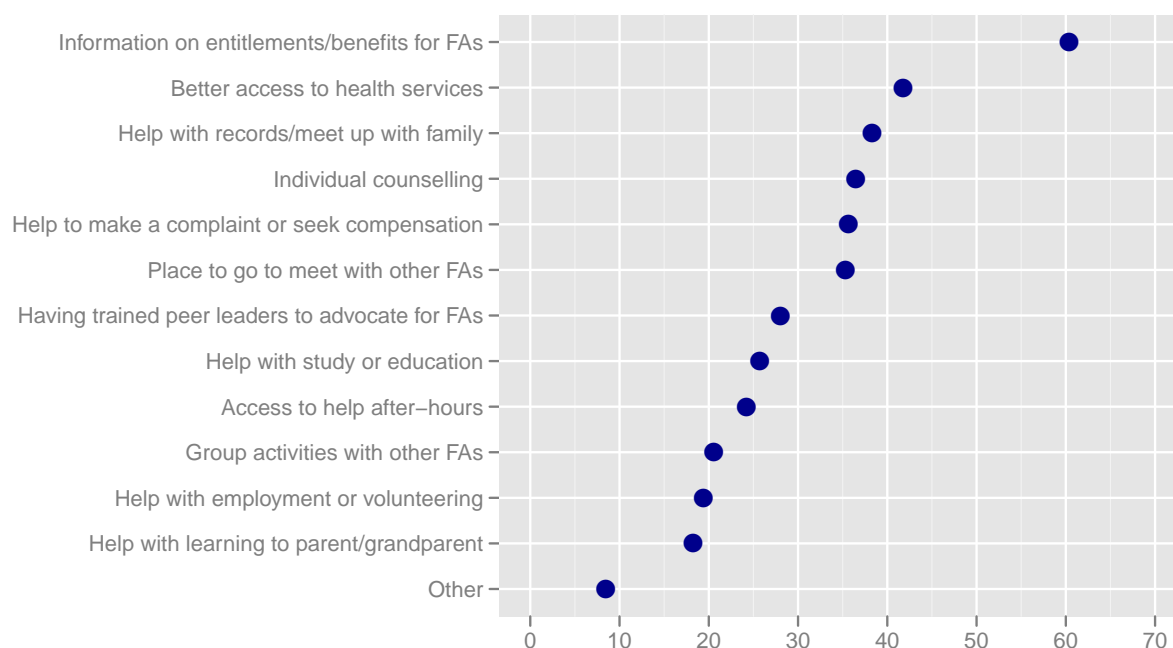
As with the last chapter, the data for this question was analysed by tallying the total number of ticks to ascertain which future services were the most important. Table 4.1 provides a summary of this tally. Again, as well as raw counts, the percentages for persons and responses are both shown, but the discussion in this chapter concentrates on the person percentages. That is, what percentage of people regarded such-and-such a service as important in the future, and what were the characteristics of these people. A summary of these percentages is shown in Figure 4.1 which organises the data in descending order of importance.

Table 4.1 Priorities for future services

	Number	Persons (%)	Responses (%)
Place to go to meet with other FAs	213	35	9
Group activities with other FAs	124	21	5
Individual counselling	220	36	9
Access to help after-hours	146	24	6
Help with records/meet up with family	231	38	10
Help with study or education	155	26	7
Help with employment or volunteering	117	19	5
Better access to health services	252	42	11
Information on entitlements/benefits for FAs	364	60	15
Having trained peer leaders to advocate for FAs	169	28	7
Help to make a complaint or seek compensation	215	36	9
Help with learning to parent/grandparent	110	18	5
Other	51	8	2
Total	2367		100

Notes: This question allowed multiple responses. Hence total of counts is greater than 603 and the percentage total for persons is not shown.

Figure 4.1 Priorities for future services (%)



Source: Table 4.1

The most important priority for Forgotten Australians was very clear: 60% indicated that getting information on entitlements and benefits was the most important service they could be offered. The next most important services form a cluster, ranging from 35% to 42%, and these were:

- better access to health services (42%);
- help with locating records or meeting up with their families (38%);
- individual counselling (36%);
- assistance with making complaints or seeking compensation (36%);
- and having a place to go to meet with other Forgotten Australians (35%).

As with the last chapter, two presentations are shown for each subgroup breakdown in the following discussion. First, a graph shows the breakdown with the priorities shown in descending order, similar to Figure 4.1. This is followed by a table, showing the same data but ordered by their logical categories. As mentioned before, this has the advantage of displaying the actual numbers and also making it easy for the reader to locate a particular item.

Information on entitlements and benefits is the main priority for both men and women. The sharpest differences by gender are around better access to health services and help with making a complaint or seeking compensation (Figure 4.2). In the case of health services, a higher proportion of men (49%) than women (40%) selected this. In the case of the help with making a complaint, the gap is even larger: 44% among men and 30% among women.

There appear to be some important differences by age (Figure 4.3). About 49% of the oldest group, those aged 70 or over, ticked getting information on entitlements. This contrasted with figures of around 65% for those aged between 50 and 69. Those aged under 50 appeared quite distinctive in their priorities: they were much more likely to want help with study or education and more likely to want help with employment (or volunteering). A larger proportion also indicated an interest in access to help after-hours.

The highest priority for both Indigenous and non-Indigenous Forgotten Australians was the same: information on entitlements (Figure 4.4). Among many of the other factors, however, there were some notable differences. A higher proportion of Indigenous respondents wanted help to make complaints or seek compensation (47% to 34%). Several factors related to social interactions were also more important for Indigenous respondents: 44% wanted a place to meet with other Forgotten Australians (compared with 35%) and 31% wanted group activities with other Forgotten Australians (compared with 19%).

Regional differences around this issue were not strong, with two main exceptions (Figure 4.5). Those respondents living outside of Brisbane and the South East corner selected access to help after-hours more often than did other respondents: some 28% ticked this item compared with 19%. On the other hand, respondents living in Brisbane and the South East corner selected getting help with records or meeting up with family more often: 43% to 35%.

The source of income made little difference to the highest priority (information on entitlements), nor to most of the other options (Figure 4.6). There was one notable difference: 38% of respondents on Government payments wanted a place to go to meet with other Forgotten Australians compared with 29% of respondents who had other sources of income. A very similar pattern applied with regard to the household situation of the respondents (Figure 4.7). Some 44% of respondents who lived alone wanted such a meeting place compared with just 32% of those living with others. Not surprisingly, the latter were more inclined than the former to want help with learning to parent or grandparent, though this option was quite low overall (22% to 13%).

One of the starkest differences evident so far occurred around the access-to-support distinction (Figure 4.8). Those Forgotten Australians for whom support was not available were highly likely to select the getting information on entitlements option. Some 76% of them selected this item, compared with a figure of 54% among those for whom support was available. Another large gap occurred around getting help to make a complaint or seek compensation. Among those Forgotten Australians for whom support was not available the figure was 45% compared with just 30% among those for whom support was available.

Figure 4.2 Priorities for future services by gender (%)



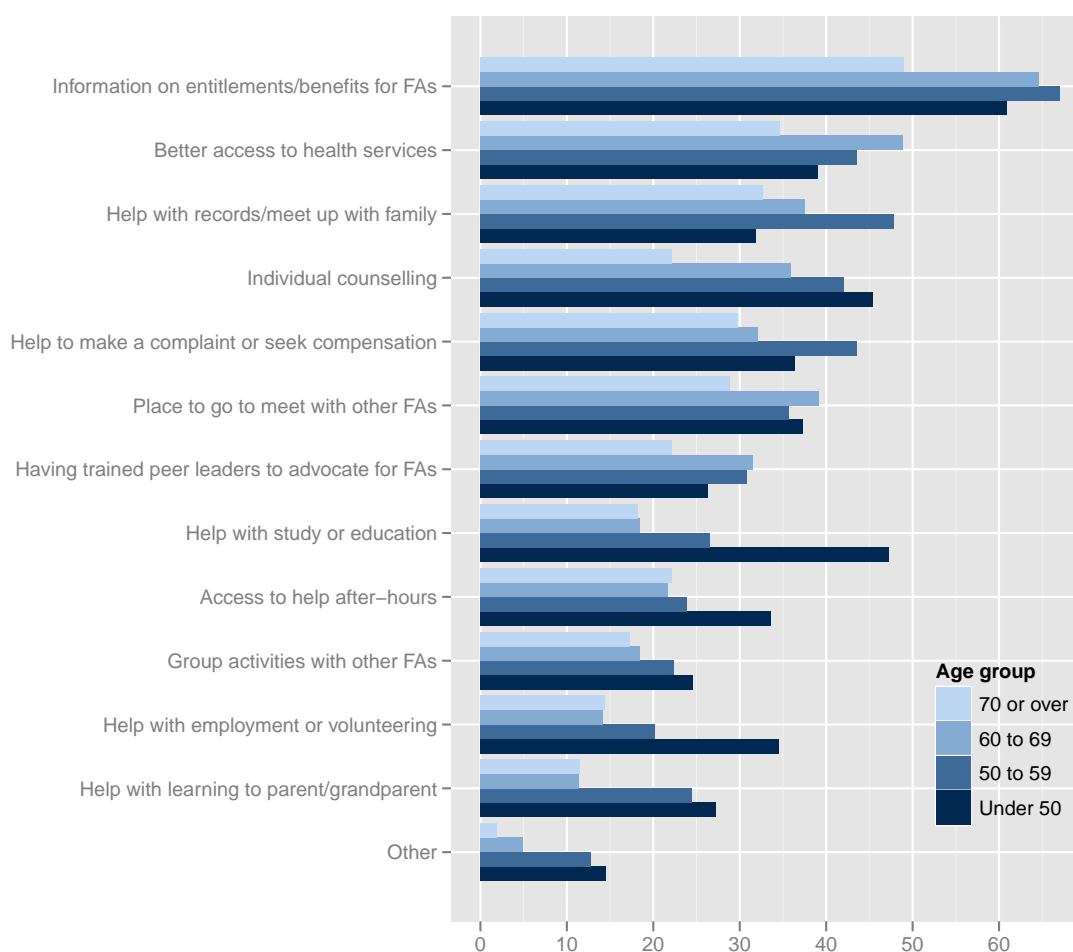
Source: Table 4.2

Table 4.2 Priorities for future services by gender (%)

	Male	Female	Total
Place to go to meet with other FAs	37	36	35
Group activities with other FAs	25	18	21
Individual counselling	38	38	36
Access to help after-hours	27	24	24
Help with records/meet up with family	38	40	38
Help with study or education	24	28	26
Help with employment or volunteering	21	20	19
Better access to health services	49	40	42
Information on entitlements/benefits for FAs	65	60	60
Having trained peer leaders to advocate for FAs	30	28	28
Help to make a complaint or seek compensation	44	30	36
Help with learning to parent/grandparent	20	18	18
Other	9	9	8
Total			
n	251	313	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.3 Priorities for future services by age group (%)



Source: Table 4.3

Table 4.3 Priorities for future services by age group (%)

	Under 50	50 to 59	60 to 69	70 or over	Total
Place to go to meet with other FAs	37	36	39	29	35
Group activities with other FAs	25	22	18	17	21
Individual counselling	45	42	36	22	36
Access to help after-hours	34	24	22	22	24
Help with records/meet up with family	32	48	38	33	38
Help with study or education	47	27	18	18	26
Help with employment or volunteering	35	20	14	14	19
Better access to health services	39	44	49	35	42
Information on entitlements/benefits for FAs	61	67	65	49	60
Having trained peer leaders to advocate for FAs	26	31	32	22	28
Help to make a complaint or seek compensation	36	44	32	30	36
Help with learning to parent/grandparent	27	24	11	12	18
Other	15	13	5	2	8
Total	110	188	184	104	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.4 Priorities for future services by Indigenous status (%)



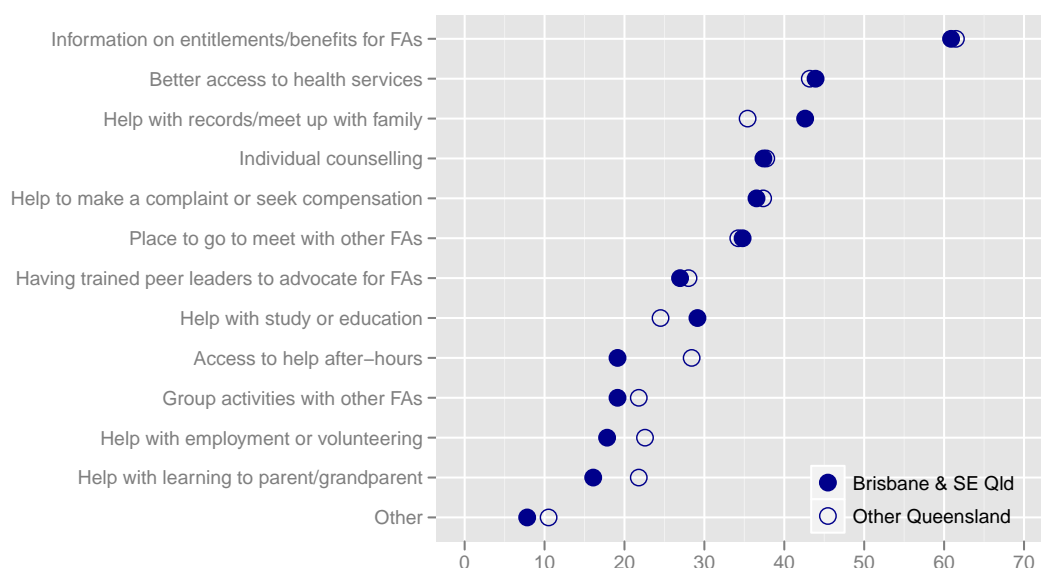
Source: Table 4.4

Table 4.4 Priorities for future services by Indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Place to go to meet with other FAs	44	35	32	35
Group activities with other FAs	31	19	15	21
Individual counselling	40	37	32	36
Access to help after-hours	32	24	21	24
Help with records/meet up with family	43	37	53	38
Help with study or education	26	26	26	26
Help with employment or volunteering	28	19	6	19
Better access to health services	45	42	44	42
Information on entitlements/benefits for FAs	61	62	68	60
Having trained peer leaders to advocate for FAs	24	29	38	28
Help to make a complaint or seek compensation	47	34	32	36
Help with learning to parent/grandparent	25	18	18	18
Other	11	8	15	8
Total				
n	93	448	34	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.5 Priorities for future services by region (%)



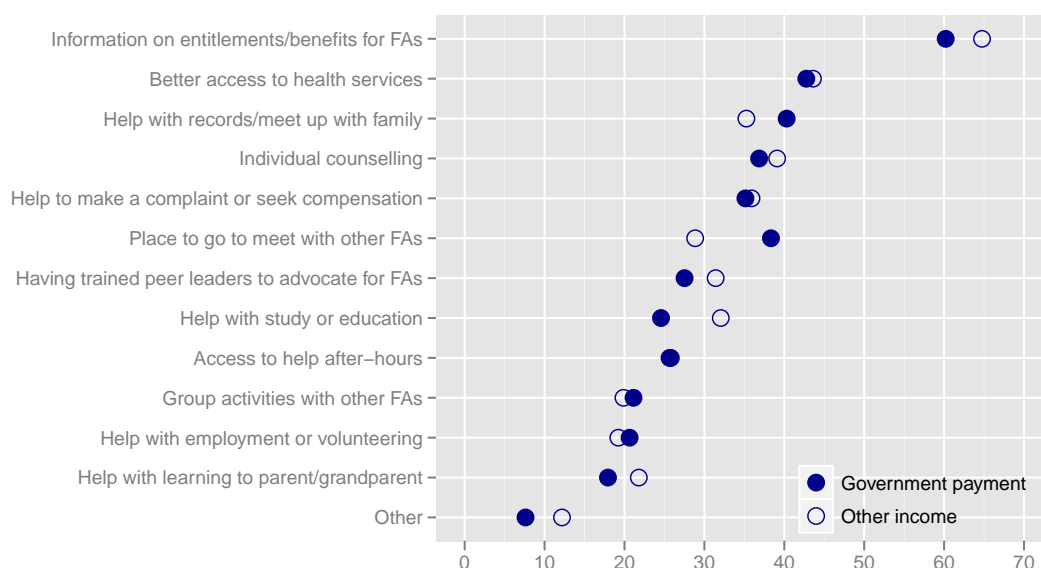
Source: Table 4.5

Table 4.5 Priorities for future services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Place to go to meet with other FAs	35	34	35
Group activities with other FAs	19	22	21
Individual counselling	37	38	36
Access to help after-hours	19	28	24
Help with records/meet up with family	43	35	38
Help with study or education	29	25	26
Help with employment or volunteering	18	23	19
Better access to health services	44	43	42
Information on entitlements/benefits for FAs	61	61	60
Having trained peer leaders to advocate for FAs	27	28	28
Help to make a complaint or seek compensation	37	37	36
Help with learning to parent/grandparent	16	22	18
Other	8	11	8
Total			
n	230	257	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.6 Priorities for future services by source of income (%)



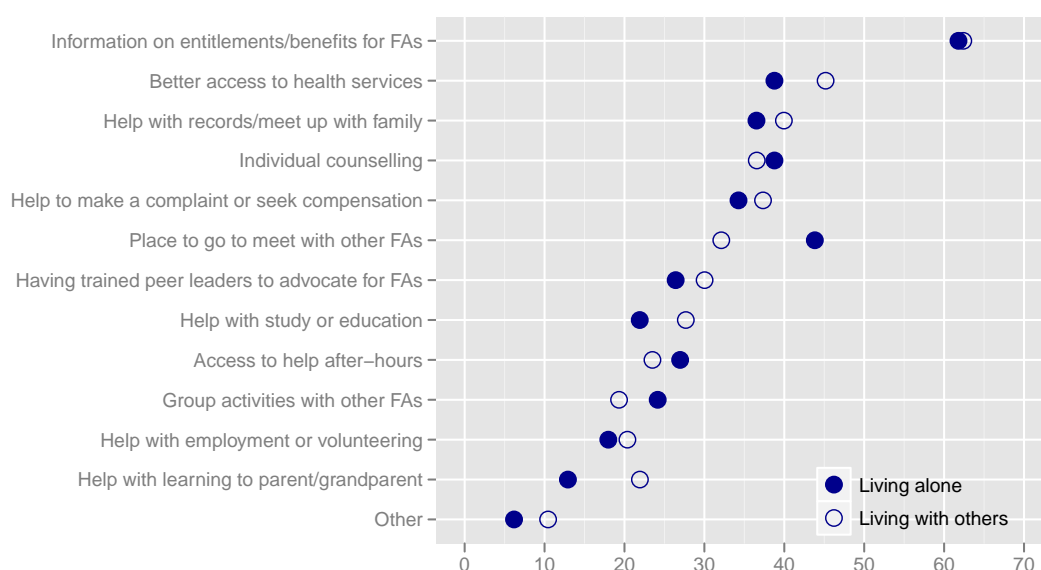
Source: Table 4.6

Table 4.6 Priorities for future services by source of income (%)

	Government payment	Other income	Total
Place to go to meet with other FAs	38	29	35
Group activities with other FAs	21	20	21
Individual counselling	37	39	36
Access to help after-hours	26	26	24
Help with records/meet up with family	40	35	38
Help with study or education	25	32	26
Help with employment or volunteering	21	19	19
Better access to health services	43	44	42
Information on entitlements/benefits for FAs	60	65	60
Having trained peer leaders to advocate for FAs	28	31	28
Help to make a complaint or seek compensation	35	36	36
Help with learning to parent/grandparent	18	22	18
Other	8	12	8
Total			
n	407	156	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.7 Priorities for future services by household situation(%)



Source: Table 4.7

Table 4.7 Priorities for future services by household situation (%)

	Living alone	Living with others	Total
Place to go to meet with other FAs	44	32	35
Group activities with other FAs	24	19	21
Individual counselling	39	37	36
Access to help after-hours	27	23	24
Help with records/meet up with family	37	40	38
Help with study or education	22	28	26
Help with employment or volunteering	18	20	19
Better access to health services	39	45	42
Information on entitlements/benefits for FAs	62	62	60
Having trained peer leaders to advocate for FAs	26	30	28
Help to make a complaint or seek compensation	34	37	36
Help with learning to parent/grandparent	13	22	18
Other	6	10	8
Total			
n	178	383	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Figure 4.8 Priorities for future services by availability of support (%)



Source: Table 4.8

Table 4.8 Priorities for future services by availability of support (%)

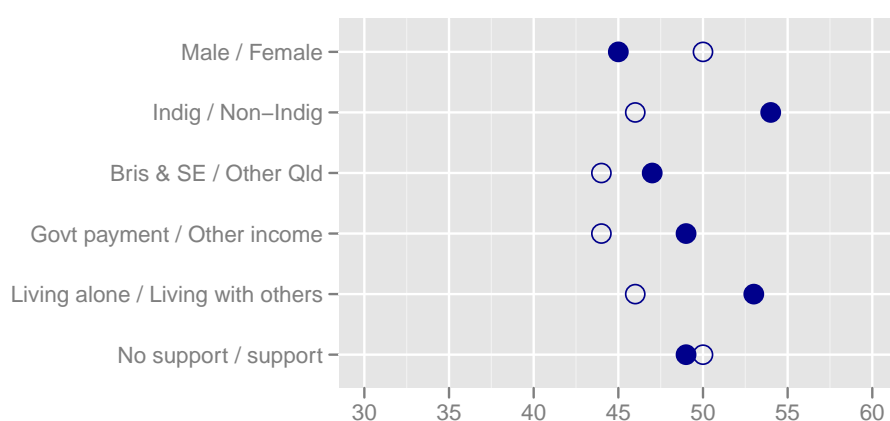
	Support not available	Support available	Total
Place to go to meet with other FAs	34	41	35
Group activities with other FAs	20	24	21
Individual counselling	36	40	36
Access to help after-hours	25	26	24
Help with records/meet up with family	37	44	38
Help with study or education	22	30	26
Help with employment or volunteering	17	23	19
Better access to health services	47	41	42
Information on entitlements/benefits for FAs	76	54	60
Having trained peer leaders to advocate for FAs	32	28	28
Help to make a complaint or seek compensation	45	30	36
Help with learning to parent/grandparent	19	19	18
Other	14	6	8
Total			
n	227	302	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

4.2 Support for counselling services

As we have seen, counselling featured on the list of options which Forgotten Australians were asked to nominate as their priorities. In addition, the survey also specifically asked Forgotten Australians if they thought counselling was important to them. Nearly half (46%) answered yes and about one quarter (24%) answered no. Some 16% did not know, and another 14% did not respond. These results are summarised in Table A.59 in the appendix. In what follows, I present a series of graphs which indicate how different subgroups responded to this question. While the differences are minor, they are worth noting.

Figure 4.9 Whether counselling is important, by subgroups (%)



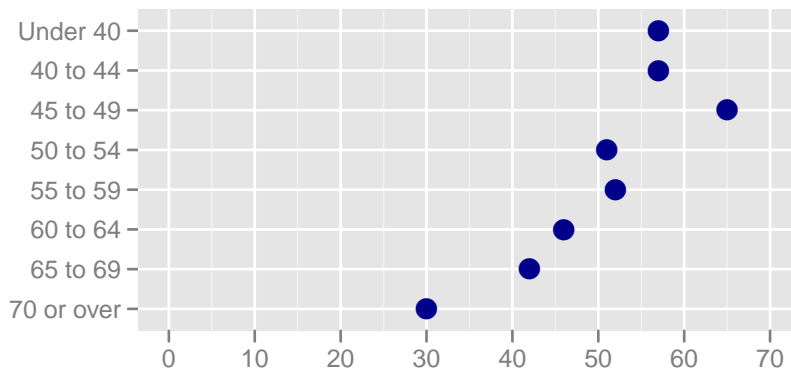
Notes: solid dot is the first category in each pair; hollow dot is the second category.

Source: see Tables A.59 to A.65

Women were slightly more likely than men to consider counselling important (50% to 45%), as were those on government payments compared with those with other sources of income (49% to 44%). Indigenous Forgotten Australians were much more likely than the non-Indigenous to favour counselling (54% to 46%) and a similar gap was evident for those living alone, with 53% wanting counselling compared to 46% of those living with others.

The age profile of respondents to this question was very interesting. Apart from a bulge in the 45 to 49 year age group, the relationship between age and support for counselling was almost linear. The greatest level of support for counselling was among younger Forgotten Australians (in the 50% to 60% range) and the weakest level was among older Forgotten Australians (in the 30% to 40% range).

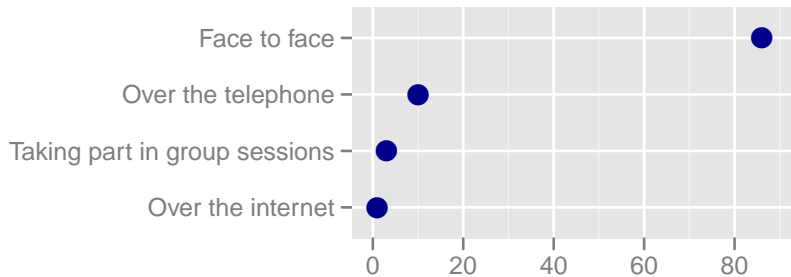
Figure 4.10 Whether counselling is important by age group (%)



Source: Table A.60

When it came to the type of counselling, the views of Forgotten Australians were unmistakable: they overwhelmingly regarded face-to-face counselling as the most useful type. Some 86% of those Forgotten Australians who thought counselling was important wanted face-to-face, while 10 wanted telephone counselling. Only 3% indicated a desire to take part in group sessions and only 1% favoured counselling over the internet. Table A.66 in the appendix, and Figure 4.11 present these results. What is particularly notable is that all of the various subgroup breakdowns show little or no difference. All these different subgroups overwhelmingly wanted face-to-face counselling.

Figure 4.11 Type of counselling regarded as most useful (%)



Source: Table A.66.

Population: Those who thought that counselling was important.

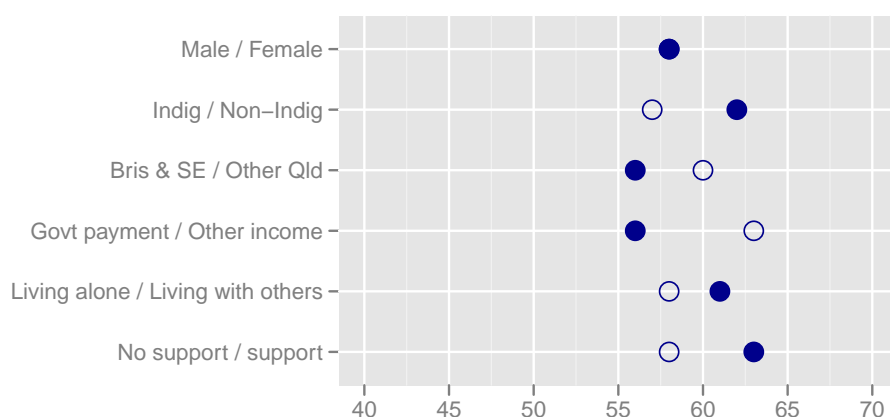
4.3 Support for peer leadership

The survey also asked Forgotten Australians if there should be assistance for Forgotten Australians to become peer leaders. Some 56% supported this idea while only 4% said no. A sizeable proportion (25%) replied that they didn't know and another 15% gave no response. Thus while the majority supported the idea, some 40% of Forgotten Australians were unsure, suggesting that many may not have understood what the question meant or did not know what peer leadership was (see Table A.67 for more details).

While there were some variations within the various subgroups, the differences were not very large. Indigenous Forgotten Australians were more likely to support peer leadership than their non-Indigenous counterparts, as were those Forgotten Australians who had little support available to them (see Figure 4.12).

When it came to the type of peer leadership, the results were not clearcut. When asked about what the most important things peer leaders could do, no one area emerged as dominant. Of those respondents who thought that there should be assistance with peer leadership some 25% thought that peer support to other Forgotten Australians was most important, while 23% thought that educating professionals about Forgotten Australians was most important. Another 22% favoured helping the public to gain a better understanding of Forgotten Australians. About 19% thought that peer leaders should advocate for the needs of Forgotten Australians. Finally, only 11% thought that peer leaders should have a role in helping plan services or activities for Forgotten Australians. Figure 4.13 shows these results.

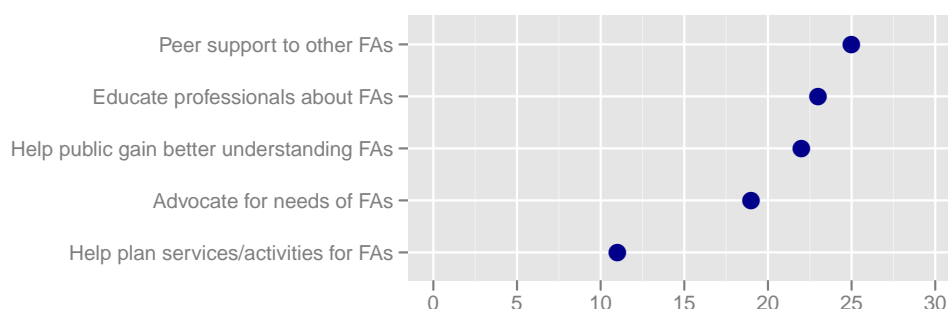
Figure 4.12 Support for peer leadership (%)



Notes: solid dot is the first category in each pair; hollow dot is the second category.

Source: see Tables A.67 to A.73

Figure 4.13 Most important thing peer leaders could do (%)



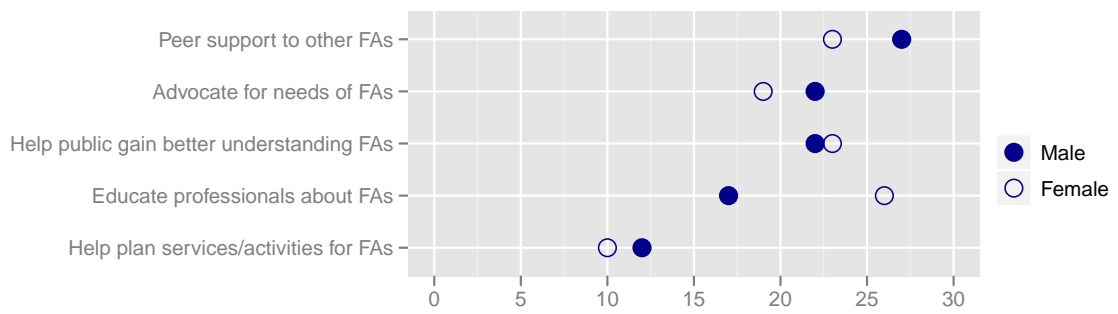
Source: Table A.74.

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

There were some interesting subgroup differences for this question. Women thought that educating professionals about Forgotten Australians was more important than peer support to other Forgotten Australians (Figure 4.14). On the other hand, Indigenous Forgotten Australians were particularly keen on peer support (Figure 4.16). When it came to regional differences, the priorities were reversed between Brisbane/S.E.Queensland and other parts of Queensland: the former favoured helping the public gain a better understanding of Forgotten Australians and the latter favoured the peer support option (Figure 4.17). Those Forgotten Australians on government payments favoured helping the public gain a better understanding of Forgotten Australians, though the gap was not very large between this option and the peer support option (Figure 4.18). Respondents who were living alone differed little from those living with others (4.19). Finally, a much higher proportion of Forgotten Australians for whom support was not available expressed a preference for peer leaders to take on an advocacy role (Figure 4.20).

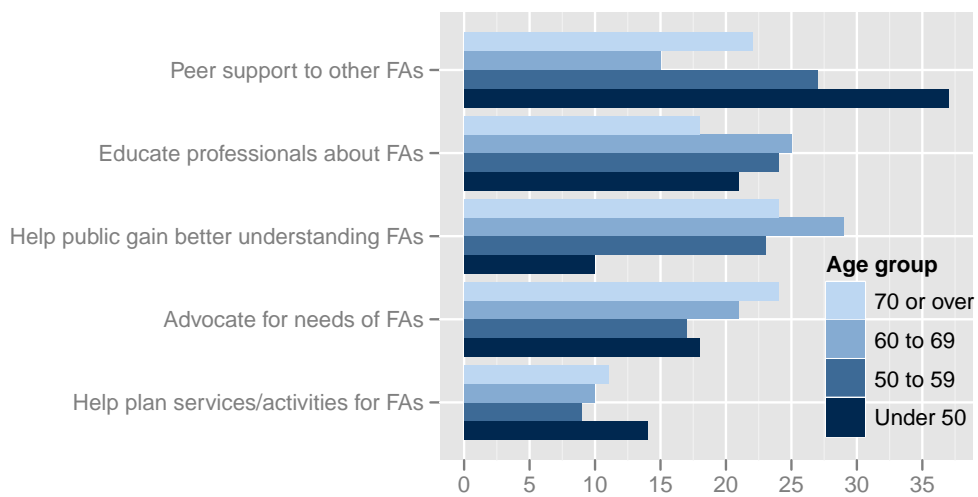
The age breakdown for this question was particularly interesting. It is shown with a smaller number of age group categories to avoid complexity, but the patterns are quite clearcut. As Figure 4.15 shows, among Forgotten Australians aged under 50, the role of peer leaders in providing peer support to other Forgotten Australians was very strong. On the other hand, among Forgotten Australians aged in their 60s, the importance of helping the public to gain a better understanding of Forgotten Australians, as well as educating professionals about Forgotten Australians, both stood out as more important.

Figure 4.14 Most important thing peer leaders could do by gender (%)



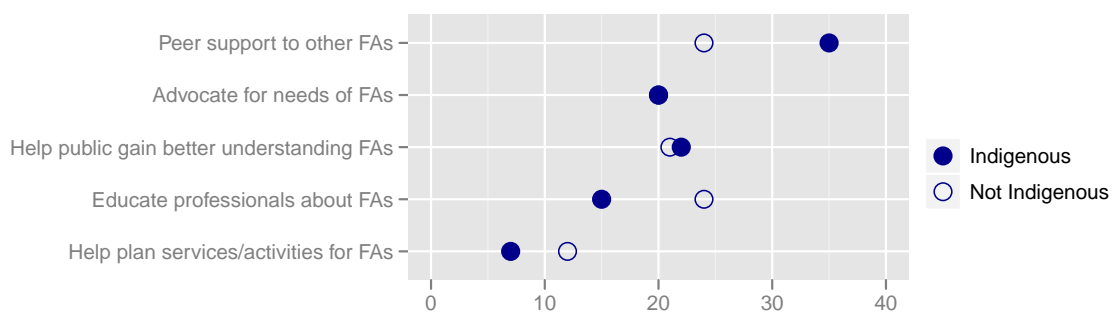
Source: Table A.74

Figure 4.15 Most important thing peer leaders could do by age group (%)



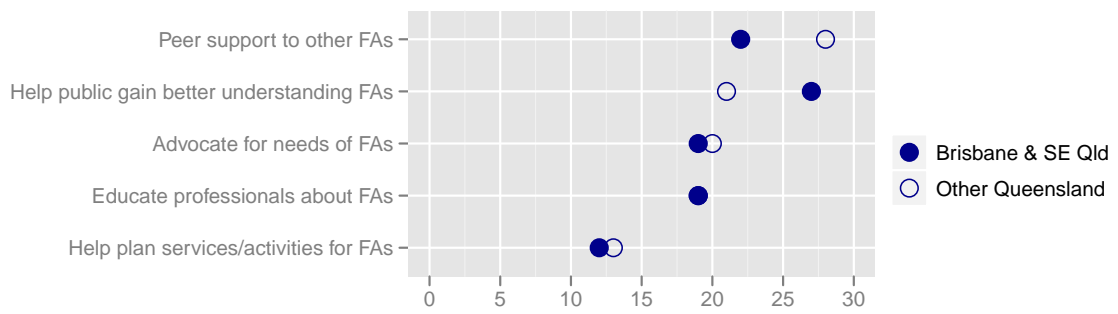
Source: Table A.75

Figure 4.16 Most important thing peer leaders could do by Indigenous status (%)



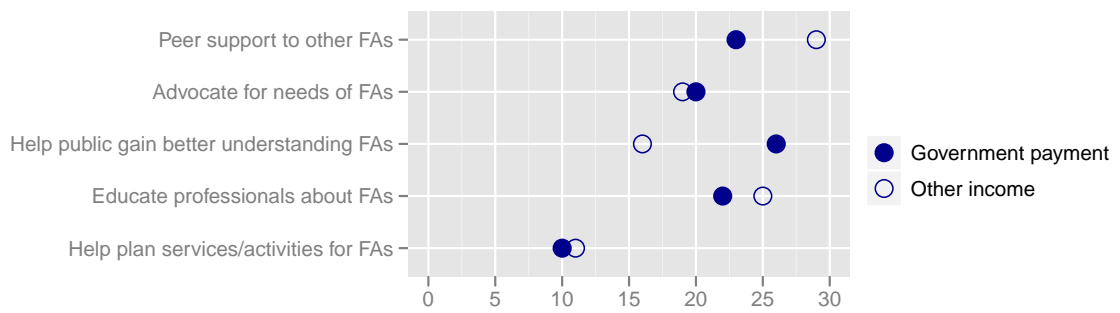
Source: Table A.76

Figure 4.17 Most important thing peer leaders could do by region (%)



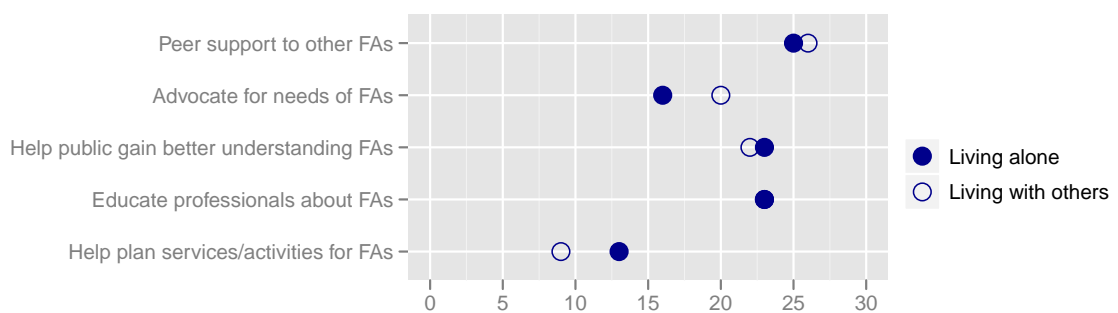
Source: Table A.77

Figure 4.18 Most important thing peer leaders could do by source of income (%)



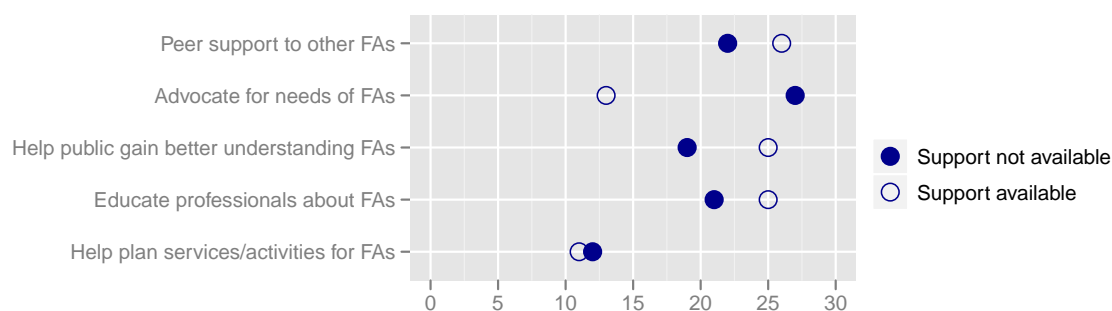
Source: Table A.78

Figure 4.19 Most important thing peer leaders could do by household situation (%)



Source: Table A.79

Figure 4.20 Most important thing peer leaders could do by availability of support (%)



Source: Table A.80

4.4 Services for Forgotten Australians in regional areas & interstate

The final question in the section which focussed on future services asked respondents about the needs of Forgotten Australians living in Queensland regional areas or interstate. The question was open to all respondents, not just those living in these areas. The question asked: ‘What type of contact do you think would be most helpful for services to to have with Forgotten Australians living in Queensland regional areas or interstate?’ While some 350 respondents answered this question, a large number indicated that they didn’t know and another considerable proportion answered in a way which suggested they had not fully understood the question. They offered answers about the *content* of the contact, rather than the the *type* of contact.

The question was coded to multiple answers, since many respondents indicated that more than one type of contact would be desirable. It is worth looking at some of the characteristics of the respondents according to the number of answers given. As Table 4.9 shows, about 42% of Forgotten Australians did not respond to this question. About half provided one suggestion and another 9% made two or more suggestions. Women were slightly more likely to offer two or more suggestions than men. The regional difference was quite distinct: whereas 52% of Forgotten Australians living in Brisbane or the South East corner provided suggestions, the comparable figure for those outside this area was 62%. A similar gap was evident when it came to availability of support. Some 57% of those respondents for whom support was available provided suggestions, whereas among those respondents for whom support was not available the response was much higher, at 67%.

Table 4.9 Number of responses given to question on type of contact (%)

	Gender		Region		Support		Total
	Male	Female	Brisbane & SE Qld	Other Qld	Not available	Available	
None	41	42	48	38	34	43	42
One	53	48	44	54	56	48	49
Two or more	7	11	8	8	11	9	9
Total	100	100	100	100	100	100	100
n	251	313	230	257	227	302	603

As with other questions in this survey which allowed multiple responses, this question can also be presented in two ways. As Table 4.10 shows, we can look at the percentage of Forgotten Australians who suggested a particular option (second column), or we can look at the percentage of responses (third column). Following the practice established earlier, I concentrate on the first approach and the various graphs which follows (and those tables in the appendix) show the percentage of persons. It's worth keeping in mind that because a large number of Forgotten Australians did not answer this question, the percentages for persons are actually lower than the percentage of responses (the opposite of what normally happens with these kinds of questions).

Table 4.10 Suggested types of contact for regional & interstate FAs

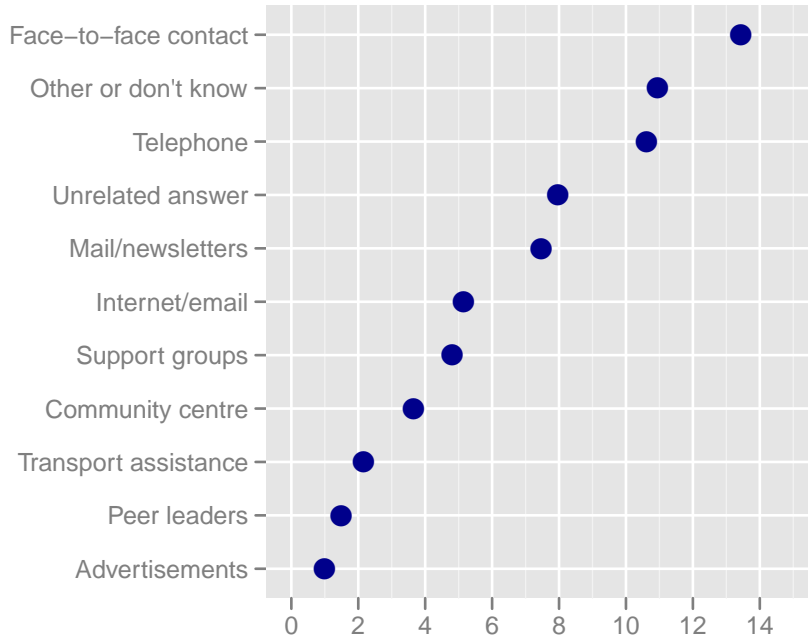
	Number	Persons (%)	Responses (%)
Face-to-face contact	81	13	20
Telephone	64	11	15
Mail/newsletters	45	7	11
Internet/email	31	5	7
Advertisements	6	1	1
Community centre	22	4	5
Transport assistance	13	2	3
Peer leaders	9	1	2
Support groups	29	5	7
Other or don't know	66	11	16
Unrelated answer	48	8	12
Total	414		100

Notes: This question allowed multiple responses. Hence total of counts is greater than 603 and the percentage total for persons is not shown.

The most popular option for contact with interstate and regionally-based Forgotten Australians was face-to-face contact (Figure 4.21). This was often expressed as a desire for visits to the area from persons based elsewhere (such as medical professionals, counsellors or government contact people), though the most common way of expressing this was simply 'face-to-face'. Telephone contact came next, followed by contact through the mail (with regular newsletters often mentioned). The support groups option included suggestions of periodic get-togethers while the option of 'community centre' also included references to drop-in-centres or existing community facilities being utilised. Travel assistance

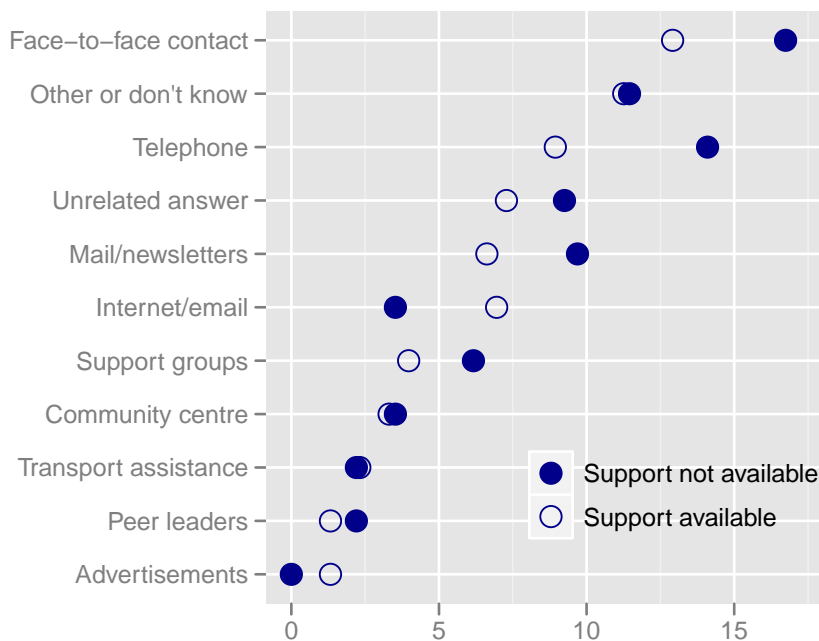
included suggestions of mini-buses being hired, as well as direct financial assistance for people to travel to larger centres. Some of the actual comments are shown as quotations in the blue boxes at the end of this section.

Figure 4.21 Suggested types of contact for regional & interstate FAs (%)



Source: Table A.81

Figure 4.22 Suggested types of contact by availability of support (%)



Source: Table A.83

Breakdowns by gender, regional location and whether support was available are shown in the appendix (Tables A.81 A.82 and A.83). In the case of gender and region, the differences were minor. Women were more likely to answer about the content of the contact, rather than the type, and they were slightly more likely to prefer support groups. There was a large gap in the 'other or don't know' category between those in Brisbane/South East corner and other parts of Queensland. The most informative difference was for the breakdown by availability of support and this is shown in Figure 4.22. Among Forgotten Australians for whom support was not available, face-to-face contact was much more important, as was telephone contact, compared with their counterparts for whom support was available.

Some answers to the question on types of contact for regional & interstate FAs

I don't live in a regional area so probably not really informed enough to comment. Having said that, they should at least get the newsletter and some idea about what's going on and what service are available. I know it makes a huge difference to me to just be acknowledged and not feel like an outsider & rejected so it would probably be similar for them. Being bought up believing you are disposable & social garbage has a huge impact on your self esteem & life. Acknowledgement & acceptance are always the first step.

It is difficult to say as each person requires a different approach to their circumstances. I found confidence in the Doctor who made me talk about the past & then look at it & realise that none of it was of my making. That the nun just wanted to take her anger out on me.

News letter with info what other people, groups, drop-in centres are doing and what help is available to them. A yearly bbq or get together with city folks in same situation may be a bus trip to Long Reach or main town to catch up to let then know they are not alone. Service providers are not spending on us! services are not getting to those who need it, it is going on administrator issues and not helping us!

People who live outside QLD are totally ignored, we have no services, get no help. We can't access N.S.W services what about us. Where is the obligation for services to us. We grew up in QLD, they pretend we don't exist.

Phone calls every couple of months. Newsletters as soon as grants are available.

Short term - internet, longer term - occasional face to face contact even group wise (may be councillors visit areas. let people know when visiting Brisbane where they can call in for chat etc.).

Contact to me is not important to other people I don't know for myself. Why do you feel old wounds have to be opened in order to provide a service. A lot of Forgotten Australians would much rather forget "or try to". We all need help in someway. This survey tells me whoever is behind this really has no idea having to depend on this survey to guide them.

5. Other important issues

5.1 The nature of open-ended questions

All questionnaires are a compromise. On the one hand, it's important to simplify and to standardise as much as possible. On the other hand, it's also important to acknowledge that people's experiences are complex and unique. To achieve the goal of standardising, the researcher needs to make the language accessible and the questions as neutral and as comprehensive as possible. The aim is to make the question mean the same thing to all respondents. The typical device for this in a questionnaire is what are called 'closed questions', such as ticking boxes. Only in this way can a researcher tally hundreds of responses and feel confident that the results are a reliable indication of what most people intended to say.

The compromise becomes evident, however, when we realise that some respondents will feel left out by this process. For example, some of the questions may not be understood, or they may not be meaningful in the context of that person's life. One indication of this is the extent to which 'don't knows' or 'no responses' occur in the data. This is one reason why all the tables in this report show the number of 'don't knows' and 'no responses'. Large numbers of these indicate considerable 'misses' in this process of trying to engage meaningfully with respondents. For example, in the last chapter we saw that 40% of respondents either did not answer, or answered with a 'don't know', to the question on peer leadership.

Researchers attempt to deal with this compromise by offering respondents an opportunity to write their own comments at key parts in the questionnaire. These are called 'open questions' and they present unique challenges when it comes to reporting them. We saw an example of this in Section 1.3, where Forgotten Australians wrote about the legacy of their time in care. Despite the difficulties in coding, open questions are worthwhile because they acknowledge the complexity and uniqueness of people's experiences. Unlike with the closed questions, these kinds of responses cannot easily be tallied. As I mentioned when discussing the boxed quotes in Section 1.3 there is a certain arbitrariness in coding open questions. If the question is precise enough, a reasonable set of categories may emerge from the coding, but one always need to exercise care in attempting to generalise from such open questions.

When it comes to those open questions which ask for 'any other issues' the challenge in reporting is particularly acute. On the one hand, these kinds of questions are the best way to ensure that everyone has a 'real say' and gets to speak about what really matters to them. On the other hand, these answers defy

tabulation and often cannot be generalised in any reliable fashion. Their value lies in alerting researchers to issues or priorities which may have been overlooked, in fleshing out the reality which lies behind the numbers, and in giving a voice to sentiments which might not otherwise surface.

The final question in the questionnaire asked: 'If you feel that there are any other issues which are important to you about future services for Forgotten Australians which have not been mentioned, please tell us what they are.' This was not quite as open as some final questions, since it was focussed on *future services* but it was general enough to invite a large range of responses. A number of themes were evident in these data, and quotations which illustrate these themes are grouped together and presented in boxes. Apart from correcting some spelling, the expression, the grammar and the punctuation in these quotations has not been changed, but some material has been removed. This is indicated by ... This was done either to make the quotations more manageable or to remove personal details, such as names, locations or telephone numbers.

In the case of this survey, the answers offered to this final question included changes or improvements which have come from the 'ground up' and in many cases they provide useful suggestions for future services or directions in policy. They may be one of the most important contributions made by this survey in the planning of future services.

While it's not possible to accurately tabulate the kinds of issues which the final question raised, a number of suggestions arose repeatedly. Health concerns (in particular dental health) featured strongly, and the idea of issuing Forgotten Australians with a 'gold card' was common. Fears about growing old, and entering nursing homes, was also a common concern. Lying behind this was the trauma of entering institutionalised care again. The shortcomings of the redress scheme were alluded to many times, and some of these weaknesses are highlighted in the boxes below. Access to public housing, or to rental assistance, was also a common theme. Finally, justice was often seen as more than just the government taking responsibility for what had happened. It also entailed the legal right to see the perpetrators punished.

5.2 Voices of Forgotten Australians

Redress

I think the redress system was unfair due to the fact that it had such a short cut off period & was not advertised sufficiently to cover country & Rural Areas. Out of the number of people affected the government would have known how many people were in the homes & how many applications were submitted.

What about the people who didn't know about the redress system, those who didn't get the applications in on time? And then there are those with very little education who cannot read and write so well, or not at all. I think it was very unfair.

Both my husband and I were in homes and have been and we live in Rural N.S.W. But were in Qld homes. We found out about it too late. My husband has very limited reading and writing skills. We are both still suffering immensely.

The compensation offered by the Old Govt. was an insult that was not worth applying for. It forced applicants to relive the experiences for a paltry amount. I did not apply. Personally, I do not know how you repair a life or compensate for it.

I live too far away to receive any real benefit. The counsellor I saw wasn't interested and any help I received from Forde Foundation has now ceased. What are they doing with the money other than providing themselves with a living? I am not interested in meeting other damaged people what good would they do? basket weaving is not my thing. I am too busy just surviving.

I am damaged and the Paltry sum of 20,000 doesn't provide a home. We should have received Millions for what happened to us. I will never improve. So what is your purpose.

I think the redress was unfair I can't read + write good + didn't know about it.

I would just like to say thank you for sending this form. But I would like to just say since we get a payment from the Redress Funds we lost it. Because when we first put our form in the redress told us that no one can take their payment away. So I went through and did the form for part 1 and 2 but when we got the payment this place [prison] took it all.

And I understand that if we got a payment for what had happen to us as a child then we should of been able to do something with that payment. So now we just think that we were lied to again and this money could of helped us when we get out of prison but now we are no better now then we were at first.

I know that there is something out there that can help us get our payment book from the GOV. because it is wrong for what they have done to us again.

so I would really like to say anyway thank you for showing that people do care about the poor children out there it's about time someone come up with all this stuff. thank you

A little upset that I never received the Government bonus a few years ago as I knew nothing about it

I would like to see the financial grants process available to help people to buy computers, white goods etc. We had forde foundation assistance but that has been taken away with nothing to replace it. Also we had education assistance from ARC and this process is no longer available either.

1. That the forde foundation grants program be fully reinstated and properly funded by the state.
 2. That the “Redress scheme” be reopened so that we are given “True” compensation for the harm done. The government put in place guidelines for assessment of individual claimants under this scheme that restricted the so called “Assessors” delivering “Justice” and that their assessments were so manipulative that “Justice” was not done. The reasons are obvious. The government had a cap on the pool of money (i.e. \$100 million) and this was not going to be enough to pay the claimants a fair and just amount for the harm caused.
-

I regret to say I still feel forgotten as they did not recognise those of us who were thrown into adult mental institutions as I was because I ran away from other homes no matter what, I know the stigma & shame & suffering in those God forsaken places. I felt shocked & very disappointed when I was told I didn't qualify for level 2. My mind went back to this terrified little girl as I was then, (unbelievable) to throw children into those hell holes, I have carried that burden to this day. acknowledgement & compensation would have been a comfort, like an acknowledgement I did exist I am very sorry I digressed.

Some positives

As people have to get over what happens to us. It did happen but you can either stay a victim or you can choose to make it not better but not so confusing. I was lucky I had ... as my counsellor. She could not let me fail + for that I am eternally grateful. You can offer all the support + services you can but if the person doesn't have the will to pull themselves out of the hole nobody can help them + that means that those who abused us have won. I don't think so. Thanks.

The counselling has been wonderful for me I am being counselled at the ... relationship Australia, I cannot speak highly enough of the wonderful people who work there, with a special mention to ...

My counsellor, she has helped me so much I am very grateful to her as I live on the North side of Brisbane, I don't know of any drop-in centres on this side, should I get the courage to go to one, that could be helpful ...

Just like to say congratulations the Queensland authorities that have tried to help “Forgotten Australians” by providing services, paying some compensation and keeping in touch (by mail for interstate people) with us. This is far more than other states have done over many years. Hear nothing in south Australia from S.A authorities on “Forgotten Australians”. keep up the good work Queensland.

Justice denied

If I did half the things my abusers did to me, I would be in jail. yet they've answered to no-one. Faced no court of law and to this day they still walk the streets free whilst I've been condemned to a life time of painful memories hatred and other irreversible consequences! PS I think \$21000 compensation for the loss of my childhood and the atrocities bestowed upon me is a slap in the [face] and totally inadequate!

My main problem is with the fact that although we have had some monetary (money) compensation from the Government. It was not the government that abused me. It was 2 nuns at ... orphanage that did this. I would like them to acknowledge what they did. I don't want an apology from the Government or the ... orphanage, I want a apology from the nuns that abused me ... but the other one sister ... is comfortably living 10 min from me at ... Make the actual people responsible apologise.

Unfortunately, after my sister, and I were placed in a terrible foster home, till we were 18 years, We have had no compensation, from your government, for our physical department records, clearly stating abuse. Because the children's court and family services, did not believe at the time, that my sister and I were being abused for many years, dismissing letter's and phone calls to their department, from neighbours and our foster parent's siblings.

I am not knocking your work but they took my childhood and then raped me on a church alter then lost me in paper work. How would you "feel". This is a 62 year old man writing this badly spelt note so how has your life been a lot better than mine.

It's to late to get justice against those responsible for abuse suffered as they all deny now.

I think all the Bastards Involved should be bought to account and publicly identified as well as paying compensation from their own pockets.

Lost family

Most important issues to me is to find my sister who was in the home with me, they said she was adopted. Because she had different name than me, I can not get any records of her when I rang the nuns, they could not confirm or deny her existence. This is what I do know. Her name is ... she was seven and a half years old when we went into the home in april, 1948 her father was ... and her mother was ... and we lived in ... The home was ... I'm 66 years old, and I fear that, I would not see her, or get I know her in my life time. This is the most important issues to me, more important these any other issues.

Better access and trained personal to help Australians to find their roots and connections, as so far I've been to a "link-up" office up here in ... but nothing ever came of it. Please make these services easy to access for "forgotten Australians", as I, for one, do not know how to go about tracing my history. (not computer literate).

Personal stories

The main thing that concerns me in my case is the fact that I was placed in the care of a boys home in Queensland at the tender age of 3 years, and kept there for eleven years with no contact with my parent or siblings, no visits for birthday, christmas, or other special occasions.

Even after the time when I turned fourteen. I was sent up country to a mixed dairy farm and was left there to work by myself for the next four years and during that time I think I only had one visit from the state children Dept in Brisbane.

On my 18th birthday ... I was sacked from that job and left to [get by in] the world on my own and to look for work, where? I didn't know after a couple of weeks work on a local farm I managed to get enough money to pay my fare out west of Qld to work on a sheep station where I stayed until the end of the war & went back to Brisbane. And gradually managed to get work & sort myself out. On various jobs.

got married at 21 settled in Melb to bring up my family. Right up until this time I still after a lot searching of making enquires from different government dept. I still had no knowledge of my parent or siblings in short, Just to say that I have a few year ago been reunited to my family ... who have treated me very well.

In consideration of all this, I feel that those responsible for my care ??? well being, have sadly fallen down, can't their responsibility to treat me as a lost child address me about what their reason was for my being (dumped) if you like and being forgotten right from the time I was 3 years old. In that eleven years I had a poor education, left school in grade 5 and I firmly believe had if I had a good education life would have been a lot better for me & my wife who sadly passed away a couple of months ago a lot better for us.

I was a minor when I was abused by my dad, fostered out for a short period until my father was sent to jail then I returned to live in the family home with my mother. For me that is when the mental abuse started, being blamed for the destruction of the family unit, being forced to visit my father in prison & being made to sit though these visits without being spoken to.

My father received a reduced sentence & returned to the family home as if nothing had happened. In the end the mental abuse got that bad my grades where shocking & I ended up running away from home on numerous occasions.

What I am trying to say is I hope things have changed & minors are told their rights & personally advised of the services available to them so they can have a voice instead of in my case my voice was though my mother & to this day she denies the abuse happened. I was not aware of the services available until I was 27 if it wasn't for my wonderful husband I really don't know if I would be around today to fill in this survey.

The Aboriginal & Torres Strait Islander people in Queensland were forced to live in dormitories. This was not recognised in the first instant in the Forde inquiry. The Redress payment process was flawed, eg the children of the houseparents were paid level 2 and this is an insult to the boys dormitory past residents, who were refused level 2 or further.

No counselling is offered. We were never told/taught life skills or how to be good parents. Emphasis was always on floggings, discipline. How can your own people treat another is beyond belief, and this what I struggle with.

What should be done?

I believe the major thing that needs to continue, is that if people need help to confront their demons, it has to be ongoing. I think the older we get the past becomes more important and people are needed who have experienced the very depths of despair. The only people who can truly appreciate how a bad situation can be made better are people who have lived and survived it. The Australian support service appreciates this & has the resources to help people in need. Let us never forget that crime & punishment has become a hot political issue and it only takes a change of Government to bring back the horrors of the past. It will take people of strong determination & commitment to save the children of the future. Let's not forget them.

Services provided by the "well-meaning" "Christian" communities admitting and repairing the damage they have done to "humans" in their care who have come out as shells of people. Accepting these people into the community and supporting them with education formal and social, and employment within those communities to give them a sense of worth. Too often nothing is done to pick these people up out of the situation they have placed them into downtrodden. Supporting the children with respite and free education and support in schools. They too suffer from the abuse of their parents past. Support them to acknowledge and understand their parent's struggle.

I feel education is the most important thing for us to have access to. I feel the biggest problem that comes from a past like ours, is feeling dumber than everyone else & not capable of doing anything without being told how to do it. Of course intellectually we are no different from everyone else, but education further is expensive and therefore not really an option for us. Education is empowerment!

Opportunities: to develop a sense of personal worth. A reasonable basic education and free health care for all. Develop ... community services (child welfare) not based on money, social discrimination. Should not be employing people who do not care about the kids and use "sustenance \$" for wine & cheese nights not for bread & milk direct to kids. A country where family financial social or religious discrimination does not create differences. No extra for aboriginals (I'm aboriginal) create discrimination abuse. Not special deals to make the rich people richer. Please note I have not education abilities to complete this form and have needed help.

I really wish, I could go to the dentist & get my teeth done, I have only one molar and have to chew with my front teeth & they are wearing down. Please help us get a special card for medical & dentist services. Also there is such a long wait for specialists etc most of our problem its from our treatment in the orphanage.

Rent is expensive and it is becoming very difficult to afford renting. Living in small, cramped housing is difficult and disheartening. Access to public housing is slow and many people find it undesirable to live in a section of the community where social problems (alcoholism, unemployment, domestic violence) is rife. Provisions need to be made so forgotten australians can afford adequate, safe housing.

Something special needs to be set up for people who live outside the state they grew up in. Perhaps each state could be responsible for the people who live there. Aged care is a major worry. I'd rather be dead than go into a nursing home, and feel as defenceless as I was as a child. Regular communication with Forgotten Australians so we know what is happening, who is in charge and what services are available. A gold card so we can get decent medical care. All government depts Aust wide to be educated on us and we have the same rights and footing as the stolen generation. Many of us were stolen as we lost our families.

Stop putting band aid solutions on the situation and fix the problem so it does not occur again and the kids of the future do not have to go through inquiries again. We have proven what has happened in the past. Have you listened and learnt or is the Government still in Denial.

I'm not sure whether its me!? But I have been trying to get dental help for some time now! I have 13 teeth left! Of which all need removal! I'm on a waiting list with the local government Dentist.

Financial assistance with household goods! A service for old age care! A service for the homeless.

Easy access or priority public housing as there are a lot of Forgotten Australians that are homeless, department of housing should make forgotten Australians top priority and it would be nice if housing was free for forgotten Australians as the government placed us in this situation so they should look after us.

They took away our ability to have a normal life so they (the government) should give us something back.

I would like the NSW. Govt to undergo a similar procedure that the QLD Govt did. As I was in detention as well.

What is going to happen to us as we get older. I do not care what Kevin Rudd says as people do not know about us. If you people die they know about the Forgotten Australians they say yes of course they know about the aboriginals. Why do not the Government agencies know about us. Most of Social Security look at us with blank faces. Tell people about us.

I feel the majority of people approaching my age are lacking fun in their lives - as much as I've tried to make sure I committed to arrange for it somewhere this year as I look back on the year I do not recall having any or having a good memory of the year past.

My lifestyle is so stressful, I did get to go on a retreat for a couple of days with carers QLD this was beneficial to my Mental Health I just saw an article about a "ball" for ... I think the moon festival or something & I thought what a brilliant thing it was. It gives something to look forward to a reason to get dressed up which we never do and some fun!

We all need fun. life is too short and as children we missed out on fun and play and don't always know how to have fun & play.

Services needed

Financial support to attend special occasions in Brisbane. Everything seems to be for Brisbane Forgotten Australians. Moral support there is none here. Not having to wait a month for counselling when you feel desperate. Something for country people a return fair for Brisbane is \$110. Loneliness, I have no family here. I often feel desperate & don't know why.

I would like to have a interstate phone service for anyone who could get some form of counselling service. If they have any panic or emotional attacks. When I have had this happen in the past (hopefully not too many in the future) and a phone call or something could, I think, have helped me recover a bit sooner. Thanks.

Having cheaper rent, that is what takes nearly all of my income.

A need for public housing for single blokes. I have filled out dozens of forms with housing communions Brisbane housing company over the last 9 years.

I wish there was a group who came to prisons. Just to get support networks for when we get out. Familiar Faces.

More access to psychological support services. Help to be able to rise above what has been done to you. Help to stay positive and productive. Help to find a network and build friendships and partnerships.

Help when you have to go the hospital or nursing home some one to look after you and get what you need.

I think there should be more funding available for things like education, public transport (more) or vouchers to assist with travelling. More or some activities for those of us living on the north side of town. Activities at a time that I could attend.

Some group interaction would be good. (something fun like swimming, movies, art and crafts. A chance to share a poetry, music etc).

A home reunion for ex-residents from other homes like ... home would be appreciated. I would like it if, more of us "Forgotten Australians", ("ex-resident") could be involved in Remembrance day ... all of us who attend should be involved (if we want). Photographs, of more than just the regulars who make it into newsletters should be considered. EG: group photos.

Services for those that are about to be released from prison, that have no family support. This is a major issue for those applying for parole as the Queensland Parole Board does not recognise that, for many former wards. We do not have any informal supports and refuse applications because of this reason. We are not even able to access grant applications due to not being able to use the internet. Thank you.

Improvements or changes

I don't want to appear "snobby" but I do not feel comfortable mixing with people with criminal or high level mental health issues. I do not feel safe if I go to a centre where this is possible. I would love support groups for different types of people. It sometimes appears "we" cope because we have become "educated" and survived in a job. As a teacher my past life NEVER leaves me. It also can be positive not just negative. At this stage I don't need daytime "Knitting" clubs - weekend support group for mixed prof. people would be good.

Don't know of any. All services and help for Forgotten Aussies seems to be in place. Thank you for being there to help when people need you.

A lot of us cannot afford to go to socials to meet other care leavers. If there was a way to list all care leavers name's + phone numbers according to municipality (e.g. care leavers on the sunshine coast), it would help greatly for us to know we can ring + say "hi" + perhaps meet all who are willing. I know there are a lot of care leavers, but "where are they?" I think we all need to talk to somebody who "gets it!"

Sometimes I would like some out of hours activities so I could attend in person. Alternatively - longer notice of special events would be helpful for so I can attend by organising time off work. This wouldn't allow for social contact though or participation in creative/educational activities.

Thanks though for the months of counselling I have received - it has been much appreciated, helping keep me calm many times. I also appreciated the financial help I received to place a head stone on my parents grave each time I see it I thank ARC in my mind sincerely.

As I live so far away I don't think you can help me other than to help me get to some of your activities. People in the country don't get help. I would like to get my teeth done as I had to get them all out at the age of 18 and I can't wear the bottom set.

Seeking answers

I was raised by the sisters of mercy ... orphanage. I would like to say no one can change what has happened to people in the past. I have lived 64 years of my life and still don't know why I was put there. I had been in touch with my mother over the years she doesn't want to know me. It was her who did wrong by me. I just wanted to know about my heritage and understand why she gave me ...

I would like to know why I was put into an adult mental institution as a child (in Victoria & Queensland), and was then chucked out into the real world when I turned 18 (no longer a ward of the state). Can a person be mental one year and not mental the next?

I need some answers to these question but don't hold out much hope of getting them.

I feel the "freedom of information" has let me and many more in my age group down. I would have like to know from "Freedom of information" why I was taken from my brother put through a children court and sent to a children home. All I can be told how many teeth I had out. My

sickness I had where I fitted in the family, The only reason for all of this (and I don't believe it) the floods of 1974 washed all records away seems like some information was stored in one place and another somewhere else.

Life in a children home was not a lot different from being abused & lonely. To a matron fixed on verbal abuse about how you came to be in care. This make me very bitter and if I could have the real reason sent to me my old age would be complete. I'm happy to have been able to make a good life for my self. But the forgotten truth is a hard thing to hold on to and find the records somewhere. How did ... get his? I would like to know his tricks. Why are some of us different to others. Yes the "forgotten years" are bitter years.

Ongoing legacy

After 47 years of no support from the QLD government and the catholic church which gave me a poor education, poor mental health and separated all family member which led to my youngest sister committing suicide. I believe its too little too late. The damage has been done and can't be repaired. I have been to funerals of some of childhood friends who was in ... home who blew their brains out. You are flogging a dead horse as I have lived with these memories all my life.

Being 66, I would like to know why it has taken the government so long to address these matters. I feel I was subjected to terrible abuse that has destroyed most of my life

I have issues with the police, housing and Government I would like help to overcome these issues as I now have 2 grandchildren I don't want to pass on my hatred to them.

I'm very frightened about getting old & going into a nursing home as having spent 16 years in care, I still at 61 have awful dreams about the past ... When I get to the stage where I have to go into a home again, I have no health records about myself as a child as they were lost in the 1974 floods. Thanks.

Counselling on the understanding that people like me, don't know what is it to have a bed a hug or a kiss good bye, no personal contact at all no packed lunch, then when you're sent into the world you're feral can't relate to others, with no similar experiences, don't trust anyone because your mother, at 17 sees you as a man not as a son, you become desperate for love and there isn't any.

The things that I saw what happens to myself & other children by the so called catholic church is so bad its unbelievable I have kept it all to myself because I would feel ashamed to tell people the real truth what happened in that orphanage. I have told my family only small bits that aren't so bad & have had lots of support from my family. All the money in the world would not be able to forget what we orphans went through.

None of you people have ever taken my issue to the next level because you really don't care. all I get is a heap of papers & that is where it ends like this survey. If you really want to help me my phone number is ...

My name is ... I do all of ... 's written material like filling in this form + and any other:- writing down what he told me about his time at ... orphanage, ... is illiterate. Because he only went to school for two years because he really needed glasses, but nobody checked that out so they put him in the kitchen to peel vegetables for the nuns meals. Public housing or assistance in cheaper rent.

We are damaged people and our needs are unique it's hard to explain. I would like to have been educated instead of made to work at 13 years as domestic and never paid. Never to go to high school nor have a normal life. We were so disadvantaged by our abusive life the emotional scars have damaged me so bad I suffer very bad depression and the medication. I can't always afford. I suffer from loneliness but I can't make friendships because I don't think I'm good enough. My life has been like a helter-skelter and I don't know how I can't fix it. I need to have medical assistance I can afford and services I can go to, so a card like the war veterans would be ideal—better than any housing compensation.

I myself feel I have been cheated out of my childhood, not knowing what a birthday was or Xmas, never having the love of a family. The emotional terms, not being able to write a letter without spelling mistakes, the one good thing is it has made me more stronger to run my life and stand up for what I believe in and fight for what I have. No one will ever hurt me again.

I know I still need help. But trusting people is not a thing that comes easy for me. I need to tell people what I went thought to help heal the pain that still lies within.

I do not understand centre link system as I have never been on it and my reading & writing is not real good + and it's hard to understand all the forms. I do not receive any centrelink help but will next year. But when I go & see them it is so complicated so I just give up. As I have had open heart surgery. I could of years ago. I get anxious very quickly so I am sort of lost when this happens maybe I will try again soon.

Nothing prepared me for the loss of my children. I thought I was like everyone else, but I'm not. I feel I will die of a broken heart. to never know they would leave when you least expect it and that's it. I love my children too much if I knew this pain and loneliness was possible. I don't know what I would have done I miss them everyday. The phone rings you run it might be one. I went without food clothes - dental medical treatment - for them. I'm not expecting a medal but it would have been easy if we were prepared. I just love them and would love to be related with my grand children so much. nobody can help. you have to bear with it. I always say I must have been wicked in a past life because this one sucks.

1. Except for this introductory section, the remaining *regional* breakdown tables in this report group the interstate respondents with the ‘no response’ category. Note that this does *not* mean that these respondents are excluded from the analysis of all the other items in the report. This exclusion only applies to tables in which a regional breakdown is presented.
2. In nearly all of the tables in this report, the categories of ‘don’t know’ and ‘no response’ are shown for all the data items. When cross-tabulations are shown for a number of key demographic (gender, age, region and so forth) and for some key background variables (such as living alone or the availability of support) the ‘no response’ column is omitted for this cross-tabulated variable (though it is shown as a row for the actual data item under consideration, for example, future priorities). This means that the total column will usually be larger than the combination of the other columns, and the gap depends on how many people fell into the ‘no response’ category. Because all the percentages in this report are column percentages, the omission of this ‘no response’ column makes no difference to any of the analyses. It just simplifies the presentation.
3. One decision rule which was employed was to prioritise distance and lack of knowledge where these were mentioned alongside other reasons. Also, note that the total used for the percentages for this question are for those who answered, rather than the whole sample.

A. Detailed tables

In reading the following tables, it's worth keeping in mind that the cells in these tables show (column) percentages and the n shown on the bottom line is the sample size. This means the reader can work out for themselves the count in any particular cell. For example, Table A.1 shows that 20% of males are in the age bracket 60 to 64. Because there are 251 males in the sample (for this table) this means that there are 50 males in this age bracket (20% of 251, taking into account rounding off).

Table A.1 Age by gender (%)

	Male	Female	Total
Under 40	7	4	5
40 to 44	8	5	6
45 to 49	6	9	7
50 to 54	12	14	13
55 to 59	19	19	18
60 to 64	20	14	16
65 to 69	12	16	14
70 or over	15	19	17
No response	0	0	3
Total	100	100	100
n	251	313	603

Table A.2 Indigenous status by gender (%)

	Male	Female	Total
Brisbane	27	26	26
South East	12	13	13
South West	12	11	11
Central Qld	14	6	9
North Coast	14	16	15
North Qld	3	8	5
Far North Qld	3	1	2
No response	15	18	19
Total	100	100	100
n	251	313	603

Table A.3 Region by gender (%)

	Male	Female	Total
Brisbane	27	26	26
Central Qld	14	6	9
Far North Qld	3	1	2
North Coast	14	16	15
North Qld	3	8	5
South East	12	13	13
South West	12	11	11
Interstate	10	15	12
No response	5	3	7
Total	100	100	100
n	251	313	603

When it comes to questions which allowed multiple responses, the tables which present the results are presented differently. These tables are divided into two blocks, the first block showing *persons*, and the second showing *responses*. The first block shows the percentage of persons who ticked that item, whereas the second block shows the percentage of responses for that item. Because the same person can tick multiple items, the totals for the *persons block* add up to more than 100%, hence they are shown as blanks in these tables. For example, in Table A.4 some 78% of persons had been in orphanages or children's homes at some stage, but this type of care made up 55% of the types of care. Because the purpose of this report is to look at the situation of Forgotten Australians, the relevant percentages are always the person percentages and these are the ones which are shown in the graphs in the main chapters of the report. Both sets of percentages are shown in this appendix.

Table A.4 Type of care by gender (%)

	Persons			Responses		
	Male	Female	Total	Male	Female	Total
Foster care	16	27	21	12	18	16
Family group home	7	10	8	5	7	6
Orphanage or children's home	73	82	76	53	57	55
Youth detention centre	31	17	22	23	12	16
Don't know	0	1	1	0	0	0
Other	9	9	9	6	6	6
Total				100	100	100
n	251	313	603	343	452	830

Table A.5 Type of care by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Persons									
Foster care	47	49	37	24	24	11	17	10	21
Family group home	33	27	16	14	6	4	1	1	8
Orphanage or children's home	27	65	81	71	79	86	84	88	76
Youth detention centre	50	38	28	30	23	22	19	6	22
Don't know	3	0	0	1	0	1	0	1	1
Other	17	19	2	11	14	7	3	6	9
Total									
n	30	37	43	79	109	98	86	104	603
Responses									
Foster care	26	25	23	16	16	9	14	9	16
Family group home	19	14	10	9	4	3	1	1	6
Orphanage or children's home	15	33	49	47	54	65	67	79	55
Youth detention centre	28	19	17	20	16	17	15	5	16
Don't know	2	0	0	1	0	1	0	1	0
Other	9	10	1	8	9	5	3	5	6
Total	100	100	100	100	100	100	100	100	100
n	53	73	71	120	159	129	107	116	830

Table A.6 Age when first entered care, by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
1 years old or under	7	22	12	11	14	19	20	17	15
2 to 5 years old	13	16	26	27	32	31	34	19	26
6 to 10 years old	27	32	35	22	22	26	23	37	27
Over 10 years old	40	27	23	30	22	16	15	16	21
No response	13	3	5	10	10	8	8	11	11
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.7 Length of time spent in care by gender (%)

	Male	Female	Total
1 year or less	28	5	
2 to 5 years	149	25	
6 to 10 years	157	26	
Over 10 years	177	29	
No response	92	15	
Total	603	100	

Table A.8 States where spent time in care by gender (counts)

	Male	Female	Total
Queensland	233	293	549
New South Wales	15	16	34
Victoria	6	9	15
South Australia	4	3	7
Western Australia	0	1	1
Tasmania	0	0	0
Australian Capital Territory	0	0	0
Northern Territory	2	1	3
Don't know	2	0	2
Total	262	323	611

Notes: Note that these are simply raw counts of the states which were ticked. The totals do not equal 603 because there were 41 persons who did not respond at all, and 42 persons who ticked more than one box.

Table A.9 The legacy of time in care by gender (%)

	Whole sample			Respondents to question		
	Male	Female	Total	Male	Female	Total
Psychological scars, mental health	11	11	10	16	16	16
Deficits: emotional, psychological	6	13	9	9	19	14
Deficits: education	5	5	5	7	7	7
Deficits: health	3	2	2	4	3	3
Loss of family	4	4	4	5	6	6
Loneliness, lack of love	3	5	4	4	8	6
Distrust, sense of betrayal	9	6	7	13	9	11
Physical or psychological abuse	6	7	6	9	10	10
Sexual abuse	2	2	2	3	3	3
Other or not codeable	11	7	8	16	10	12
Something positive	10	7	8	14	10	12
No response	31	33	33			
Total	100	100	100	100	100	100
n	251	313	603	174	211	402

Table A.10 The legacy of time in care by Indigenous status (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Psychological scars, mental health	3	14	7	16	11	11	8	11	10
Deficits: emotional, psychological	7	5	12	8	11	13	12	7	9
Deficits: education	0	11	0	5	6	2	8	6	5
Deficits: health	3	3	5	3	5	2	1	0	2
Loss of family	3	5	0	3	6	7	2	2	4
Loneliness, lack of love	3	3	2	1	4	2	1	12	4
Distrust, sense of betrayal	3	3	12	13	7	9	7	4	7
Physical or psychological abuse	3	5	9	5	6	6	10	6	6
Sexual abuse	3	3	2	3	2	2	1	2	2
Other or not codeable	30	8	7	10	6	6	7	6	8
Something positive	13	8	2	4	6	13	7	11	8
No response	27	32	42	30	30	26	35	36	33
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Notes: For this table, and those that follow, the percentages shown are for the whole sample.

Table A.11 The legacy of time in care by Indigenous status (%)

	Indigenous	Not Indig- enous	Don't know	Total
Psychological scars, mental health	13	10	7	10
Deficits: emotional, psychological	8	11	4	9
Deficits: education	0	6	11	5
Deficits: health	2	2	0	2
Loss of family	5	4	0	4
Loneliness, lack of love	5	4	4	4
Distrust, sense of betrayal	6	8	4	7
Physical or psychological abuse	6	6	4	6
Sexual abuse	1	2	0	2
Other or not codeable	6	8	4	8
Something positive	8	9	0	8
No response	39	30	64	33
Total	100	100	100	100
n	93	448	28	603

Table A.12 The legacy of time in care by region (%)

	Brisbane	South East	South West	Central Qld	North Coast	North Qld	Far North Qld	Total
Psychological scars, mental health	8	7	15	11	13	9	25	10
Deficits: emotional, psychological	9	9	12	4	5	27	8	9
Deficits: education	6	1	2	5	7	6	0	5
Deficits: health	3	1	3	4	4	0	0	2
Loss of family	3	5	3	4	5	3	0	4
Loneliness, lack of love	2	7	5	4	4	3	0	4
Distrust, sense of betrayal	5	7	9	9	7	6	8	7
Physical or psychological abuse	5	8	9	5	11	6	0	6
Sexual abuse	1	1	2	4	2	0	0	2
Other or not codeable	12	5	12	4	2	6	17	8
Something positive	10	8	8	7	9	9	8	8
No response	37	41	21	40	30	24	33	33
Total	100	100	100	100	100	100	100	100
n	154	76	66	55	91	33	12	603

Table A.13 The legacy of time in care by age when entered care (%)

	1 yr or less	2 to 5 yrs old	6 to 10 yrs old	Over 10 yrs old	Total
Psychological scars, mental health	10	10	14	10	10
Deficits: emotional, psychological	4	10	14	10	9
Deficits: education	9	6	4	4	5
Deficits: health	2	3	4	0	2
Loss of family	8	5	2	2	4
Loneliness, lack of love	8	3	3	2	4
Distrust, sense of betrayal	9	7	7	9	7
Physical or psychological abuse	10	8	4	7	6
Sexual abuse	4	3	1	2	2
Other or not codeable	4	5	9	12	8
Something positive	8	5	10	10	8
No response	26	35	29	33	33
Total	100	100	100	100	100
n	93	156	160	126	603

Table A.14 The legacy of time in care by length of time in care (%)

	1 yr or less	2 to 5 yrs	6 to 10 yrs	Over 10 yrs	Total
Psychological scars, mental health	25	11	11	10	10
Deficits: emotional, psychological	18	11	10	7	9
Deficits: education	0	3	4	7	5
Deficits: health	0	1	3	4	2
Loss of family	4	3	4	5	4
Loneliness, lack of love	0	3	5	6	4
Distrust, sense of betrayal	4	11	5	8	7
Physical or psychological abuse	11	5	4	8	6
Sexual abuse	0	3	0	2	2
Other or not codeable	0	9	10	6	8
Something positive	4	8	8	8	8
No response	36	32	34	31	33
Total	100	100	100	100	100
n	28	149	157	177	603

Table A.15 The legacy of type in care by length of type in care (%)

	Foster care	Family group home	Orphanage or children's home	Youth detention centre
Psychological scars, mental health	8	10	10	13
Deficits: emotional, psychological	10	20	10	14
Deficits: education	4	4	5	6
Deficits: health	5	6	3	1
Loss of family	6	4	5	1
Loneliness, lack of love	6	4	5	1
Distrust, sense of betrayal	3	6	7	7
Physical or psychological abuse	5	8	5	8
Sexual abuse	2	0	2	3
Other or not codeable	10	10	7	9
Something positive	9	6	8	7
No response	31	24	33	28
Total	100	100	100	100
n	129	51	459	134

Notes: This table includes double counting because respondents may have been in a number of different types of care.

Table A.16 Personal situation by gender (%)

	Male	Female	Total
Retired	27	31	29
Working full-time	16	7	11
Working part-time	6	7	7
Domestic duties	0	11	6
Full-time parent/carer	3	6	4
Living with disability	25	23	24
Studying	2	1	1
Unemployed	8	2	4
Other	8	6	6
No response	5	5	7
Total	100	100	100
n	251	313	603

Table A.17 Personal situation by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Retired	0	0	0	1	12	17	64	84	29
Working full-time	0	11	16	23	17	15	5	0	11
Working part-time	3	11	12	13	8	9	2	0	7
Domestic duties	3	16	12	9	7	4	3	2	6
Full-time parent/carer	13	5	7	6	6	4	2	0	4
Living with disability	13	24	35	28	39	33	14	5	24
Studying	3	11	0	0	0	1	0	0	1
Unemployed	20	11	7	5	3	6	0	0	4
Other	33	11	12	8	3	1	6	4	6
No response	10	0	0	8	4	9	3	6	7
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.18 Personal situation by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Retired	16	31	26	29
Working full-time	12	12	6	11
Working part-time	10	6	6	7
Domestic duties	12	5	6	6
Full-time parent/carer	4	4	9	4
Living with disability	18	25	35	24
Studying	1	1	0	1
Unemployed	8	4	3	4
Other	15	5	6	6
No response	4	5	3	7
Total	100	100	100	100
n	93	448	34	603

Table A.19 Household situation by gender (%)

	Male	Female	Total
Married couple	34	33	32
Married couple with children	10	9	9
Living alone	29	29	30
Living by self with children	3	10	7
Living with others (relatives)	5	7	6
Living with others (not relatives)	8	3	5
Other	9	3	5
No response	3	6	7
Total	100	100	100
n	251	313	603

Table A.20 Household situation by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Married couple	10	8	28	27	32	44	41	39	32
Married couple with children	20	24	12	19	6	5	5	1	9
Living alone	10	24	21	23	29	32	38	39	30
Living by self with children	10	11	14	14	7	3	0	5	7
Living with others (relatives)	10	11	7	4	6	4	8	4	6
Living with others (not relatives)	10	8	5	3	10	6	1	1	5
Other	23	14	12	8	5	2	0	2	5
No response	7	0	2	4	4	4	7	9	7
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.21 Household situation by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Married couple	15	37	21	32
Married couple with children	10	9	6	9
Living alone	28	30	32	30
Living by self with children	12	4	26	7
Living with others (relatives)	11	5	3	6
Living with others (not relatives)	3	5	9	5
Other	13	5	0	5
No response	9	4	3	7
Total	100	100	100	100
n	93	448	34	603

Table A.22 Support available† by gender (%)

	Male	Female	Total
Very confident	27	22	23
Confident	28	27	27
Not confident	16	18	17
Not at all confident	19	22	21
Not applicable	7	6	6
No response	3	5	6
Total	100	100	100
n	251	313	603

Notes: † How confident respondent is that help or support would be available if needed.

Table A.23 Support available† by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Very confident	23	14	19	20	19	23	27	37	23
Confident	27	32	28	27	33	28	24	22	27
Not confident	20	27	26	13	24	13	17	11	17
Not at all confident	23	22	23	24	18	24	23	14	21
Not applicable	7	5	2	10	3	5	5	10	6
No response	0	0	2	6	3	6	3	7	6
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Notes: † How confident respondent is that help or support would be available if needed.

Table A.24 Support available† by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Very confident	23	25	9	23
Confident	33	27	26	27
Not confident	14	18	26	17
Not at all confident	18	21	32	21
Not applicable	4	6	0	6
No response	8	3	6	6
Total	100	100	100	100
n	93	448	34	603

Notes: † How confident respondent is that help or support would be available if needed.

Table A.25 Household finances[‡], comparison (%)

	Forgotten Australians	Queensland population
Prosp or v comfortable	6	14
Reasonably comfortable	26	57
Just getting along	46	26
Poor or very poor	18	3
DK or no response	5	
Total	100	100

Notes: DK = 'Don't know'. Numbers for the Forgotten Australians differ slightly from other tables because of the restriction in the age (those 40 and over).

[‡] Self-assessed financial situation, taking into account current needs and financial commitments.

Source: Queensland results are for 2009 and are taken from Household, Income and Labour Dynamics in Australia survey, Release 9 (weighted data).

Population: Persons aged 40 and over.

Table A.26 Household finances[‡] by gender (%)

	Male	Female	Total
Prosperous	2	1	1
Very comfortable	6	2	4
Reasonably comfortable	25	27	25
Just getting along	45	45	45
Poor	11	11	10
Very poor	8	10	9
Don't know	2	1	1
No response	2	3	4
Total	100	100	100
n	251	313	603

Notes: [‡] Self-assessed financial situation, taking into account current needs and financial commitments.

Table A.27 Household finances[‡] by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Prosperous	0	3	0	6	0	0	2	1	1
Very comfortable	0	0	2	5	5	4	3	6	4
Reasonably comfortable	10	22	16	19	19	29	28	42	25
Just getting along	23	43	51	49	53	47	45	38	45
Poor	27	8	21	9	13	5	12	6	10
Very poor	30	22	7	10	6	11	7	4	9
Don't know	10	3	2	0	2	0	0	1	1
No response	0	0	0	1	2	4	2	3	4
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Notes: [‡] Self-assessed financial situation, taking into account current needs and financial commitments.

Table A.28 Household finances‡ by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Prosperous	1	2	3	1
Very comfortable	2	4	3	4
Reasonably comfortable	27	25	21	25
Just getting along	34	48	44	45
Poor	15	9	15	10
Very poor	15	8	12	9
Don't know	4	1	0	1
No response	1	2	3	4
Total	100	100	100	100
n	93	448	34	603

Notes: ‡ Self-assessed financial situation, taking into account current needs and financial commitments.

Table A.29 Source of income by gender (%)

	Male	Female	Total
Wages	18	13	15
Self-employed	3	2	3
Self-funded retiree	4	4	3
Disability Support Pension	31	32	31
Newstart	9	2	5
Age pension	21	32	27
Other Centrelink payment	2	7	4
Other	7	3	5
No response	4	5	7
Total	100	100	100
n	251	313	603

Table A.30 Source of income by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Wages	3	19	28	27	23	20	3	0	15
Self-employed	7	0	0	5	3	5	1	1	3
Self-funded retiree	0	0	2	0	1	3	6	11	3
Disability Support Pension	20	46	44	39	60	43	7	2	31
Newstart	10	19	5	10	2	7	0	0	5
Age pension	0	0	0	0	1	7	79	82	27
Other Centrelink payment	23	14	7	5	4	4	0	0	4
Other	33	3	12	9	2	2	0	1	5
No response	3	0	2	5	6	8	3	4	7
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.31 Source of income by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Wages	17	16	6	15
Self-employed	2	3	6	3
Self-funded retiree	1	4	0	3
Disability Support Pension	29	33	41	31
Newstart	14	3	9	5
Age pension	19	29	26	27
Other Centrelink payment	10	3	9	4
Other	5	5	0	5
No response	2	5	3	7
Total	100	100	100	100
n	93	448	34	603

Table A.32 Use of medical services by gender (%)

	Male	Female	Total
Often	37	47	41
Sometimes	37	29	31
Never	17	13	15
Not able to use	3	4	3
No response	7	7	9
Total	100	100	100
n	251	313	603

Table A.33 Use of medical services by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Often	30	46	49	35	44	38	45	49	41
Sometimes	43	35	37	38	31	26	33	26	31
Never	13	8	7	13	20	22	12	15	15
Not able to use	10	3	0	8	2	5	2	2	3
No response	3	8	7	6	3	9	8	8	9
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.34 Use of medical services by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Often	48	41	50	41
Sometimes	34	32	24	31
Never	9	17	18	15
Not able to use	2	4	0	3
No response	6	6	9	9
Total	100	100	100	100
n	93	448	34	603

Table A.35 Use of medical services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Often	45	41	41
Sometimes	31	32	31
Never	14	17	15
Not able to use	3	4	3
No response	7	7	9
Total	100	100	100
n	230	257	603

Table A.36 Use of housing services by gender (%)

	Male	Female	Total
Often	16	20	17
Sometimes	9	12	10
Never	55	44	48
Not able to use	7	6	6
No response	13	18	19
Total	100	100	100
n	251	313	603

Table A.37 Use of housing services by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Often	23	32	19	22	16	9	17	17	17
Sometimes	27	11	14	13	10	7	8	7	10
Never	27	49	42	42	58	56	50	51	48
Not able to use	17	3	14	13	5	5	2	2	6
No response	7	5	12	11	12	22	22	23	19
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.38 Use of housing services by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Often	27	16	15	17
Sometimes	17	8	18	10
Never	35	53	47	48
Not able to use	4	7	6	6
No response	16	16	15	19
Total	100	100	100	100
n	93	448	34	603

Table A.39 Use of housing services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Often	23	12	17
Sometimes	9	11	10
Never	46	53	48
Not able to use	4	7	6
No response	17	17	19
Total	100	100	100
n	230	257	603

Table A.40 Use of drug/alcohol counselling by gender (%)

	Male	Female	Total
Often	5	2	3
Sometimes	11	5	8
Never	69	70	67
Not able to use	2	3	3
No response	13	19	19
Total	100	100	100
n	251	313	603

Table A.41 Use of drug/alcohol counselling by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Often	7	8	7	4	4	2	0	0	3
Sometimes	13	16	16	14	9	7	2	0	8
Never	57	65	67	65	69	67	77	74	67
Not able to use	20	3	0	3	3	3	0	2	3
No response	3	8	9	15	16	20	21	24	19
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.42 Use of drug/alcohol counselling by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Often	5	2	3	3
Sometimes	13	7	9	8
Never	58	71	71	67
Not able to use	4	3	0	3
No response	19	16	18	19
Total	100	100	100	100
n	93	448	34	603

Table A.43 Use of drug/alcohol counselling by region (%)

	Brisbane & SE Qld	Other Qld	Total
Often	4	2	3
Sometimes	7	7	8
Never	68	72	67
Not able to use	2	3	3
No response	19	17	19
Total	100	100	100
n	230	257	603

Table A.44 Use of disability support services by gender (%)

	Male	Female	Total
Often	16	14	14
Sometimes	15	14	14
Never	53	51	51
Not able to use	6	5	5
No response	11	16	16
Total	100	100	100
n	251	313	603

Table A.45 Use of disability support services by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Often	10	19	5	14	19	26	10	8	14
Sometimes	13	11	23	28	16	11	8	10	14
Never	53	59	63	41	50	44	57	58	51
Not able to use	17	5	0	10	4	6	5	3	5
No response	7	5	9	8	12	13	20	22	16
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.46 Use of disability support services by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Often	16	15	6	14
Sometimes	18	14	12	14
Never	44	54	47	51
Not able to use	5	5	15	5
No response	16	12	21	16
Total	100	100	100	100
n	93	448	34	603

Table A.47 Use of disability services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Often	16	13	14
Sometimes	14	11	14
Never	53	55	51
Not able to use	3	6	5
No response	13	15	16
Total	100	100	100
n	230	257	603

Table A.48 Use of mental health services by gender (%)

	Male	Female	Total
Often	7	10	8
Sometimes	20	19	19
Never	56	51	52
Not able to use	4	5	4
No response	13	15	17
Total	100	100	100
n	251	313	603

Table A.49 Use of mental health services by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Often	10	14	9	13	13	10	5	1	8
Sometimes	33	30	40	19	23	14	16	6	19
Never	40	49	42	49	51	48	59	67	52
Not able to use	17	3	2	9	3	6	2	2	4
No response	0	5	7	10	10	21	17	24	17
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.50 Use of mental health services by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Often	11	8	12	8
Sometimes	23	18	24	19
Never	51	54	44	52
Not able to use	2	5	6	4
No response	14	14	15	17
Total	100	100	100	100
n	93	448	34	603

Table A.51 Use of mental health services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Often	7	8	8
Sometimes	20	16	19
Never	54	57	52
Not able to use	3	5	4
No response	16	14	17
Total	100	100	100
n	230	257	603

Table A.52 Reasons for not using generalist services by gender (%)

	Male	Female	Total
Not aware	10	8	10
Distance	8	17	12
Not eligible	13	17	15
Services unresponsive	11	7	9
Access difficulties	3	9	6
Legacy of time in care	8	12	10
Lack of trust	8	12	12
In prison	16	1	7
Not needed	10	13	11
Other	11	4	9
Total	100	100	100
n	61	90	165

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.53 Reasons for not using generalist services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Not aware	8	14	10
Distance	4	21	12
Not eligible	11	10	15
Services unresponsive	9	12	9
Access difficulties	6	8	6
Legacy of time in care	15	10	10
Lack of trust	15	3	12
In prison	4	10	7
Not needed	17	8	11
Other	11	4	9
Total	100	100	100
n	53	77	165

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.54 Reasons for not using generalist services by support (%)

	Support not available	Support available	Total
Not aware	5	13	10
Distance	14	12	12
Not eligible	14	18	15
Services unresponsive	12	9	9
Access difficulties	8	3	6
Legacy of time in care	9	13	10
Lack of trust	9	7	12
In prison	8	7	7
Not needed	9	15	11
Other	11	3	9
Total	100	100	100
n	74	68	165

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.55 What has helped most by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Having place that was welcoming and safe	23	27	21	18	18	16	14	13	17
Opportunity to share similar experiences	20	27	33	20	21	24	28	21	23
Learning to use computers	13	19	16	19	18	9	10	8	13
Access to literacy or numeracy courses	20	14	7	15	5	5	7	2	7
Assistance with filling in applications	10	19	14	15	17	11	17	4	13
Assistance with locating records	13	14	19	20	17	26	17	12	17
Assistance to meet family	7	8	5	8	13	9	6	7	8
Seeing a counsellor face-to-face	30	38	35	35	39	28	29	17	30
Getting counselling over the phone	10	11	5	15	18	7	13	6	11
Group activities (eg. sewing, gardening)	10	19	2	15	9	7	7	11	9
Attending self-help or counselling groups	7	16	7	6	13	6	6	2	7
Taking part in public events	3	22	26	16	27	23	33	28	24
Getting support from other FAs	17	19	16	16	25	15	28	12	18
Providing support to other FAs	13	16	21	11	18	13	21	19	17
Payment from government or past providers	47	51	60	49	64	62	67	61	59
Apology from government or past providers	27	46	40	35	50	50	56	37	44
Assistance to make a complaint	3	19	16	10	23	18	20	15	17
Assistance to make submissions	3	14	2	9	19	14	19	12	13
Total									
n	30	37	43	79	109	98	86	104	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Table A.56 Reasons for not using FA services by gender (%)

	Male	Female	Total
Not aware	21	19	19
Distance/travel/costs	15	21	19
Unresponsive	8	10	9
Legacy of time in care	15	20	17
Lack of trust	6	1	4
In prison	8	0	4
Disabilities	2	2	3
Interstate	4	9	7
Not needed	11	9	10
Other	9	8	9
Total	100	100	100
n	165	202	389

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.57 Reasons for not using FA services by region (%)

	Brisbane & SE Qld	Other Qld	Total
Not aware	18	23	19
Distance/travel/costs	12	28	19
Unresponsive	12	6	9
Legacy of time in care	28	12	17
Lack of trust	4	3	4
In prison	2	6	4
Disabilities	2	3	3
Interstate	0	0	7
Not needed	9	13	10
Other	12	6	9
Total	100	100	100
n	137	173	389

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.58 Reasons for not using FA services by support (%)

	Support not available	Support available	Total
Not aware	22	18	19
Distance/travel/costs	20	19	19
Unresponsive	11	7	9
Legacy of time in care	18	16	17
Lack of trust	3	3	4
In prison	5	3	4
Disabilities	3	2	3
Interstate	8	7	7
Not needed	5	14	10
Other	6	10	9
Total	100	100	100
n	158	188	389

Population: Those who answered the open-ended question on why not able to use some of the services listed in the previous question.

Table A.59 Whether counselling is important by gender (%)

	Male	Female	Total
Yes	45	50	46
No	25	25	24
Don't know	24	11	16
No response	6	15	14
Total	100	100	100
n	251	313	603

Table A.60 Whether counselling is important by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Yes	57	57	65	51	52	46	42	30	46
No	17	16	14	29	21	20	35	32	24
Don't know	27	27	19	13	21	15	13	12	16
No response	0	0	2	8	6	18	10	26	14
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.61 Whether counselling is important by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Yes	54	46	50	46
No	20	27	18	24
Don't know	17	16	24	16
No response	9	11	9	14
Total	100	100	100	100
n	93	448	34	603

Table A.62 Whether counselling is important by region (%)

	Brisbane & SE Qld	Other Qld	Total
Yes	47	44	46
No	24	29	24
Don't know	17	18	16
No response	13	9	14
Total	100	100	100
n	230	257	603

Table A.63 Whether counselling is important by source of income (%)

	Government payment	Other income	Total
Yes	49	44	46
No	24	28	24
Don't know	15	21	16
No response	12	7	14
Total	100	100	100
n	407	156	603

Table A.64 Whether counselling is important by household situation (%)

	Living alone	Living with others	Total
Yes	53	46	46
No	21	27	24
Don't know	10	20	16
No response	16	7	14
Total	100	100	100
n	178	383	603

Table A.65 Whether counselling is important by support (%)

	Support not available	Support available	Total
Yes	49	50	46
No	24	25	24
Don't know	19	16	16
No response	8	9	14
Total	100	100	100
n	227	302	603

Table A.66 Type of counselling regarded as most useful by gender (%)

	Male	Female	Total
Face to face	87	85	86
Over the telephone	9	10	10
Taking part in group sessions	4	2	3
Over the internet	0	3	1
Total	100	100	100
n	110	153	271

Population: Those who thought that counselling was important.

Table A.67 Assistance for peer leadership by gender (%)

	Male	Female	Total
Yes	58	58	56
No	4	4	4
Don't know	30	22	25
No response	8	16	15
Total	100	100	100
n	251	313	603

Table A.68 Assistance for peer leadership by age (%)

	Under 40	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 or over	Total
Yes	57	73	72	56	63	54	59	43	56
No	3	3	2	4	4	4	1	8	4
Don't know	37	24	21	30	23	27	24	23	25
No response	3	0	5	10	10	15	15	26	15
Total	100	100	100	100	100	100	100	100	100
n	30	37	43	79	109	98	86	104	603

Table A.69 Assistance for peer leadership by indigenous status (%)

	Indigenous	Not Indigenous	Don't know	Total
Yes	62	57	56	56
No	1	5	0	4
Don't know	22	26	32	25
No response	15	12	12	15
Total	100	100	100	100
n	93	448	34	603

Table A.70 Assistance for peer leadership by region (%)

	Brisbane & SE Qld	Other Qld	Total
Yes	56	60	56
No	6	2	4
Don't know	26	26	25
No response	13	12	15
Total	100	100	100
n	230	257	603

Table A.71 Assistance for peer leadership by source of income (%)

	Government payment	Other income	Total
Yes	56	63	56
No	4	4	4
Don't know	26	25	25
No response	14	7	15
Total	100	100	100
n	407	156	603

Table A.72 Assistance for peer leadership by hhold situation (%)

	Living alone	Living with others	Total
Yes	61	58	56
No	2	4	4
Don't know	23	27	25
No response	15	10	15
Total	100	100	100
n	178	383	603

Table A.73 Assistance for peer leadership by support (%)

	Support not available	Support available	Total
Yes	63	58	56
No	3	4	4
Don't know	26	25	25
No response	9	13	15
Total	100	100	100
n	227	302	603

Table A.74 Type of peer leadership by gender (%)

	Male	Female	Total
Peer support to other FAs	27	23	25
Advocate for needs of FAs	22	19	19
Help public gain better understanding FAs	22	23	22
Educate professionals about FAs	17	26	23
Help plan services/activities for FAs	12	10	11
Total	100	100	100
n	142	176	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.75 Type of peer leadership by age (%)

	Under 50	50 to 59	60 to 69	70 or over	Total
Peer support to other FAs	37	27	15	22	25
Advocate for needs of FAs	18	17	21	24	19
Help public gain better understanding FAs	10	23	29	24	22
Educate professionals about FAs	21	24	25	18	23
Help plan services/activities for FAs	14	9	10	11	11
Total	100	100	100	100	100
n	71	109	102	45	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.76 Type of peer leadership by indigenous status (%)

	Indigenous	Not Indig- enous	Don't know	Total
Peer support to other FAs	35	24	16	25
Advocate for needs of FAs	20	20	16	19
Help public gain better understanding FAs	22	21	26	22
Educate professionals about FAs	15	24	37	23
Help plan services/activities for FAs	7	12	5	11
Total	100	100	100	100
n	54	250	19	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.77 Type of peer leadership by region (%)

	Brisbane & SE Qld	Other Qld	Total
Peer support to other FAs	22	28	25
Advocate for needs of FAs	19	20	19
Help public gain better understanding FAs	27	21	22
Educate professionals about FAs	19	19	23
Help plan services/activities for FAs	12	13	11
Total	100	100	100
n	124	151	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.78 Type of peer leadership by source of income (%)

	Government payment	Other income	Total
Peer support to other FAs	23	29	25
Advocate for needs of FAs	20	19	19
Help public gain better understanding FAs	26	16	22
Educate professionals about FAs	22	25	23
Help plan services/activities for FAs	10	11	11
Total	100	100	100
n	223	96	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.79 Type of peer leadership by household situation (%)

	Living alone	Living with others	Total
Peer support to other FAs	25	26	25
Advocate for needs of FAs	16	20	19
Help public gain better understanding FAs	23	22	22
Educate professionals about FAs	23	23	23
Help plan services/activities for FAs	13	9	11
Total	100	100	100
n	105	218	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.80 Type of peer leadership by support (%)

	Support not available	Support available	Total
Peer support to other FAs	22	26	25
Advocate for needs of FAs	27	13	19
Help public gain better understanding FAs	19	25	22
Educate professionals about FAs	21	25	23
Help plan services/activities for FAs	12	11	11
Total	100	100	100
n	139	171	329

Population: Those who thought that there should be assistance for Forgotten Australians to become peer leaders.

Table A.81 Suggested types of contact by gender (%)

	Male	Female	Total
Face-to-face contact	15	13	13
Telephone	10	11	11
Mail/newsletters	9	7	7
Internet/email	5	5	5
Advertisements	2	0	1
Community centre	4	3	4
Transport assistance	2	2	2
Peer leaders	1	2	1
Support groups	4	6	5
Other or don't know	12	11	11
Unrelated answer	5	10	8
Total			
n	251	313	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Table A.82 Suggested types of contact by region (%)

	Brisbane & SE Qld	Other Qld	Total
Face-to-face contact	14	14	13
Telephone	9	10	11
Mail/newsletters	7	7	7
Internet/email	6	5	5
Advertisements	1	0	1
Community centre	3	4	4
Transport assistance	2	2	2
Peer leaders	1	2	1
Support groups	3	5	5
Other or don't know	7	14	11
Unrelated answer	10	8	8
Total			
n	230	257	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

Table A.83 Suggested types of contact by support (%)

	Support not available	Support available	Total
Face-to-face contact	17	13	13
Telephone	14	9	11
Mail/newsletters	10	7	7
Internet/email	4	7	5
Advertisements	0	1	1
Community centre	4	3	4
Transport assistance	2	2	2
Peer leaders	2	1	1
Support groups	6	4	5
Other or don't know	11	11	11
Unrelated answer	9	7	8
Total			
n	227	302	603

Notes: This question allowed multiple responses, so the totals can be greater than 100% (and are thus not shown).

B. Methodology

The target population for this survey was Forgotten Australians who had been in care in Queensland. There was, however, no sample frame from which to draw a suitable sample for this survey. Consequently, the researchers sought respondents from the wider population using various networks which had contact with Forgotten Australians. Surveys were sent to all Forgotten Australians on the mailing lists of the Forgotten Australian Support Service (FASS), Aftercare Resource Centre (ARC) and the Forde Foundation. The survey was advertised in newsletters of the FASS and ARC and people were encouraged to call Lotus Place to obtain a survey if they did not receive one in the mail. Surveys were also distributed by Mercy Family Services to Forgotten Australians on their mailing list and were made available to Forgotten Australians who attended the Lotus Place Christmas Party and who had not received a survey from some other source.

As a consequence of this sampling approach, the sample is not a probability sample in which each person in the target population had a known, non-zero probability of selection. Nevertheless, the success in obtaining 603 responses from a group of people whose characteristics, particularly their literacy levels, would normally be difficult people to recruit in any survey suggests that the *reach* of the survey has been extensive. What is more, the considerable number of open-ended questions in this survey provided the researchers with an opportunity to assess the literacy levels of the respondents. This suggests that the survey has not simply reached the usual 'well-educated and highly motivated' subgroups which most mail-back surveys reach. Indeed the survey has reached people who are in prison and who are homeless and who are rarely reached in other surveys.

This sample design means that the results of this survey cannot be generalised to *all* Forgotten Australians in Queensland and the results are always discussed in this report in terms of the *respondents* (although the phrase 'Forgotten Australians' is used interchangeably with the terms respondents). Given the extensive reach of the survey, and the large number of respondents, this limitation does not undermine the credibility of the findings.

The questionnaire was developed during the middle of 2010, piloted during the second half of 2010 and went into the field during December 2010. It remained in the field for approximately a month and was then sent for data entry (using a double-entry system for increased accuracy).

As discussed in the report, the survey used both closed questions, mostly tick-the-box style, and some open-ended questions. A number of the latter were coded to derived categories and these were tabulated and analysed in a similar fashion to the closed questions. It was noted, however, that this coding could

be regarded as somewhat arbitrary, given the complexity of some of the open-ended answers. While no sensitivity testing was undertaken, the consistency in the tabulations, particularly the strength of the findings, was such that the conclusions drawn from these questions was quite robust and would not have differed had an alternative coding scheme been employed. Where feasible, sub-categories are tabulated separately and alternative schemes which combine these in a different fashion can be constructed by the reader. Of course, where the original answers contained multiple categories and these were coded to a single category (which was the common practice, except for Question 19) there is a certain finality to the choice of such codes. The decision rule followed was to select the code which came closest to being the 'main sentiment' expressed or the one most relevant to the specific question.

The data was analysed using R and the graphs created using ggplot2 (R Development Core Team, *R: A Language and Environment for Statistical Computing*, R Foundation for Statistical Computing, Vienna, Austria; Hadley Wickham, *ggplot2: elegant graphics for data analysis*, Springer New York, 2009).

C. Survey questionnaire

The final version of the questionnaire which was used for the survey is attached to the end of this report.

Forgotten Australians Survey

Please fill in this survey form to help with planning services for Forgotten Australians who grew up in care in Queensland. The questions are mostly about current services for Forgotten Australians and whether they have helped you. Some questions also ask about what is important to you in the future.

Getting help to fill in this form

*Where possible, we would like you to complete this form on your own, because we are looking for **your** views. If you are finding it hard and would like some help, you could ask a family member, friend or a neighbour. You can also phone Anna at Lotus Place (1-800-035-588) and ask her to help you fill in the form. Support services are also available should you wish to talk with anyone after you are finished completing the form. Please call Anna at Lotus Place (1-800-035-588) if you want her assistance linking with counselling or other staff.*

How to fill in this form

For most of the questions, you just tick a box. Sometimes you can tick several boxes but most questions ask you to tick a single box. A few questions ask you to write a few words or sentences. Write as much, or as little, as you want.

*Everything you tell us in this form is completely **confidential**. Your name is not required, and the number on the back of the envelope is only there to make sure you don't get pestered with a follow-up letter. Only the consultants see this form, and read your answers. The consultants will provide a report to Queensland Department of Communities summarising the findings of people's responses to the questions. Individuals are never identified or discussed.*

When you have finished filling in the form, please post it to us in the envelope provided. If that envelope has been lost please post it to the following address. You don't need to use a stamp.

**RPR Consulting Pty Ltd
Reply Paid 942
LEICHHARDT NSW 2040**

Background

1 Are you male or female?

- 1 Male
2 Female

2 How old are you?

- 1 Under 30
2 30 to 34
3 35 to 39
4 40 to 44
5 45 to 49
6 50 to 54
7 55 to 59
8 60 to 64
9 65 to 69
10 70 or over

3 Where do you live?

Write your postcode in the box:

4 Are you of Aboriginal or Torres Strait Islander background?

- 1 Yes
2 No
3 Don't know

5 Approximately how old were you when you first went into care?

9 If there is one thing you could point to which you feel is the most important long-term result of your time in care, what would it be?

6 Approximately how many years did you spend in care.

7 What type of care did you experience?

Tick all that apply.

- a Foster care
b Family group home
c Orphanage or children's home
d Youth detention centre
e Don't know
f Other (please write details in the box below)

g

8 In which states did you spend your time in care

Tick all that apply.

- 1 Queensland
2 New South Wales
3 Victoria
4 South Australia
5 Western Australia
6 Tasmania
7 Australian Capital Territory
8 Northern Territory
9 Don't know

Government and community services

We are interested in the services you might use which are also available to the general community, rather than just for Forgotten Australians.

10 How often do you make use of the following government or community services? Please tick the box for whether you NEVER, SOMETIMES or OFTEN use that service. If you need a service, but for some reason you are not able to make use of that service, tick the box NOT ABLE TO USE.

	Never	Some- times	Often	Not able to use
a General medical or health services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b Housing or homeless support services, for example, public housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c Drug or alcohol counselling services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d Disability support services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e Mental health services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f Other (<i>please write details in the box below and then tick one of these.</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

g

11 If you answered NOT ABLE TO USE to any parts of the last question, please complete this sentence: 'I think the main reason why I am not able to make use of government or community services is because ...'

Services and Activities for Forgotten Australians

Here is a list of services and activities that some Queensland Forgotten Australians have used. We would like to know if any of them have been helpful for you.

12 If any of the services or activities listed on this page have been helpful please tick the box next to them. If they haven't been helpful, or if you haven't used them, don't tick the box.

DROP-IN CENTRE

- a Being able to come somewhere welcoming where I feel safe
- b Getting together with people who have had similar experiences

STUDYING AND GAINING AN EDUCATION

- c Learning to use computers
- d Access to literacy or numeracy courses (reading, writing or maths)
- e Assistance with filling in applications (eg. for education, volunteering, financial grants)

FINDING AND CONNECTING WITH MY FAMILY

- f Assistance to locate and search through my records
- g Assistance to meet my family

PERSONAL COUNSELLING AND OTHER SUPPORT

- h Seeing a counsellor face-to-face
- i Getting counselling over the phone

GROUP ACTIVITIES

- j Taking part in activities like sewing, gardening, walking group, empower arts
- k Attending self help or counselling groups
- l Taking part in public events, such as Remembrance Day or Christmas parties, social outings, or re-unions

PEER SUPPORT

- m Getting support from other Forgotten Australians
- n Being able to provide support to other Forgotten Australians

ADVOCACY AND JUSTICE

- o Getting a payment from the government or past providers for past abuse
- p Getting an apology from the government or past providers
- q Assistance to make a complaint of abuse against the church or through the criminal justice system
- r Assistance to make submissions to the government or to inquiries, for example, senate committees

Only answer this question if you found that you didn't tick many boxes in the last question.

13 Please complete this sentence: 'I think the main reason why I haven't used services, or activities, available for Forgotten Australians is because ...'

Future services?

To help with the planning of future services, we would like to know what the priorities are for Forgotten Australians. We want to know what is likely to be most useful in the future. We would like to know your top FIVE priorities.

14 Please tell us which of the following services are **most important** to you by ticking **five** boxes.

- a Having a place to go to meet up with other Forgotten Australians
- b Group activities with other Forgotten Australians
- c Individual counselling
- d Having access to help after-hours, such as a 1800 phone number
- e Help to get my records and/or meet up with family members
- f Help to study or get an education
- g Employment and volunteering help
- h Better access to health services
- i Information about entitlements or benefits and what is happening for Forgotten Australians
- j Having trained peer leaders who can advocate on behalf of Forgotten Australians
- k Help to make a complaint or to seek compensation for my past treatment
- l Help with learning how to be a better parent, or grand-parent
- m Something else we haven't listed (*please write in the box below*)

n

15 Is counselling important to you?

- 1 Yes (Continue to next question)
- 2 No (Go to question 17)
- 3 Don't know (Go to question 17)

16 What type of counselling is most useful for you?

Tick just ONE box.

- 1 Face to face
- 2 Over the telephone
- 3 Taking part in group sessions
- 4 Over the internet

17 Should there be assistance for Forgotten Australians to become peer leaders?

- 1 Yes (Continue to next question)
- 2 No (Go to question 19)
- 3 Don't know (Go to question 19)

18 What do you think is the most important thing peer leaders could do?

Tick just ONE box.

- 1 Provide peer support to other Forgotten Australians
- 2 Advocate for the needs of Forgotten Australians
- 3 Help the public better understand the experiences of Forgotten Australians
- 4 Educate professionals about the experiences and needs of Forgotten Australians
- 5 Help plan services and activities for Forgotten Australians in Queensland

19 What type of contact do you think would be most helpful for services to have with Forgotten Australians living in Queensland regional areas or interstate?

Current situation

20 Which of the following best describes your current situation? If more than one situation applies, tick the one that takes up most of your time.

Tick just ONE box.

- 1 Retired
- 2 Working in a full-time job
- 3 Working in a part-time job
- 4 Domestic duties
- 5 Full-time parent or carer
- 6 Living with a disability
- 7 Studying
- 8 Unemployed
- 9 Other (please describe by writing in the box below)

a

21 How would you describe your current living arrangements or household situation?

Tick just ONE box.

- 1 Living as married (or defacto) couple
- 2 Living as married (or defacto) couple, with children still at home
- 3 Living by myself
- 4 Living by myself, with children still at home
- 5 Living with another person, or people (and **some** are relatives)
- 6 Living with another person, or people (but **none** are relatives)
- 7 Other (*please describe by writing in the box below*)

a

22 How confident are you that there is someone you know who will be there to provide help or support when you most need it?

Tick just ONE box.

- 1 Very confident
- 2 Confident
- 3 Not confident
- 4 Not at all confident
- 5 Doesn't apply to me

23 Taking account of your current needs and your financial commitments, would you say that you, or your household, are ...

Tick just ONE box.

- 1 Prosperous
- 2 Very comfortable
- 3 Reasonably comfortable
- 4 Just getting along
- 5 Poor
- 6 Very poor
- 7 Don't know, or not applicable

24 What is your main source of income? If you have more than one source, tick the one that provides you with the highest amount of income.

Tick just ONE box.

- 1 Wages from an employer
- 2 Income from self-employment
- 3 Self-funded retiree income
- 4 Disability Support Pension
- 5 Newstart
- 6 Age pension
- 7 Other Centrelink payment
- 8 Other (*please describe by writing in the box below*)

a

25 If you feel that there are any other issues which are important to you about future services for Forgotten Australians which have not been mentioned, please tell us what they are:

Thank you

Thank you for taking the time to fill in this form. Would you please post it to us in the envelope provided. If that envelope has been lost please post it to the following address. You don't need to use a stamp.

RPR Consulting Pty Ltd
Reply Paid 942
LEICHHARDT NSW 2040

Summary of findings of consultations with Queensland Forgotten Australians

Volume 1

Report by Ann Porcino, RPR Consulting

20 March 2011



1 Introduction

In 2010 The Department of Communities engaged RPR Consulting to conduct consultations with Forgotten Australians to contribute to their review of funded services for Forgotten Australians in the state. The consultations began with a series of six focus groups for Forgotten Australians conducted in July and August 2010 and facilitated by RPR Consulting. Focus groups were held in Brisbane (including in the suburb of Logan), as well as in Townsville and Rockhampton. In total 38 people attended the focus groups, 34 of whom were former residents and four who were support people (generally family members). 29 people attended one of the groups, five attended two focus groups and four people attended three of the focus groups.

Focus groups provided important information on the needs and views of a group of Forgotten Australians, and importantly contributed significantly to the capacity of RPR to develop a survey of a broader group of Queensland Forgotten Australians.

A survey of Forgotten Australians was carried out by RPR Consulting at the end of 2010. The goal of the survey was to collect information on the situation of Forgotten Australians, their experiences with services available to them, and their preferences for the future. The population surveyed were those Forgotten Australians who had been in care in Queensland and included people who were now living in Queensland and interstate. 603 individuals responded to the survey, made up of 251 men and 313 women (see table 1.1, page 6 of volume 2 for the demographic profile of respondents and table 1.2, page 8 for care backgrounds).

The survey aimed to reach as many Forgotten Australians as possible, to make it easy for them to complete the form, and to find a way for their own points of view to be expressed. The result was a combination of ticking the box style questions as well as some open-ended questions where Forgotten Australians could provide answers in their own words. In the light of possible literacy issues, the respondents were invited to seek assistance in completing the form if they felt it necessary.

We can have considerable confidence in the findings for this survey. As in many other social research areas it can be quite difficult gathering information about a group of people like the Forgotten Australians. There can be issues around literacy and there can also be suspicion towards governments and other agencies by Forgotten Australians because of their history with such bodies. Despite these drawbacks, some 603 people responded to this survey and its reach was very extensive. The answers to the open-ended questions provided insights into the backgrounds and circumstances of the respondents and these indicated that the sample was a very diverse group of people. There is also considerable consistency in all of the findings, which lends further credibility to the survey.

This summary report (*volume 1*) focuses on some of the key findings of the survey and, to a lesser extent, the focus groups highlighting the results which are most likely to contribute to planning of future services for Forgotten Australians in Queensland. The full report of the survey (*volume 2*) deserves to be read in its entirety, as it is rich with information about the needs and feelings of Forgotten Australians, and will have benefit beyond this review.

2 Long term impacts of time in Care

The survey report gives very important data on what Forgotten Australians view as the most important long-term results of their time in care (section 1.3, page 12 of volume 2). The vast majority of the respondents have been adversely affected by their time in care. Many bear psychological scars – ongoing mental health issues, lack of self confidence and lack of self esteem (30% of respondents); feelings of distrust and a sense of being betrayed by adults, particularly by those in the church and by authority (11%); the impact of loneliness and lack of love and caring as a child (6%); dealing with the legacy of physical, psychological or sexual abuse (13%). A number carry physical impairments; some people lament the loss of contact with family and nearly all have been denied a good education and the many benefits in life which go with that.

A few respondents viewed their time in care in a positive light, granting them a legacy of independence and resilience. However, a far greater number of respondents were bitter about their experiences, and the legacy of psychological and physical damage which it left behind. Some still hungered for answers, others wanted the door closed and never opened. Some of this complexity is evident in the various results summarised in this report and the small number of quotations extracted from the survey and included here.

An important thing to note is that negative impacts appear to have been experienced by people regardless of how long they were in care. So, whether a person was in care for a very short time (1 year or less) or for an extended period (over 10 years) they have experienced trauma which is long lasting.

3 Priorities for future services

One of the main goals of the consultations was to ascertain what services would be of most help to Forgotten Australians in the future. Focus group participants were asked to give their views about this and it was a critical goal of the survey.

What follows is a summary of the outcomes of the consultations, with emphasis given to the responses provided by respondents to question 14 ('Please tell us which of the following services are **most important** to you by ticking **five** boxes.'). In this question Forgotten Australians were asked to nominate what future services were likely to be most useful to them in the future. A list of options was presented and respondents were invited to tick five boxes and the data was then analysed by tallying the total number of ticks to ascertain which future services were the most important. As a device for collecting 'votes' on future priorities, this question worked reasonably well and the results appear credible and reliable. While there are some interesting variations according to subgroups, the overall patterns are very consistent. (see Chapter 4, page 54 of volume 2, specifically Table 4.1, for the full tally).

Other information included in this section is:

- focus group feedback where adds to survey
- quotations Forgotten Australians provided in response to the final open ended question of the survey, question 25 (*'If you feel that there are any other issues which are important to you about the future services for Forgotten Australians which have*

not been mentioned, please tell us what they are:’) where it helps to illustrate a point (see section 5, page 74 of volume 2 for more details and quotations)

- responses to question 12 (*‘If any of the services or activities listed on this page have been helpful, please tick the box next to them.’*) in the boxed text at the end of each subsection, to illustrate how helpful similar services have been to Forgotten Australians in the past. (see section 3.3, page 37 of volume 2 for full results)

Analysis of all these sources of data provides a very clear and consistent picture of the types of services that Forgotten Australians want in the future.

3.1 Assistance in accessing mainstream entitlements and services

A very high priority for Forgotten Australians is that they are assisted to access mainstream services. This was particularly evident in survey findings. The types of mainstream services most often identified are shown below.

Accessing entitlements and benefits

The most important priority for Forgotten Australians is very clear from the survey: 60% indicated that getting information on entitlements and benefits was the most important service they could be offered. This category of assistance was nominated as the highest priority across all subgroups of Forgotten Australians. Given the circumstances of Forgotten Australians, such as the high incidence of respondents who identified as poor or very poor (18% of Forgotten Australians as compared with 3% in the general population), this result is not surprising. The emphasis in the survey on redress, and feedback in relation to payments from past providers (discussed below) also indicates the importance that people accord to getting financial recompense or assistance.

Accessing health services and nursing homes

42% of respondents nominated better access to health services as one of their five top priorities, with 49% of those in the 60 – 69 age group giving this top priority. There was also considerable emphasis on the need for health services in response to the final open ended question in the survey. Here health concerns (in particular dental health) featured strongly, and the idea of issuing Forgotten Australians with a ‘gold card’ was common. The following gives a flavour of the comments people made:

I really wish, I could go to the dentist & get my teeth done, I have only one molar and have to chew with my front teeth & they are wearing down. Please help us get a special card for medical & dentist services. Also there is such a long wait for specialists etc most of our problem its from our treatment in the orphanage. (respondent to question 25)

Fears about growing old, and entering nursing homes, was also a common concern expressed in the final open ended survey question. Lying behind this was the trauma of entering institutionalised care again. This quote exemplifies the types of comments people made:

...Aged care is a major worry. I’d rather be dead than go into a nursing home, and feel as defenceless as I was as a child. Regular communication with Forgotten Australians so we know what is happening, who is in charge and what services are available. A gold card so we can get decent medical care. All government depts Aust wide to be educated on us and we have the same rights and footing as the stolen generation. Many of us were stolen as we lost our families. (respondent to question 25)

Assistance to get an education or employment

45% of Forgotten Australians nominated help with study, education, employment or volunteering as one of their five priority needs for future services, however those under the age of 50 were much more likely to want help with these things than were the older groups of Forgotten Australians. This is consistent with information provided in focus groups, where some people strongly urged greater assistance in helping Forgotten Australians access meaningful study and work. This is not surprising given that Forgotten Australians often identify the failure to get a good education as one of the most significant negative and long lasting impacts of their time in care as, indicated in this one indicative quote.

I feel education is the most important thing for us to have access to. I feel the biggest problem that comes from a past like ours, is feeling dumber than everyone else & not capable of doing anything without being told how to do it. Of course intellectually we are no different from everyone else, but education further is expensive and therefore not really an option for us. Education is empowerment! (respondent to question 25)

How helpful has this been to people in the past

Access to literacy and numeracy courses was helpful to 7% of Forgotten Australians, and 13% found learning to use computers was of assistance to them.

Accessing housing

Although the list of possible priorities from which respondents had to pick five did not include assistance with housing, responses to the final open ended question indicate that Forgotten Australians want greater access to rental assistance or public housing. There were numerous comments on housing, including the following:

Rent is expensive and it is becoming very difficult to afford renting. Living in small, cramped housing is difficult and disheartening. Access to public housing is slow and many people find it undesirable to live in a section of the community where social problems (alcoholism, unemployment, domestic violence) is rife. Provisions need to be made so forgotten australians can afford adequate, safe housing. (respondent to question 25)

Easy access or priority public housing as there are a lot of Forgotten Australians that are homeless, department of housing should make forgotten Australians top priority and it would be nice if housing was free for forgotten Australians as the government placed us in this situation so they should look after us. They took away our ability to have a normal life so they (the government) should give us something back.(respondent to question 25)

Having cheaper rent, that is what takes nearly all of my income. (respondent to question 25)

3.2 Assistance to locate records and reunite with families

A significant portion of Forgotten Australians want assistance to help them navigate the systems and records of past providers. 38% wanted help with finding records or meeting their families and the importance of this to some Forgotten Australians is highlighted in comments given to the final open ended question, as the following demonstrates.

Most important issues to me is to find my sister who was in the home with me, they said she was adopted. Because she had different name than me, I can not get any records of her when I rang the nuns, they could not confirm or deny her existence. This is what I do know. Her name is ... she was seven and a half years old when we went into the home in april, 1948 her father was ... and her mother was ... and we lived in ... The home was ... I'm 66 years old, and I fear that, I would not see her, or get I know her in my life time. This is the most important issues to me, more important these any other issues. (respondent to question 25)

How helpful has this been in the past

25% of Forgotten Australians found assistance with locating their records or meeting their family was helpful.

3.3 Help in getting justice

The survey shows that there is a very strong call from Forgotten Australians for services to help them advocate for justice. 38% listed 'assistance making a complaint or seeking compensation' as one of their five priority needs.

This was echoed in responses to the final open-ended question 25. People want justice, which is often seen as more than just the government taking responsibility for what had happened to them. It also entailed the legal right to see the perpetrators punished. Two comments illustrate the views:

If I did half the things my abusers did to me, I would be in jail. yet they've answered to no-one. Faced no court of law and to this day they still walk the streets free whilst I've been condemned to a life time of painful memories hatred and other irreversible consequences! PS I think \$21000 compensation for the loss of my childhood and the atrocities bestowed upon me is a slap in the [face] and totally inadequate! (respondent to question 25)

My main problem is with the fact that although we have had some monetary (money) compensation from the Government. It was not the government that abused me. It was 2 nuns at ... orphanage that did this. I would like them to acknowledge what they did. I don't want an apology from the Government or the ... orphanage, I want a apology from the nuns that abused me ... but the other one sister ... is comfortably living 10 min from me at ... Make the actual people responsible apologise. (respondent to question 25)

Whilst there was clearly much appreciation for redress and other payments from government or past providers (59% said it had helped them) and though neither the survey nor the focus group methodology explicitly sought views on it, the Queensland redress scheme was alluded to many times in responses to the final open-ended question of the survey and also by participants to the focus groups. There is discontent with the scheme on a number of fronts: people were unhappy that the scheme had ended, indicating that they (or others they knew) had found out about the scheme too late, and now were unable to be compensated by the state. Others felt the level of payment received was inadequate. A smaller number of people indicated concern that certain categories of Forgotten Australians were excluded from the scheme when they had also suffered enormously.

Quotations from the survey, particularly those on page 76 and 77 of the volume 2 report, indicate the type and vigour of the responses, but two below serve to illustrate the main views expressed:

I think the redress was unfair I can't read + write good + didn't know about it. (respondent to question 25)

The compensation offered by the Qld Govt. was an insult that was not worth applying for. It forced applicants to relive the experiences for a paltry amount. I did not apply. Personally, I do not know how you repair a life or compensate for it. (respondent to question 25)

How helpful has this been in the past

59% of Forgotten Australians found a payment from government or past providers to be helpful, a figure well ahead of any other factor.

The second most important factor that has helped Forgotten Australians to this point is an apology from governments or past providers, with 44% of respondents nominating this as being helpful in the survey. There was also strong support for the national and state apologies from focus group participants.

17% of Forgotten Australians were helped by getting assistance to make a complaint of abuse against the church or through the criminal justice system and 13% found it useful to be assisted in making submissions to the government or to inquires.

3.4 Counselling

Focus groups indicated that some attendees had accessed and valued counselling and that there was strong support for Forgotten Australians to be able to continue to access counselling, long term if necessary.

Particular attention was given in the survey to counselling, so that the extent of the need for counselling would be clear, and interest in various forms of counselling would be known. 36% of Forgotten Australians ranked individual counselling as one of 5 top priorities for future services. In addition, the survey specifically asked Forgotten Australians if they thought counselling was important. Nearly half (46%) of the respondents indicated that it was important, whilst 24% indicated that it was not important. The remaining 30% either did not respond or did not know. There are some interesting subgroup differences in response to this question:

- the greatest level of support for counselling was among **younger Forgotten Australians** (in the 50% to 60% range) and the lowest level was among older Forgotten Australians (in the 30% to 40% range)
- **Indigenous Forgotten Australians** were more likely than the non-Indigenous to favour counselling (54% to 46%)
- 53% of **respondents living alone** wanted counselling compared to 46% of those living with others.

Women were slightly more likely than men to consider counselling important (50% to 45%), as were those on government payments compared with those with other sources of income (49% to 44%).

In terms of the type of counselling that people want, focus group participants provided interesting views, suggesting that counseling services should be able to be: accessed quickly, when people are in crisis, available on an outreach basis for some people who need it and available to both Forgotten Australians and their families. Where people need to be referred to psychiatrists or psychologists, the person referred to should be able to work appropriately with Forgotten Australians and there should not be a limit on the number of sessions.

The survey tested interest in different types of counselling. Forgotten Australians overwhelmingly regarded face-to-face counselling as the most useful type. Some 86% of those Forgotten Australians who thought counselling was important wanted face-to-face

counselling and this was consistent across all sub-groups. 10% wanted telephone counselling, 3% indicated a desire to take part in group sessions and only 1% favoured counselling over the internet.¹

How helpful has this been in the past

41% of Forgotten Australians nominated counselling as having helped them; seeing a counsellor face to face was helpful for 30% of these respondents and getting counselling over the phone helped 11% of people. A further 7% indicated that they were helped by attending a self help or counselling group.

3.5 Peer Leadership

Peer leadership was a topic of much conversation at some of the focus groups with some attendees expressing concern about what they saw as inadequacies of the current peer leadership at Lotus Place, through the Historical Abuse Network (HAN). There was concern about lack of democratic processes to select members of HAN and about what some participants regarded as a diminished involvement of Forgotten Australians in decision making at Lotus Place. Suggestions were made about how peer leaders could be selected, trained and developed in the future although there were different perspectives on what type of peer leadership was needed and the role that these leaders should play.

It was very important therefore that the survey tested how important peer leadership was to Forgotten Australians, and what people meant by peer leadership. In the ranking of the five most important priorities for services 36% of respondents indicated support for having trained leaders to advocate for Forgotten Australians. But the survey probed this area further, asking Forgotten Australians if there should be assistance for Forgotten Australians to become peer leaders. Some 56% supported this idea while only 4% said no. A sizeable proportion (25%) replied that they didn't know and another 15% gave no response. Thus while the majority supported the idea, some 40% of Forgotten Australians were unsure, suggesting that many may not have understood what the question meant or did not know what peer leadership was.

While there were some variations within the various subgroups, the differences were not very large. Indigenous Forgotten Australians were more likely to support peer leadership than their non-Indigenous counterparts, as were those Forgotten Australians who had little support available to them.

¹ It should be noted that the representatives of the Aftercare Resource Centre, speaking from their experience in delivering on-line counselling to other client groups, indicated that people are unlikely to indicate a preference for internet based counselling, particularly if their computer skills are poor, but that once exposed to this type of counselling a group of clients find it more acceptable than other forms of counselling.

When it came to the type of peer leadership people sought the results were not clear cut. Those who favoured peer leadership were asked to select one thing that they felt it was most important for peer leaders to do from a list provided:

- 25% thought that **peer support to other Forgotten Australians** was most important
- 23% thought that **educating professionals** about Forgotten Australians was most important
- 22% favoured **helping the public to gain a better understanding** of Forgotten Australians
- 19% thought that peer leaders should **advocate for the needs of Forgotten Australians**
- 11% thought that peer leaders should have a role in **helping plan services or activities** for Forgotten Australians.

What is critical from these findings is that the smallest percentage of respondents (11%) supported peer leaders having a role in helping plan services and activities, though this role was strongly endorsed by some focus group attendees. Also significant is that 23% of the survey respondents concurred with a strongly held view of focus group participants that there needs to be more work done to train mainstream service providers - both those currently in the system, and people training to be in positions – and saw a role for peer leaders to be involved in this effort.

How helpful has this been in the past

18% of Forgotten Australians found getting support from other Forgotten Australians helpful, whilst 17% found providing support to others helpful to themselves

3.6 Meeting with other Forgotten Australians

Social interactions with Forgotten Australians is important to some Forgotten Australians. Overall 35% of survey respondents gave priority to having a place to go to meet with other Forgotten Australians, and 21% wanted to participate in group activities. Notably, this pattern pertained to those living in Brisbane and South East Queensland as well as to those living in other parts of Queensland, where geographic disbursement of Forgotten Australian makes meeting and group activities more challenging.

Being able to interact with other Forgotten Australians is more important to some groups of Forgotten Australians than to others:

- 44% of **Indigenous respondents** wanted a place to meet with other Forgotten Australians and 31% wanted group activities with other Forgotten Australians (compared with 35% and 19% of non-Indigenous)
- 44% of **respondents who lived alone** wanted a meeting place and 24% group activities compare with 32% and 19% of those living with others
- 38% of **respondents on Government payments** wanted a place to go to meet with compared with 29% of those on other income.
- whilst men and women were equally interested in having a meeting place, 25% of **men** wanted group activities, as compare to 18% of women.

How helpful has this been in the past

In total 17% of Forgotten Australians said that they had found having somewhere welcoming and safe to go (a drop in centre) helpful. Getting together with people who had had similar experiences was helpful to even more people with 23% indicating this.

Similarly, group activities were useful to some people. 24% found taking part in public events to be helpful and 9% found taking part in activities like sewing, gardening, walking group and empower arts to be useful.

3.7 Supporting people living in regional Queensland, other states and in prison

An open ended question sought feedback on the type of contact people thought would be helpful for services to have with Forgotten Australians living in Queensland regional areas or interstate. The question was open to all respondents, not just those living in these areas. While some 350 respondents answered this question, a large number indicated that they didn't know and another considerable proportion answered in a way which suggested they had not fully understood the question, as they offered answers about the *content* of the contact, rather than the *type* of contact. Often respondents offered more than one suggestion. Still the results indicate some important directions to be considered in planning future services. It should be noted that results were similar for those respondents living in Brisbane and Southeast Queensland and those living in other parts of the state or interstate.

The most popular option for contact with interstate and regionally-based Forgotten Australians was face-to-face contact (20%). This was often expressed as a desire for visits to the area from persons based elsewhere (such as medical professionals, counsellors or government contact people), though the most common way of expressing this was simply 'face-to-face'. Telephone contact came next (15%), followed by contact through the mail (11% with regular newsletters often mentioned).

Only a small percentage of people suggested the establishment of support groups or the establishment of a venue where Forgotten Australians could get together. An even smaller percentage sought travel assistance to allow groups of Forgotten Australians to get together and meet with service providers in larger centres.

It should be noted that this result is somewhat inconsistent with the findings reported in 3.6 above where there was a higher level of support for meeting places and groups. Reading the comments people made in response to this question, the significant message for service planning seems to be that Forgotten Australians just want to be able to rely on some form of regular contact – with one another and service providers - and don't appear to have unrealistic expectations about what form that contact should take. A few comments show what some Forgotten Australians living outside of Brisbane are requesting:

Financial support to attend special occasions in Brisbane. Everything seems to be for Brisbane Forgotten Australians. Moral support there is none here. Not having to wait a month for counselling when you feel desperate. Something for country people a return fair for Brisbane is \$110. Loneliness, I have no family here. I often feel desperate & don't know why.

As I live so far away I don't think you can help me other than to help me get to some of your activities. People in the country don't get help. I would like to get my teeth done as I had to get

them all out at the age of 18 and I can't wear the bottom set.

Finally, a small number of prisoners responded to the survey and it is noteworthy that some of those who did indicated their desire to be connected to the service system for Forgotten Australians, if only so that they are better able to access supports once they leave prison, as these quotes indicate.

I wish there was a group who came to prisons. Just to get support networks for when we get out. Familiar Faces. (respondent to question 25)

Services for those that are about to be released from prison, that have no family support. This is a major issue for those applying for parole as the Queensland Parole Board does not recognise that, for many former wards. We do not have any informal supports and refuse applications because of this reason. We are not even able to access grant applications due to not being able to use the internet. Thank you. (respondent to question 25)

4 Barriers to service access

It is important in planning future services for there to be greater understanding of why people don't access available services now. The survey hence sought views about why people did not access mainstream and Forgotten Australian services. Focus groups also contributed information on barriers to accessing dedicated services.

The three most common reasons why Forgotten Australians did not avail themselves of services were the same for both mainstream and dedicated Forgotten Australian services: they were not aware of the existence of services, were not able to access the services physically and had psychological barriers to access resulting directly from the legacy of their time in care. A smaller percentage of people found services unsatisfactory or unresponsive. The results are discussed below.

Physical barriers to access

Lack of physical access to services has emerged as a significant reason why Forgotten Australians did not use services, both mainstream and dedicated. This was a more significant barrier for Forgotten Australian services with roughly 29% of Forgotten Australians who answered this question listing physical access barriers: distance, cost of travel, living interstate, or inability to access services due to a disability. For mainstream services distance was a barrier for 12% of respondents.

Physical access issues were naturally most evident for Forgotten Australians living in regional and rural Queensland. 21% of those living outside Brisbane and the South East corner gave distance as the main reason for not using mainstream services, whilst 28% indicated that distance or travel issues were the main reason for not using Forgotten Australian services.

Even those living in Brisbane and the South East found services difficult to access physically. Some 12% of them indicated that this was the primary reason they did not use services for Forgotten Australians. Only 4% gave it as the main reason for not using mainstream services.

Another 7% of Forgotten Australians answering the survey are in prison and all of them listed this as their primary reason for not being able to access mainstream services; though only 4% nominated being in prison as the main reason for not accessing dedicated services, suggesting that the FASS may be successfully reaching some prisoners.

Psychological barriers to service access

Significantly, people do not access services for reasons which relate directly to their negative experiences of being in care; because they don't trust governments or other authorities, don't want the pain of revisiting their past, have a sense of futility in seeking help so long after the events or other such factors directly relevant to their time in care. This impact was significant regardless of whether services were mainstream or dedicated Forgotten Australian services. 21% of all respondents indicated that legacy issues were central to why they did not access Forgotten Australian services and 22% for mainstream services. What is important to note, however, is that lack of trust in service providers, as a subset of this category, was much more prevalent in relation to mainstream services (12% explicitly mentioned lack of trust in governments or other authorities as a reason for not approaching these kind of services) whereas for dedicated Forgotten Australian service the figure was lower (4%).

Not being aware of services

Survey responses indicate that there is more work to be done in raising awareness of the services that people are entitled to receive, within both the mainstream and dedicated Forgotten Australian system. 19% of respondents did not use Forgotten Australian services because they were not aware of their existence. A small proportion also indicated that they were not eligible to use Forgotten Australians services because they had lived with foster parents, which indicates a lack of awareness of the criteria for accessing services through Lotus place.

Though the figure is lower for mainstream services there were still 10% of respondents who indicated they did not use mainstream services because they were unaware of them. A further 15% said they were ineligible for mainstream services, presumably some of this is real (e.g. people have jobs and don't meet the income thresholds) but some of it no doubt relates to difficulties utilising eligibility requirements.

Lack of awareness of services (mainstream and dedicated) was higher for those living outside of Brisbane and South East Queensland.

Unsatisfactory experiences with services

People continue to report unsatisfactory experiences with services as being a barrier to access. For mainstream services 15% of those who answered the question indicated that services were unresponsive due either to the poor reception Forgotten Australians received when they approached services (9%) or the limited availability of services such as long waiting times for public housing or an absence of affordable dental care (6%).

Difficulties with services can also be a barrier to Forgotten Australian's willingness to use dedicated services. This was evident in the focus groups where a number of participants spoke strongly about their dissatisfaction with one or more aspect of the current Forgotten Australian service system. It was difficult to gauge how pervasive this view was, however, as

it takes a very strong individual to present an alternative view during a focused discussion when someone is articulately and stridently speaking about what isn't working.

It was therefore very important that the survey gave ample opportunity for people to express dissatisfaction if they wanted to, so that we could understand not only the extent of unhappiness with current services but also get a feel for the main causes. Two open ended questions helped to give this picture: question 13 (*'I think the main reason why I haven't used services, or activities, available for Forgotten Australians is because . . .'*) and the final open-ended question 25.

Whilst there is a level of unhappiness with services, indicating the need for some reflection and improvement, this was not a view expressed by a huge number of respondents. About 9% of Forgotten Australians answering question 13, or 35 people, indicated that their experiences with dedicated Forgotten Australian services had been unsatisfactory. This was because the services were unresponsive to the needs of respondents or people felt intimidated or unsafe in some fashion.

A number of respondents to question 25 also indicated a lack of safety as an impediment to accessing current Forgotten Australian services. The following selected quotations illustrate the types of comments people made.

I think the main reason I haven't used services, or activities, available for Forgotten Australians is because I believe that most of the workers and some of the peers are not genuine in their concerns. (Ambivalent) I honestly don't know if I'm welcome at the drop-in centre or not. I feel not. There is also a conflict of beliefs. I don't want to deal with the Catholic system ... thanks but I'd rather not have help from people whose heart isn't in it ... We really shouldn't be made to feel bad because we came forward to receive the money allocated to us. Most of us have families who are in need and who have suffered hardship because of our past traumas. (If you knew half the truth of what it's been like for me personally you wouldn't believe it.) (respondent to question 13)

I feel perhaps more assistants at the drop in centre are needed when people come in as every time I call in it's friendly at the front desk, but when I get inside I don't feel safe around the other past residents. Usually there seems only 1 or 2 (coordinators ?) they are busy with people and the ones having a coffee, etc. They are all in a big room & it feels uncomfortable so I've decided not to go back. More volunteers or workers needed in the room & perhaps need to have distractions & invite people if they want to talk suggest they can go in another room. (respondent to question 13)

I have found that education about care leavers is poor and there is a lack of professionals who will come on board because they know nothing about us. I'm looked at with disdain + indifference when trying to explain + ask for help. (respondent to question 13)

I don't want to appear "snobby" but I do not feel comfortable mixing with people with criminal or high level mental health issues. I do not feel safe if I go to a centre where this is possible. I would love support groups for different types of people. It sometimes appears "we" cope because we have become "educated" and survived in a job. As a teacher my past life NEVER leaves me. It also can be positive not just negative. At this stage I don't need daytime "Knitting" clubs - weekend support group for mixed prof. people would be good. (respondent to question 25)

5 And finally

The survey and focus groups concentrated on the future and were not intended to evaluate current services. Instead, the consultations sought to hear views from Forgotten Australians on what they wanted the service system to address next for Queensland to continue to lead the way in responding to the needs of Forgotten Australians. Among the many suggestions for change were the voices of people commending the state and service providers for what it had done so far. These quotes illustrate the sentiments expressed by some:

Just like to say congratulations the Queensland authorities that have tried to help “Forgotten Australians” by providing services, paying some compensation and keeping in touch (by mail for interstate people) with us. This is far more than other states have done over many years. Hear nothing in south Australia from S.A authorities on “Forgotten Australians”. keep up the good work Queensland. (respondent to question 25)

Don’t know of any. All services and help for Forgotten Aussies seems to be in place. Thank you for being there to help when people need you. (respondent to question 25)

The centre [Lotus Place] is a life saver – even though it isn’t perfect I am really happy it is here. (Brisbane focus group participant)

Walking Together Valuing Children, Engaging Parents

Evaluation Report by Karen Healy
November 2007



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Introduction

The Walking Together Project is a 12 month project that operated from June 2006 to June 2007. The Walking Together project was mandated the auspices of Micah Projects in South Brisbane. Twelve families were involved with the project. This evaluation report presents information on:

- The project background and aims
- The evaluation methodology
- Project activities
- Parents' experiences of the involvement with the child protection systems and the contribution of the Walking Together Project in assisting them to protect and nurture their children
- Key support workers' perceptions of the challenges faced by families involved with Walking Together project and the strengths and limitations of the project in assisting them to address these challenge
- Conclusions and recommendations.

Background to Project

The Walking Together project was funded by the Department of Child Safety. The initiative grew out of findings from government inquiries particularly The Forde Inquiry (1999) and the Crime and Misconduct Inquiry into Foster Care (2004) which recognised the harms suffered by many children raised in foster care and in Queensland residential care or detention institutions. The Historical Abuse Network (HAN) is also an important contributor to the development of the Walking Together project. In 1999, HAN formed and has maintained a dialogue with successive Ministers and Departmental Officers in Child Safety and Communities about the ongoing impact in their lives of their time in the care or detention systems of Queensland. As part of this process, HAN members have identified that:

- Being in care as a child has a negative impact on parenting
- Parents own experience of being "in care" impacts on their ability to engage effectively with staff of the Department of Child Safety if their own children are subject to notifications or statutory interventions
- The lack of knowledge and skills of Child Safety officers in understanding the impact of being "in care" on behaviour and engagement with representatives from the Department in current child protection processes.

As a result of this dialogue, the Minister for Child Safety announced funding for a 12 month pilot project to be located at Lotus Place in South Brisbane.

The aims of the Walking Together project are to support parents and family members who as children were in the care of the state to:

- Protect, nurture and be connected with their children;
- Engage constructively with Department of Child Safety and other stakeholders in addressing child protection matters.

The project worker used a range of strategies for provide support to parents and children including:

- Supporting individuals to explore feelings about having been a child in care and how this affects their capacity to work towards meeting the protective needs of their own children;
- Assisting families to understand the role and processes of the Department of Child Safety and the Children’s Court, where appropriate accompanying individuals to meetings, interviews and court to provide support;
- Supporting families, in collaboration with other services, to meet particular requirements identified through the case planning process to access resources, such as housing, or services, such as counseling, as needed to meet parents’ and project goals.

Project description

The project worker worked with twelve families. The geographical reach was broad including participants from the Caboolture Shire, the Greater Brisbane Metropolitan Area and Logan City. The following table outlines the referral sources for the project.

Referral Source	Number of Referrals
Historical Abuse Network	7
Aftercare Resource Centre	3
Forde	1
Minister Judy Spence’s Office	1

Table 1: Source of Referral

The majority of referrals arose from the Historical Abuse Network, which is a peer support and advocacy network for former residents of Queensland children’s institutions. Notably, the Walking Together Project experienced considerable difficulty in gaining referrals from the Department of Child Safety. This was remarkable in that all of the families engaged with the project had substantial involvement with the Department of Child Safety and, also, the Department funded the project. Micah Project staff involved with the Walking Together Project reported significant difficulty in engaging the managers of child safety offices. Micah staff reported that the project worker had made repeated attempts to contact Departmental managers at three referral sites. The managers were provided with a written overview of the project and invitation to discuss ways of collaborating on the Walking Together project. These managers either did not respond or stated that they did not want to involve their office in the Walking Together project. The managers cited that the current Departmental restructure and insufficient resources within the Department to meet existing workloads prevented them from involvement in the project. One manager from a Child Safety Service Centre outside the three referral sites did respond and, as a result, the Walking Together project worker was able to work with a client at that site. Overall, however, the project worker experienced significant difficulty in collaborating with any Child Safety staff members at a more senior level than Child Safety Officers (CSO).

Methodology

Three sources of data were used in conducting this evaluation. One source was data was a review of the activities of the project worker in working with families. The evaluator provided the project worker with an ecological frame intended to capture the client characteristics and range of worker activities. The ecological framework was focused on the following data regarding all client families involved with the project:

- Challenges facing the individual client and the support provided by the Walking Together project;
- Challenges facing the family of the client and the support provided by the Walking Together project;
- Interactions between the Walking Together Project, the client family and the service system;
- Summary of the nature of the support offered by the Walking Together Project;
- Estimation of project worker time provided to various support activities.

The second data source was in-depth interviews with eight¹ service users involved with the Walking Together project. All service users were offered an interview and eight involved with the project agreed to be interviewed for the evaluation. The features of the characteristics of the families of the clients' interviewed for the evaluation were:

- Average age of respondents was 38 years with an age range from 25-51 years;
- Average age at which the respondents had themselves been admitted to state guardianship was 7.3 years with a range from admission at 6 months to admission at 14 years;
- Average number of children to each respondent was 3.6 with a range from 1 child to 9 children. The age range of the children was very broad from infants to adults.
- Only one of the respondents had their children in their care. The remainder had at least one child currently under a guardianship order or in extended family care.

The in-depth interviews focused on data regarding: service users' experiences of being 'in-care'; service users' perceptions of the impact of being 'in-care' on their parenting capacities; service users' current parenting experiences and issues and service users' perceptions of the current involvement of Department of Child Safety and other service systems in their lives. A copy of the in-depth interview schedule is available at appendix 1.

The in-depth interviews were conducted by personnel from Micah Projects who were not directly involved with the Walking Together project. The decision to involve Micah Project personnel in the collection of data was based on recognition of the very low trust many participants in the Walking Together project have towards social and community services. Micah Projects has been successful in creating a trusting relationship with these service users. It was also considered that the service users would be willing to provide honest feedback to these personnel and may have been reluctant to do so with an outsider evaluator. At the same it was recognized that it was not appropriate for staff directly involved in the Walking Together project to be involved in conducting in-depth interviews.

The third data source was a focus group for social and community service workers who were either engaged with the project or who had referred clients to the project. A broad range of workers were invited to the focus group, including child safety staff and workers from a variety of non-government

¹ Eight service users agreed to be interviewed, this includes one couple. As the information from this couple was recorded at the same time, I report on their views as a single entity which is respondent 3.

agencies. Three workers attended the focus group which included the project worker, a worker from the homelessness service centre and a worker from a drug and alcohol rehabilitation service.

The strengths of the evaluation are that it draws on three data sources and that, most importantly, data was gathered directly from the parents who were service users of the project. A decision was made not to interview children from the families involved with this project. One reason for this was the extreme difficulty in accessing these children given that the majority of children were under guardianship orders and, hence, the parents were not in a position to offer consent for the children to be interviewed. The evaluator also considered that there were substantial ethical issues in interviewing children given the vulnerability associated with their age and guardianship status.

The data that was gathered was limited by the lack of voices from statutory child protection workers. As noted earlier in this report, child safety managers did not respond to repeated invitations to participate in this project. Representatives of the statutory agency did not respond to invitations to attend the focus group. The low level of participation of statutory workers and representatives of the statutory authority is notable given that all of the families involved with this project have had significant involvement with statutory authorities, both as children and as parents. A second limitation of the data is the difficulty in accurately estimating amount of time allocated to the range activities. In gathering data for the ecological framework, the project worker has estimated the amount of time spent on each activity. The project worker has observed that the statements about time allocations are probably under-estimations given that many activities occurred simultaneously, such as responding to mental health and housing issues.

Participants’ characteristics and needs

The project worker saw twelve families over the course of the project and worked primarily with the parents. The following table outlines the type of care/ detention experience and the number of adult service users who had experienced care or detention either as children or as adults.

Type of care/ detention experience	Number of service users affected
Foster care	5
Orphanage or group home	5
Youth detention centre	6
Adult mental health facility	3
Adult corrections facilities	2

Table 2: Type of care and detention experience by number of service users affected

The majority of the participants had been in either foster care or institutional care as children. Two respondents had parents who had been in institutional care but it appears that they had not been institutional care as children. Some respondents had experienced both foster care and institutional care. In addition to being ‘in-care’, six of the respondents had been in the youth detention centre; five of these respondents are women. This is remarkable given that young women represent only a small minority of detainees of youth detention centres.

Some participants had experienced detention as adults. Two participants had been detained in adult corrections facilities. At least three participants indicated they had been treated, under compulsory detention orders, in mental health facilities; indeed, given the high levels of serious mental illness amongst the group, it is possible that an even higher proportion of the group have been treated as in-patients in mental health facilities.

Of the twelve families involved with the project, seven of the families had children currently under guardianship order from the Department of Child Safety. Two service users were teenage women who were transitioning from care and one of these young women is pregnant with her first child. Another couple were grandparents who had been in care and were currently seeking guardianship of their grandchild.

The service users' involved with the Walking Together project experienced a broad range of social disadvantages, and physical and mental health issues that provided significant challenges to them, in addition, to the stresses many had experienced as a result of experiences in children's institutions. Indeed, one of the striking features of the review of the case records was the sheer volume of issues confronting these families. These problems included entrenched poverty, and serious physical and mental health challenges as well as high levels of conflict in their personal and service provision networks. The following table provides data about the major challenges facing clients and the number of service users facing these challenges.

Social and personal challenges facing service users	Number of service user families affected
Poverty/ low income.	12
Domestic and family violence	9
Harmful use of substances (drugs and alcohol)	8
Mental illness. Post-traumatic stress disorder, anxiety and depression were the disorders most commonly identified.	8
Mental illness. Post-traumatic stress disorder, anxiety and depression were the disorders most commonly identified.	6
Homelessness or high risk of homelessness	6
Physical illness	6

Table 3: Social and personal challenges facing service users

All service users lived in poverty and all were reliant on Centrelink payments as their primary income source. Poverty was linked to high levels of unemployment amongst the participants in the project. The participants' capacity to find employment was limited by the serious health issues, including harmful use of substances, faced by the majority. Poverty was exacerbated by the fact that many participants had substantial debts particularly for fines.

Most participants indicated that they experienced substantial problems associated with harmful use of substances including harmful use of alcohol and, for some, involvement with illicit drugs. Mental health concerns were common amongst the participants with the most frequently mentioned conditions being: post-traumatic stress disorder, anxiety and depression. Two participants also identified that they had experienced psychotic episodes with a further respondent identifying impulse control and anger problems that were linked to violent episodes.

Many participants stated they experienced significant physical health issues. In two cases, unmanaged epilepsy was a major health issue. Two participants had cancer and one of the participants died as a result of her illness during the period of the project leaving behind five children. Three further participants reported poor general health.

Most participants were identified as experiencing low family and social support. Seven of the twelve participants had been subject to domestic violence and one respondent acknowledged that they had perpetrated violence of this kind. Few had any supportive contact with their extended

family networks and some reported significant conflict within these networks. Some also experienced significant conflict with formal support systems, such as community support agencies.

The combination of low income, serious health issues and low family and community support contributed to difficulties in maintaining housing. Consequently, the majority of participants in the project experienced homelessness or vulnerability to homelessness during the course of the project.

Support work with clients

The project worker was asked to identify time allocated to key support work with each service user family. The following table outlines the accumulated estimates for casework practice with all service user families.

Key Support Activities	Estimated worker time
Child protection support and advocacy	634 hours
Housing support	325 hours
Court support and advocacy	308 hours
Mental Health support and advocacy	185 hours
General advocacy and support	160 hours

Table 4: Key support activities by estimated number of worker hours devoted to specific activity

Table 4 indicates that the bulk of worker time was allocated to support and advocacy issues regarding child protection matters. The activities included negotiating with child safety staff, interpreting child protection matters to service users, support and advocacy at family group conferences and other planning meetings, and advocacy for service users. Given the significant vulnerability of the families in this project to homelessness, it is unsurprising that the project worker expended considerable time on housing issues including negotiating emergency and medium to long term accommodation. Court support and advocacy work included support for service users in child protection, family support and criminal matters. Mental health support work included ongoing liaison with services and referral to drug and alcohol rehabilitation services. General advocacy and support work included the heavy involvement of the project worker in linking service users into a range of family and individual support services within their communities.

Project Participants’ Experiences of the Walking Together Project

The interview data confirmed the extremely difficult circumstances of the project participants lives. The broad range of personal and social challenges facing this group would test most people. For example, two project participants were battling cancer and most participants had experienced violent home lives. We asked respondents a broad range of questions about their experiences and needs as parents with experiences of childhood institutionalization. We begin with a discussion of the impact of institutionalization on their parenting capacities.

There is a large body of research pointing the deleterious effects both of childhood abuse and alternative care on many children involved in the child protection system (see Forde, 1999). We asked participants to comment on the impact being “in-care” as children had on them as parents. Three of the eight respondents stated that they had been unaffected by the experience. The respondents’ statements were:

- “no effect” (respondent 4);
- “I classify myself as a good parent – kids are a bundle of joy”. (respondent 6)

- *“No, not as a parent. I know more about children than most people because I have lived with hundreds of them.” (respondent 7)*

These statements about the lack of effect were notable in that these three faced considerable issues with their children and the child protection authorities. For example, one respondent was estranged from her 12 year old daughter stating that “I don’t consider her to be my daughter”. Another had three children under long term guardianship orders.

Other respondents were able to identify significant impact of their experience in care for them as parents. Chief amongst these impacts were ongoing mental health issues that affected them as parents. For example, one respondent stated:

“I have moments of severe depression, I can’t function. And a lot of trouble with authority like the school. I get angry at the school over bullying. Authority figures are no good. Every-time I feel my rights are encroached on I get very irate. I have massive flashbacks, horror nights where I can’t function and I have a lot of trouble accessing outside activities.” (Respondent 5)

This respondent reported ongoing trauma arising from her childhood experiences in institutional care. She had been placed in care first at 3 years of age and then permanently when she was six years old. Respondent five had been placed, primarily in large institutions and has also been youth detention and in adult psychiatric facilities.

Respondents also identified fear about their impact on their children. They described reluctance to discipline their children because of the ongoing effects for them of the harsh discipline they had received in state care. For example, one respondent who had been placed in a large children’s home at eight years, and later in youth detention centre stated:

“Some of things that I have learnt since childhood have affected me as a parent. Fear [is one thing], I won’t take food away from kids if they play with their food or flick it at one another, because when I was a kid if we flicked food at someone they wouldn’t let us eat for a month. (Respondent 1)

Similarly, another respondent stated:

“I think I am very lenient and giving. I give them too much material shit because I never had any of it as a kid...I don’t know about discipline – how much is too much”. (Respondent 5)

Respondents expressed a concern that they did not want to repeat the practices they experienced in institutional care, yet they also felt they lacked knowledge about what constituted acceptable parenting practices. As a result, respondents stated that they “lived in fear” about their children being removed from them.

One outcome of the trauma experienced by parents was their significant reluctance to use health and community services generally or to be involved in informal community support networks. This reluctance is indicated in the following excerpts:

“We go to playgroup – but don’t associate with others”. (Respondent 4).

Similarly, another respondent stated:

“I don’t trust doctors. My history does affect me every day of my life – the kids having to interact with authority and perceived authority....The lack of outside activities – that’s huge. It’s hard to maintain the routine of it because I get agitated... It’s being in public and mixing with people. I have to watch people watching my kids. I don’t feel I can keep them safe in that environment”.
(Respondent 5)

Participants’ perspectives on the statutory child protection authority

We asked respondents to comment on their experiences as parents involved in the child protection system. All reported negative experiences of this system. A key theme, present in the majority of responses, was ongoing dispute about the child protection concerns in relation to their own children. Two respondents perceived that they were misled about the reasons their children were taken into care. One respondent (respondent 1) stated that one child was removed after she had agreed to him going on “independent living camp”. Another stated that:

“They [child protection authority] picked the kids because epilepsy is a danger to kids... I think that’s pathetic, it’s not my fault, I have been dealing with it [epilepsy] for years.” [Respondent 4].

Most disputed the child protection agency’s assessment of risk to their children. In some instances, the respondent acknowledged that they were involved the behaviour identified by the child protection authority as presenting risk, but disputed that their behaviour was a risk to their children. For example, Respondent 2, who has misused substances and who had one child taken into care but is now returned to her, stated:

“If you have a history of substance abuse they [child protection authorities] judge you, however my daughter was not privy to or exposed to, drug use.” (Respondent 2)

Another respondent stated,

“They think I can’t handle his [my child] physical and emotional needs but I know I can.” [Respondent 6, one child in care and estranged from another child].

Another respondent emphasized that

“There is nothing wrong with my parenting. Letting my heart go. That’s what want me to do... I don’t trust anyone” [Respondent 1].

A further theme was a perception, amongst service users, that child protection authorities took an oppositional stance towards them, rather than working in partnership with them.

“They [child protection agencies] never listened to me when I was a kid and they are not listening to him [service users’ son]....They need to give them [parents] a chance to prove themselves.” [Respondent 6]

Similarly, another respondent stated:

“My experience with Child Safety was probably the worst experience I have had. The worker was rude and condescending, barely out of university and felt she knew everything. The person who was employed to do the mediation for reunification, she had her own agenda.” (Respondent 7)

Another important theme was the perceived propensity of statutory child protection workers to stigmatise parents who have been in care as children. The following comments represent respondents’ views of the discrimination they believed they had experienced:

“If the Department find out that you were in care and they hold it against you and then will think you can’t parent.” (Respondent 1)

Similarly, another respondent stated,

“They judge you when they know you have been through the system.” (Respondent 3).

While a prior history in care has been associated with increased risk of child abuse and neglect, respondents were concerned about the perceived lack of willingness of the statutory authority to assist them to improve their parenting capacity.

Participants’ recommendations for improving child protection services

We asked service user respondents to identify their suggestions for improving the responses of child safety authority to them as parents who had grown up in care. Most of the respondents wanted to see a reduction in the number of children taken into care. According to the respondents this could be achieved in two ways: one was to increase the accuracy of decision-making about removal of children. As one respondent stated:

“Take the kids who actually need taking, not the ones who are safe” (Respondent 1)

This excerpt reflects the common view amongst respondents that the child protection authorities were inaccurate in their assessment of the risk their behaviour, lifestyles or past history presented to their children. Indeed, one of the greatest concerns was the child protection authority reacted negatively to the parents’ history rather than seeking to understand it and assist the parenting in overcoming the challenges they faced as a result of this history.

Respondents suggested that a reduction in numbers of children in care could be achieved by child protection authorities taking a more proactive and creative stance towards working with families, particularly families with parents who had grown up “in care”. For example, one respondent stated that child protection authorities could better help families to protect and nurture their children by:

“Getting to the root of the problem. Sorting through problems with parent and maybe get a paid carer to come in for short time maybe a week to check on parents. (Respondent 3)

Similarly, another respondent stated:

‘Foster families for families’ are what I would implement. Like two families living together to help you out and support you”. (Respondent 5)

The respondents appeared to want intensive and flexible support. The concept of having another family ‘buddy’ them is interesting and perhaps reflects the parents understanding that they required parenting role models and family support to assist them overcome the substantial personal and social barriers they faced as result of their childhood history of institutional or foster care.

Participants’ perceptions of the Walking Together Project

As indicated in Table 3, participants experienced a large range of personal and social challenges. Most respondents indicated that they had difficulty in trusting service providers. Participants’ responses to questions about what they valued about the Walking Together Project centred on some key themes. The most dominant theme was participants’ appreciation of the accessible and flexible emotional and practical support they received from the project worker. Indeed, this theme was present in most responses and is evident in the following statements from participants:

- *“I can call [the worker] on the weekends. This is helpful to call and get support. Especially when I am in a jam. (Respondent 1)*
- *“I can call [the worker] anytime; Esther has just been the best help. They have done everything we have asked for.(Respondent 3)*
- *“They helped with uniforms for the kids’ school a couple of times. [The worker] has come out and spent time with my daughter which was good. They paid for PCYC. Emotional support is ongoing”.(respondent 5)*
- *“[The worker] has got me onto ‘mental health’, took me to the hospital, stayed with me till after five o’clock, which is after she finishes, which I respect. Very supportive for me” (respondent 6)*

While accessible and flexible support is important in many areas of human service delivery, it seemed especially important for the service users in this project for a number of reasons. Most importantly, these service users experienced trauma arising from their childhood experiences of abuse and neglect both in their families of origin and in institutional care. This trauma contributed to low trust in both informal and formal care systems. One outcome of this low trust was that most respondents experienced a significant degree of social isolation and yet, at the same time, encountered considerable crises in their lives.

A second theme was that participants appreciated the advocacy work undertaken by the project worker. Interview data suggested that the respondents’ were distrustful of service systems, particularly the child protection system. The project worker had helped them better understand these systems by both explaining confusing aspects of the system and decision-making and also advocating for them. The following excerpts reflect this perspective:

“[The worker] is a great worker. [The worker] is very streetwise and she understands the system which is what you need to know... I’m confident that they (Lotus House) understand what is going on. They break everything down clearly so that I am also able to understand certain issues.”(Respondent 2)

Despite having long histories with the child protection system, most respondents discussed ongoing confusion and anxiety in dealing with it. The presence of a worker who understood this system, and

who they trusted, appears to have reduced participants' sense of anxiety and may, in turn, have the potential to increase their understanding of that system.

The value of peer support was another theme in respondents' positive evaluation of the project. Most respondents' appreciated the forum the project provided for them to meet and provide support for each other. As one respondent stated, when asked what, if anything, they valued about the project stated:

"Lots of coffee and catching up with other ex-residents." (Respondent 7).

Most of the respondents to the project felt stigmatised by their experiences of growing up in care and now felt further discrimination via the various service systems with which they interacted. The opportunity to meet with others who shared many aspects of their difficult circumstances was a valuable feature of the project.

A final theme was the value of the trust established between the project worker and the service users. This was a group who experienced significant childhood trauma and this, in turn, had contributed to substantial distrust of service systems. Despite this, the project worker and management team had established a strong relationship of trust with the service users. This sense of trust is apparent in the following excerpts.

"This project has been so successful because the mission statement at the top flows down to the workers." (Respondent 2)

"We have developed a trust which is really hard for us to do." (Respondent 3)

As these quotes suggest, the Walking Together project had earned participants' trust. One way this was achieved was through consistency between the mission statement of the project and the direct practice of the project worker.

While we probed respondents for suggestions for improvement in the Walking Together project, there appeared to be no areas of dissatisfaction other than with the limited resources of the project. Respondents were acutely aware that the project was serviced by one worker and that her time to respond to their individual needs was very limited. As one respondent put it:

"There is only one worker; it all comes down to one worker." (Respondent 5).

Ideally, respondents would like a service that offers intensive and flexible support. The capacity of one worker to meet the various intensive needs of the participants, as they struggled to deal with their own childhood trauma and their ongoing confusion and distrust of social service systems, is limited. It is worth considering models of practice that might allow greater flexibility and capacity to meet the various demands including modes that involve peer and volunteer support alongside that of paid workers.

Support Workers' Perspectives

A focus group interview with three support workers was conducted. One participant was a practitioner with a support service for homeless families, a family support worker with a drug and alcohol support work and the project worker on the Walking Together project. The workers' perspective echoed many of the issues raised by the respondents.

The workers observed that parents who had grown up in care experienced significant difficulties in parenting due, in large part, to their own childhood experiences, as the following observations indicate:

- *“The way they discipline their children and the way they form attachments with their children [can be a problem]. They don’t have any role models because they have been in institutions.” (worker 1)*
- *“Their attachment to their children is an ‘all or nothing’ type of attachment. They struggle with boundaries with their kids, they overcompensate almost, and there is a lot of guilt and shame for these parents.” (worker 2)*
- *“Role modeling is huge and there has been no positive role modeling and in their adult relationships there are few positive relationships to act as a guidance point.” (worker 3)*

As these workers suggest, the experience of growing up ‘in-care’ had shaped the parents’ capacities in so far as the parents had limited role models on which to base their parenting and a great sense of guilt and shame about their parenting abilities.

One way in which the lack of parenting role models was apparent was in the difficulty in understanding, or accepting, evidence of abuse or neglect in their own parenting. As one worker stated:

“There seems to be a lack of awareness about parenting, there is no awareness, just none. I think one of the reasons is that their experience of being parented is their benchmark and they may have been bashed, sexual assaulted, denied a whole lot of stuff, so that they see themselves in their parenting role as not doing any of that stuff, so they are actually a really good parent. So from where they have been they are actually a good parent, a great parent. But from how our society views how children should be parented, they are not. It is really difficult to put that into a context.” (Worker 3)

While any parent is likely to be affronted by an allegation of child abuse and neglect, the participants in this project faced the added barrier of the absence of appropriate roles and support by which to gauge and improve their own parenting capacity.

A second theme in the workers’ observations was the isolation experienced by parents. The service users’ experiences of growing up ‘in-care’ had contributed to their isolation in two ways. First, these service users’ tended to lack relationships with their own families of origin; this is significant given that in the broader of Australian society, one’s family networks are an important source of support particularly at critical times in one’s life such as transition to parenthood. Second, these respondents had experienced significant childhood trauma and this impacted on their capacity to develop trusting relationships. Workers’ perceptions of the service users’ limited capacity to form mutual social networks is illustrated in the following excerpt:

“I also find that people don’t know how to develop friendships and networks because natural support systems aren’t in place. There is a sense that services become friendships and the need for the support workers to be their friend and there are a lot of boundary issues around that kind.” (Worker 3)

The distrust of service providers led to reluctance to engage with health and community services. As one worker observed:

“The trust issues, problems in trusting the professionals, and this can be a problem for the advocate because they don’t trust you. It makes your work harder and it swings from ‘you’re an advocate for me’, to ‘you’re working with the Department’” (worker 1)

Similarly, another worker observed that:

“I find that this group of people is suspicious of other services, accessing drug and alcohol, mental health services because they’ve got this idea that the state systems are all hooked together and so accessing other services will impact on their child protection services. There is a huge amount of fear about accessing mental health services.” (Worker 3)

The vulnerability arising from social isolation led to the potential for exploitation. As the respondent continued:

“A big issue for these people is social isolation of not having a family network and because of that I see an emotional neediness that limits their ability to implement protective behaviours such as with the people they invite into the home. That often has very dire consequences for family functioning, out of a need.” (Worker 3)

This excerpt suggests that the parents who had experienced substantial trauma as a result of their childhood experience operated with high level of suspicion that prevented them from developing attachments with others who may offer mutual and supportive relationships. The high level of isolation resulting from this outlook contributed to a high level of emotional need that, in turn, made them vulnerable to exploitation.

Working with the Department of Child Safety

In 1999, the then Department of Family Services committed to working in partnership with families affected by child safety concerns. The Walking Together Project observed substantial barriers to achieving partnerships with families affected by child abuse and neglect. One barrier was the parents’ substantial fear about involvement with child safety authorities. As one worker observed when asked about the differences between working with homeless families where parents had been wards of the State:

“A big difference is if there is child protection involvement, they experience that completely differently... they are more angry, defensive and fearful of what will happen to their children. They will automatically jump to concern that their children will be taken away.” (Worker 1)

This worker continued on to state that the high anxiety experienced by these families when meeting with Child Safety officers limited their capacity to hear the child protection concerns.

“There is a general issue for all families I deal with about not understanding the process, not having an advocate that’s not a legal adversarial advocate. But also for these particular families there is also the anger about the Department, there is real anger from the moment the Department is involved and that is a real barrier for them, hearing what the concerns are.” (Worker 1)

In improving engagement, it is important that families are provided with the support and advocacy required for them to hear and respond to the allegations made about their parenting.

While workers acknowledged that some of the problems in establishing partnerships lay with the parents, they also observed considerable issues in Departmental officers methods of assessment and engagement with the families involved with this project. One of the problems lay with in the perceived failure of Departmental workers to understand and address the extreme threat the statutory authority posed to these families. As one worker stated:

“The anger with the Department [of Child Safety] is an issue because the Department sometimes views the anger with the Department as a reflection of their anger with the child. The Department has a difficult time in separating and identifying anger. Because for these people who have grown up in care, it [Department involvement] really triggers them. There is a whole lot of deep seated fear.” [Worker 3]

All respondents observed that the lack of clarity about expectations by the Department of Child Safety and inconsistencies within and between offices contributed to difficulties in establishing effective working partnerships between the Walking Together Project, the Department of Child Safety and families.

The workers observed that parents appeared to be confused about why the children are in care and what they could do to change the situation. As one respondent observed:

“There is not enough information given to parents. They are given this, this and this to do, when they have done those things, they still don’t get a change of their case plan.” (Worker 2).

Workers regarded that parents’ were often treated unfairly and disrespectfully. For example, it was reported that Departmental officers cut short access with children even when the Departmental workers were responsible for delays in the children’s arrival at the visit. While for any parent this sense of injustice and disrespect would be discomforting, for these parents, who had experienced so much early trauma, experienced intense confusion and distress arising from many of their interactions with the Department of Child Safety.

Questions about the assessment processes were also raised. In particular, the support workers observed that the Departmental workers rarely sought information from them or other support services in making their assessment of families. For example, one respondent stated:

“Even though I’m doing parenting support work with parents affected by drug and alcohol, I’m never asked to corroborate the assessment made by the Department. I feel quite strongly, that often, these parents are damned if they and damned if they don’t. It is quite unfair. None of our services are asked about our assessment of the parents. Even the kids’ counselors and the schools are not asked for reports.” (Worker 2)

The workers were concerned that Departmental officers made assessments about parenting based on a limited understanding of the parents’ capacities based primarily on the Department workers’ observations. It was also observed that some workers appeared to have limited understanding of issues such as drug and alcohol use and domestic violence which, in turn, led in these workers’ views to inaccuracies in their assessment of child safety concerns. These workers considered that

the Department should seek to develop more comprehensive assessments of parenting capacity drawing on broader information base than currently appears to be the case.

The workers questioned the information on which assessments were based. The use of attachment concepts as the foundation of assessments were questioned on the basis that they were not appropriate for families where significant disruption had occurred for both parents and children. This view is expressed in the following excerpt:

“Attachment is a really big issue for people, particularly for families who have had their child removed from their care at birth. And that’s obviously very problematic and because a lot of the social reports that are done in child protection focus on attachment theory, which is a completely wrong and inappropriate framework to be looking at, because it is impossible for there to be strong attachment when the child has been removed at birth and they may have had limited attachment. So when people are making judgments about the parent child relationship, it is the wrong framework completely. A lot of people I work with talk about the frustration of parenting from a far, you know, ‘how can I be a parent when I see my child once a week in a supervised capacity?’” (Worker 3)

This worker’s comments echoed the views of the other workers (and parents involved with the project) who perceived that the parents were assessed against unrealistic measures given the contexts of their childhood trauma and the difficulties in forming attachments with children removed at an early age. The workers did not question the importance of parent and child attachment. However, they did assert that parents’ who have experienced the level of personal and social disadvantage, experienced by the parents in The Walking Together Project, should be given more support and genuine opportunity to develop attachments with their children if their parenting capacities are to be accurately assessed.

Conclusions

1. The Walking Together project has been successful in collaborating with parents who were negatively affected by childhood experiences in institutional and alternative care and whose children were now involved with the child protection system. The project was successful in overcoming substantial barriers to building trusting relationships with these parents and grandparents, many of whom are highly suspicious of human service systems.
2. The Walking Together project has been successful in advocating for parents and grandparents and increasing their access to child protection service systems and other human service systems. The presence of an advocate was greatly appreciated by participants and appeared to address some of their fears and anxiety about engagement with the various human service systems. The ongoing presence of an advocate, particularly one who is able to understand the child protection and family support concerns, has the potential to enable families better engage with child protection authorities.
3. Despite the support and advocacy from the Walking Together project, the parents and grandparents in their project appeared to lack clarity about the reasons their children had come to the attention of the child protection authority and, in most instances, were removed for a period. The lack of clarity contributed to participants' distress and anger. It is not possible to assess where the problems in clarity about the reasons for removal lie with the parents' or the Departmental officers given, in part, the low participation of Departmental workers in the Walking Together project and in this evaluation. Nonetheless, the continuing confusion is a problem in so far as it may prevent parents from understanding the child protection concerns and taking proactive steps for addressing them.
4. Parents in the project experienced substantial personal trauma and social disadvantages that created barriers in their achieving acceptable standards of care for their children. Despite improvements in parents' access to health and human service systems arising from this project, their ongoing distrust of these services appears to have served as an impediment to greater improvements in social support and parenting capacities. At the same time, few service providers have the capacity to provide the intensive and flexible support needed to adequately respond to parents who have the depth of trauma experienced by this group of service users.
5. There was little direct focus on children in the casework practice of the Walking Together project. The primary focus of the project appears to have been on providing parents' and, in one case, grandparents, support and advocacy services. One reason for this focus was that there appear to be few, if any other services, focusing on the needs of parents involved in the child protection system. A further reason for this focus was the project had very limited resources and this resource base was sufficient only for a focus on the parents. Even so, the absence of children's focus and perspectives in the case practice may have contributed to a lack of clarity about the child protection issues in the families participating in the project.

Recommendations

1. A collaborative working party be established between The Department of Child Safety, Lotus House, and an advocacy organisation for children, such as CREATE, to better understand and address the barriers faced by families affected by parental histories of childhood institutionalization in providing a nurturing and protective environment for their children. A key aim of this working party is to establish a protocol for Child Protection Authorities to

better balance the need for respectful engagement with parents and effective responses to child protection concerns. A matter of urgent priority is to establish protocols for clear and accountable communication between all stakeholders in the family and the family's community services' support system.

2. It is recommended that the Department of Child Safety and Department of Communities work with the non-government sector to consider the learning from this project to develop training opportunities for child protection workers to better understand and more effectively respond to parents who have experienced institutional care. This evaluation suggests that such training would emphasise skills in building and sustaining trust as a first step of effective engagement with these families. The findings of this evaluation also suggest that it is vital that workers engage with service users in ways that are respectful, strengths based, and demonstrate consistency in communication with service users. Service users with a history of trauma and institutional placement are acutely alert to signs of disrespect, judgment and inconsistency and it is vital that workers seeking to engage them provide a safe and trusting environment to them.
3. It is recommended that The Department of Child Safety and Department of Communities, in collaboration with stakeholder organizations, invest in a demonstration research and practice project aimed at understanding and addressing the intergenerational effects of childhood trauma arising both from abuse and neglect and children's removal from their families. The project could develop an evidence base for cost-effective interventions aimed reducing trauma to current and future generations of children involved with the child protection system and to ensure that children currently involved with these systems have the opportunity for safe connection with their families of origin.

Appendix 1
The Walking Together Project
Questions for parents

About you

1. What is your date of birth?
2. How old were you when you first became a ward of the state?
3. Where did you live as a ward of the state? (**Prompt for types of care: foster care, youth detention or orphanage**).
4. Do you think your experiences as a Ward of the State have any affect on you as a parent? And if so in what ways?
5. Can you tell me about your family now? (**Prompt: how many children have you had and where do they live**)
6. One of the reasons you are a part of The Walking Together project is because you have a child (or children) involved in the child protection system. Can you tell me what happened for your child/ren to come to the attention of the child protection agencies?
7. Where are your child/ren now and what contact do you have with him/her/them?
8. What would you like to happen with regard to your child/ren who is currently involved with the child protection system? **Prompt: what is your goal for your child and family?**
9. What could help this goal to be achieved?
10. What prevents this goal from being achieved?

The Service System

11. I'd now like to know about your experiences as a parent of a child who has come to the attention of child protection services. On a scale of 1 to 5, with 1 being very unsatisfied and 5 being very satisfied, how would you rate your experience of the child protection system as a parent with a child in the system? (**Prompt: how well, or how badly, have you been treated as a parent involved with the child protection system?**)

1 _____ 2 _____ 3 _____ 4 _____ 5
Very Very
Unsatisfied Satisfied

12. Please discuss your rating of your experience, that is: what has contributed to your satisfaction or dissatisfaction with your experience of the child protection services?
13. What support have you received from The Esther Centre?
14. What, if anything, has been positive about your experience The Esther Centre?
15. What, if anything, could be improved about your experience of The Esther Centre?

16. What services, other than The Esther Centre and the Department of Child Safety, are you receiving support from? (**Probe: mental health, drug and alcohol, family support?**)
17. What do you find most helpful about those services.
18. What, if anything, would you like to see improved in the services you have contact with?
19. What other services would be helpful to you in your role as a parent?
20. If you were the Minister for Child Safety for a day, what changes would you make to ensure that parents who had grown up in care had the best chance of being effective in their parenting?
21. What other comments, if any, do you have about how parents who have been in care as children can be supported to parent their children?
22. What further comments, if any, would like you to make.

Thank-you for your participation in this interview

Selection Criterion 1 - SERVICE MODEL

Based on the described service model, your response should outline how the service will:

- provide responses for each of the service elements;
- manage demand for services;
- build referral networks/pathways (identify any preferred providers for client referrals);
- develop and enable a peer support network of Forgotten Australians including in regional locations; and
- work with and involve Forgotten Australians in the planning and development of service activities.

Also provide information about your proposed:

- strategy for providing access to services and activities in regional locations;
- operating hours;
- brokerage allocation;
- enabling infrastructure for service provision; and
- use of volunteers.

Service Elements

Micah Projects endorses and has always aimed to implement the Charter for Service Provision for Lotus Place that was developed in partnership with the Historical Abuse Network, Aftercare Resource Centre (Relationships Australia), Forde Foundation and Esther Centre (Micah Projects) for Lotus Place (see Appendix 1). Underpinning the approach of Lotus Place are person centred values that create a platform that can assist people fulfil their potential and access justice and healing from the effects of childhood abuse. These values are in summary:

- Choice
- Voice
- Empowerment
- Dignity and Respect
- Hope
- Safe and Private.

In addition to these principles Micah Projects has been guided by the evidence based practices such as Trauma Informed Practice Frameworks which are being articulated in the areas of mental health, addiction recovery and homelessness.

Micah Projects has developed a flowchart that demonstrates the connection between each of the service elements in the proposed service model. See Appendix 2.

Information Resource Centre and Service Gateway

Micah Project currently manages the 1800 line for Lotus Place and has a Quality Improvement Plan to enhance the web based services which have been limited due to existing resources. This plan includes incorporating software for people with disability, and aligning the information with the Find and Connect Initiatives and the National Museum.

Micah Projects has a web site with a dedicated page to working with Forgotten Australians. Over the years Micah Projects has increasingly been building connections through email and requests from the website as more and more Forgotten Australians have become computer literate.

Significant effort has been made over the ten years in assisting Forgotten Australians to have access to affordable computers through the Forde Foundation as well as training and providing phone assistance to people as they learn more computer literacy. Many people used their Redress payments to enhance their capability.

Monthly e-shots: a monthly email newsletter is sent to people and the communication strategy has been backed up by help desk support to individuals. The current combined list for Lotus Place and the Historical Abuse Network is over 2,500.

Many people are also assisted with their own Facebook and are successfully using it as a medium to maintain contact with family and friends for the first time. Staff provide advice about how to keep their Facebook safe and private given some of the experiences that Forgotten Australians have had with participation in online Forums.

See Attached Quality Improvement Plan for Information and Communications Technology (Appendix 3).

Service information

Micah Projects implements many methods of ensuring the provision of general information and advice through:

- A dedicated position for phone information and referral which includes the mailing out of information to people from across the State
- Assisted referrals process by phone to people across the state
- Quarterly newsletter LilyPad
- Web linkages
- Walk in requests to the Centre
- Secondary consultations with specialist providers both about Forgotten Australians and in areas of speciality such as mental health and substance abuse
- Extensive data base of community and government organisations and referral points
- Information displayed in the Centre through brochures
- Attendance at culturally specific events such as NAIDOC week
- Participation on community awareness activities with Forgotten Australians such as Mental Health Week, Child Protection Week, Families Week, Homelessness Week, Disability

In relation to the service system with additional resources Micah Projects would aim to:

- Use Community Door through the QCOS web site as a community of practice and information site
- Facilitate service provider networks where appropriate
- Partner with other peaks and networks on issues of common interest.
- Actively work alongside Find and Connect initiatives
- Actively work alongside Alliance for Forgotten Australians.

Resource Centre

Micah Projects has demonstrated a commitment to the establishment and operation of a Resource Centre with Forgotten Australians. Since its creation which was initially known as the Esther Centre Micah Projects has used surveys, reference groups and email processes to determine how to best establish a centre and a shared identity. Participatory processes resulted in the Lotus flower being used as a symbol and for the renaming of the centre as Lotus Place. Consistently across Australia Forgotten Australians request a centre as a core element of a service system. The importance of a

centre needs to be both in the delivery of services but also as a place of recognition of the common bonds of being in care as children.

In addition to government funding significant money has been raised through donations to purchase art work, ensure a calm and aesthetic environment was created and that a diverse range of activities were provided.

Over time the needs and aspirations of Forgotten Australians have changed and with each move over the past 13 years Micah Projects has incorporated changes appropriately reflecting the views and aspirations of Forgotten Australians within available resources.

Over the past 12 months and especially in accommodating the growing demand for services during and post Redress Scheme by the Queensland Government Micah Projects has been reviewing and researching evidence based practices that can be adapted for working with Forgotten Australians. This has resulted in a plan to move away from a drop in centre and promote a peer support and learning centre. Since the change within the Forde Foundation, NGO grants have greatly assisted the movement towards this change. The use of the current building has also informed our views about how to create a new environment.

The limitations of the processes since Redress with the peer support network have been evident and we have received significant input from Forgotten Australians about how to move forward. Micah Projects has been very clear that due to the high demand for services and current capacity, we would continue to facilitate small interested groups in Brisbane and Rockhampton until after the review of the service system was complete.

Additional funding will enable the appointment of a community development worker to:

- Develop a dedicated urban and regional strategy building on the learning's from our work in the regions to facilitate the Historical Abuse Network and or other peer groups creating local engagement
- Link the development of networks state-wide with the Alliance for Forgotten Australians work plan such as the Ambassadors Project
- Ensure the focus of a worker on clear communication process, networking process and participation strategies as a separate function to the individualised and group work activities that are therapeutic.

Micah Projects has developed with the input of all consumer groups accessing services including Forgotten Australians, into developing Citizen Participation Kit (Appendix 6) which guides workers on what type of processes are relevant to a diversity of circumstances relevant to consumer participation.

In re-establishing a resource centre Micah Projects has considered the latest evidence from a multi-site research initiative in to consumer-operated service programs¹. One of the key elements identified was the physical and emotional space of the program.

¹ Campbell, J (2008) *Key Ingredients of Peer Programs Identified* accessed at <http://www.power2u.org/downloads/COSP-CommonIngredients.pdf>

The following table identifies how Micah Projects will implement each characteristic of a successful environment.

Evidence Based Characteristics	Implementation by Micah Projects
Accessibility: provides access for both local and more remote members	South Brisbane is an excellent location for local and regional FA.
Proximity: Location of the program is optimal at the centre of a population cluster	South Brisbane is a transport hub for local, intrastate, and interstate travel. Incorporating a position and budget for travelling to the regions will enhance the limited state wide service that we have been providing
Accommodation is fully accessible to people with wide range of disabilities and committed to accommodating individual differences	At each site disability standards have been met
Lack of coercion: the program encourages people to choose whether or not to participate. Behaviours are tolerated as long as they are not harmful to others	All services are voluntary A code of conduct is provided and used in the management of behaviour No one is excluded from the services just the building or program until an appropriate agreement is reached
Program rules: adequate controls and safeguards exist so that the participants feel safe from physical or emotional harm. Rules are developed by participants and mechanisms are in place.	The code of conduct was developed with Forgotten Australians. Conflict does occur and processes are put in place to debrief, to provide each other feedback and to have mediation if necessary. Disclosure to each other is voluntary but disclosure by staff about other members is unacceptable
Physical Environment meets all obvious requirements for physical comfort and makes extensive effort to ensure that minor aspects of the environment add to participants physical comfort	Micah Projects has placed a priority on ensuring that the space for the resource centre and the services are comfortable, are aesthetic and well maintained. Micah Projects has received many donations which have been used to ensure the standard of the centre is high.
Environment: Staff treat participants with openness, directness and sincerity	Staff are trained and supported through professional development in working according to the principles of the program and especially in problem solving and participatory processes
Sense of Community: offers extensive opportunities for warm, interpersonal interactions, a sense of belonging, and socialisation with other participants	Staff are engaged and participate in many activities that promote community
Timeframes: No timeline is attached to participation in the program. There is no pressure to join and no time limits on participation. Schedules and tasks are flexible and adapted to individual need	No time limits exist for community activities
Hours: Hours conform to the times most needed and desired by participants.	Hours of operation are regularly negotiated in regard to prioritising activities that are centre

Evidence Based Characteristics	Implementation by Micah Projects
	based and outreach.

The current negotiations for leasing new premises provide an opportunity and learning to implement a change management process. The opportunity to design the space to ensure that the peer support and learning environment can be developed whilst also enabling privacy of access to services provided on an individual basis. This will also maximise the capacity of the resource centre to have visiting professionals.

The activities of the Resource Centre will continue to incorporate a participatory process for identifying the scope of activities with interested participants. Such activities will include but not be limited to:

- Opportunities for social and personal development through small group education, arts, training and personal development programs
- A base for the Historical Abuse Network in Brisbane and the formation of regional networks by a community development worker
- Development of innovative responses to people living in regional and rural areas in interstate by web, email and written materials as well as planning regular visits to areas by joining up with local reunions. Micah Projects has undertaken several regional consultations around Redress and the National apology by organising events at local clubs, subsidising a meal and providing information.
- Continue to work in partnership with Forde Foundation to support local groups with Christmas Party at the Gold Coast, and Rockhampton and well have Remembrance Day events in other locations.
- Training and development for an Ambassadors program in line with the Alliance of Forgotten Australians to train and support people in local areas. The purpose of the role is to be available to participate in community education of community and health services sector so as to promote greater awareness of the needs and experiences of Forgotten Australians and enhance their skills and knowledge so as to be more responsive to people presenting to their services who as children were in the care of the state and or church in institutions, foster care and detention centres.
- Continue to support Forgotten Australians to participate in the training for Child Safety Officers and Juvenile Detention Centre workers on a quarterly basis
- Connecting Forgotten Australians who were in care interstate with the resources, information, opportunities and entitlements provided in each state
- Continue to support Forgotten Australians in the issues arising in relation to memorials. Micah Projects has facilitated participatory process for the location of the Brisbane memorial at Emma Place, assisted with the Neerkol memorial project and the most recent juvenile justice

Individual Advocacy

Micah Projects has demonstrated experience in undertaking individual advocacy with Forgotten Australians.

Micah Projects core business is individual support and advocacy work with people across a broad range of issues and degrees of complexity. The organisational structure and capacity is organised around the principles of supporting the effective delivery of support and advocacy services including case work, case management and case coordination. Micah Projects intentionally refers to workers as Support and Advocacy Workers. This is to differentiate them from case managers who work within statutory systems such as mental health, probation and parole, income support, and employment.

Support and advocacy with Forgotten Australians is focussed on voluntary engagement, person centred planning, as well as engagement with people to meet their obligations within other case management service systems and or their tenancy obligations to sustain housing. Micah Projects is accredited according to Disability Support Standards and person centred individualised support plans are a key quality measurement within each annual audit.

Micah Projects has been responsible for developing a model of practice for individual advocacy with people who have experienced abuse whilst in the care of the church and state. This process enables the progression of complaint or a crime through the appropriate civil, criminal and or internal organisational process of the churches. Whilst the state has implemented a Redress Scheme every individual church legal identity has a different process for individuals to seek redress which may or may not result in an apology, acknowledgement of the violation and any monetary compensation.

In 1997 Micah Projects was funded to support two people undertake training in Salt Lake City by Rev Marie Fortune founder of the Centre against Domestic and Sexual Violence now called the Faith Trust Institute. The training was a comprehensive four day program focused on abuse prevention and Justice Making Principles for when abuse occurs. Over the past ten years Micah Projects has worked with every major denomination in progressing their development of protocols and processes for processing complaints. Micah Projects through the Esther Centre work has assisted over 4,000 people since 1997 in accessing ex gratia payments through civil, criminal or internal process. Collectively this has resulted in churches paying over a \$4 million dollars in amounts ranging from \$5,000 to \$100,000. Seven perpetrators have been charged, and sentenced through these processes and civil proceedings and out of court settlements have occurred with three class action groups. Unfortunately for some no redress has been provided.

In establishing the process Micah Projects have used the United Nations Declaration of Basic Principles for Victims of Crime and Abuse of Power.

Victims of Crime are defined as persons who individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental right, through acts or omission that are in violation of criminal laws.

Victims of Abuse of Power are defined as persons, who individually or collectively have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts of omission (or systemic arrangements) that do not yet constitute violations of national criminal laws but of internationally recognised norms relating to human rights.

Abuse of Power by a professional or carer is (adapted from Rev Maire Fortune (CPDVSV)):

1. The misuse of power and authority, with the professional or carer using the position and power to meet their own needs rather than to those they are providing a professional service or care to
2. Vulnerability and trust are exploited, as the profession or carer take advantage of the needs of the other person
3. It involves a violation of the professional or carers role which is to work according to the interests of the other person
4. Meaningful consent is lacking. In order for meaningful consent to occur there must be mutuality, choice and equality as well as the absence of fear.

In developing Micah Projects Advocacy Process, we consider the following dimensions based on the principles of Justice Making developed by Dr. Marie Fortune, Faith Trust Institute Seattle:

1. **Truth Telling:** giving voice to the reality of abuse
2. **Acknowledge the Violation:** hear the Truth, name the abuse and condemn it as wrong
3. **Compassion:** listen and provide support to the person disclosing
4. **Protecting the Vulnerable:** take steps to prevent further abuse to the person and others
5. **Accountability:** takes steps to assist in the confrontation of the abuser, and seek redress
6. **Restitution:** make symbolic restoration of what was lost, give tangible means to acknowledge the wrongfulness of the abuse and the harm done, and to bring about healing
7. **Vindication:** remove the blame and responsibility for the abuse.

During advocacy processes with individuals Micah Projects ensures that people have access to their file and are supported to read their file.

Key advocacy outcomes

- Micah Projects has assisted over 4,000 individuals since 1997 to process complaints and crimes through criminal, civil and internal church processes and professional bodies, resulting in over \$4 million dollars of individual payments ranging from \$5,000 to \$100,000
- 2118 people assisted with Redress Application as well as state-wide consultation
- assisting individuals in the Neerkol Action Support Group which negotiated a settlement with the Sisters of Mercy, Rockhampton and providing consultation on solutions resulting in an independent mediation process
- Establishing with church groups appropriate processes to enable complaints to be made
- Assisting people to provide evidence to the Forde Inquiry, Senate Community Affairs Committee and Towards Healing Processes
- Advocating for the Senate Community Affairs Committee Inquiry, supporting people make submission, attend consultations, and be at Parliament for the tabling of the Inquiry
- Supporting people through criminal proceedings for five people sexually abused by priests whilst in care resulting in convictions
- Brokerage of counselling services prior to the funding of the Aftercare Resource Centre 1997
- Supported three representatives from Historical Abuse Network for 8 years in working with Ministers and Members of Parliament with the result being the Redress Scheme.

Coordinated Services

Micah Projects has demonstrated experience in developing mechanisms for coordination of multidisciplinary services around individuals with complex needs. The organisation has a well developed understanding of and process around privacy, consent and sharing of information both within a crisis situation where there is risk to self or other or in planned and coordinated approach. All staff are trained and supported with Information Technology systems that are in line with policy and practice.

Coordinated services with Forgotten Australians includes:

- Developing an understanding with the person of what they seeking to do and setting up a plan for achieving this. For example someone might request that they get their file through Freedom of Information. Workers would assist in the process and provide options for where they would like the information to be sent and stored

- In waiting for the information a person is invited to participate and become involved at the centre , information is provided on all the activities
- If appropriate there may be a need to look at other services such as getting an understanding about who else a person is working with, what are their goals and obligations that they may need assistance in meeting? Referrals may also be required to housing and health services
- When a person's file arrives then there are options about how a person may want to read or go through the file, alone, with a worker, or with another trusted friend or professional
- Sometimes specialist counselling may be required and a process of seeking the appropriate professional would occur with the person. Brokerage funds may be used to purchase this counselling
- A person is provided with information at all points and can choose options around the appropriate process to report a crime, engage in the legal process, contact a church authority, to process matter of criminal nature and experiences or abuse.

Support plans are used, monitored and reviewed in many situations where workers at Lotus Place are coordinating services; however the coordination may also happen over time through a series of separate requests rather than an ongoing support process.

Micah Projects has established relationship with homelessness and housing providers and would like to undertake further work in linking the services for Forgotten Australians as recent surveys of people sleeping rough in Sydney, Melbourne, Tasmania and Brisbane have identified consistently around 23 percent of the population have a history of care in child protection systems including institutional care, detention centre and foster care.

Find and Connect

Micah projects has been involved in working with Forgotten Australians since 1997 in providing practical assistance and emotional support to:

- a) request records about themselves from a variety of sources including state and church organisations
- b) supporting people access further information arising from the access to records in relation to themselves and family
- c) provide the practical, financial and emotional support required to make connection as safe and

In addition Micah Projects supported Forgotten Australians in their advocacy for change processes following Forde Inquiry in relation to the freedom of information.

Micah Projects has facilitated the participation of Forgotten Australians as well as staff in the consultations about the Find and Connect Services. Micah Projects has advocated at a National Level for the integration of Find and Connect into State based Services.

Micah Projects has demonstrated experience which would enable the integration of the Find and Connect Services into the other components of service delivery. At this point the specifics of the Find and Connect program are unknown. Micah Projects is committed to the recruitment of staff who have the skills and the ability to work in flexible ways with people in accessing their records, then reading their files, providing emotional support and tracking their personal history, families, friends.

Micah Projects would be seeking staff who have experience in the management of release of records and information in the child protection context. Micah Projects believes that the implementation of Find and Connect will require both centre based appointments and the ability to undertake outreach

with people as they find their own processes of reconnecting. Micah Projects has had significant experience in working with Forgotten Australians as they have embarked on their own pathways to finding and connecting with family, and linking people through Link Up as well as the Salvation Army Tracing Service. Each Remembrance Day event has seen greater participation of family and friends with Forgotten Australians including last year were three people attended with their birth mothers.

Micah Projects welcomes the integration of this service and the complimentary skills that will be brought to existing team and service elements.

Manage demand for services

Micah Projects has demonstrated the ability of the organisation to manage demand for services. The management of demand for services requires developing and maintaining a culture within the organisation and teams that reflects to people:

- both a responsiveness to their immediate request and
- proactive engagement in providing accurate information about opportunities for participation in networks and activities as well access to individualised services.

The processes that Micah Projects have implemented for demand management are:

- a) Ensuring the first point of contact is accessible, can assess eligibility quickly, has up to date information on current activities and capacity of staff for individual services. With an enhanced budget the phone will be answered by a support and advocacy worker. This is in line with previous experience when an integrated position between Relationships Australia and Micah Projects was shared financially
- b) Ensuring a back up position is available to the person on the phone to take up crisis calls and to undertake safety assessments with crisis intervention plan. Micah Projects has had significant experience in crisis interventions for example callers disclosing their intent for suicides
- c) Whilst there is no time limit on the length of time a person can participate and access services workers are encouraged to use a support planning process for each period of time that a request has been made for a individualised intervention. This enables better monitoring and periods of support on a individual basis can be closed whilst a person is still accessing activities. Also allows for prioritising and reprioritising workloads amongst the team
- d) A waiting list is maintained for the processing of complaints as it is a specialised area of work which can extend over a period of time
- e) Staff support is critical. Micah Projects undertake a team approach to the allocation of work providing a combination of individualised work according to skill levels and community building within the space. The ability to employ a community development worker with a specific role for the peer participatory processes will provide the team with more resources and enable outcomes to be achieved which have not been possible due to the demand for services.

As the service system has many components the demand management strategies are different for each element. In developing a more integrated service the management and distribution of resources will be able to be managed in a more strategic way specially in enhancing regional activities.

Micah Projects will engage with Forgotten Australians to negotiate the times for the Resource Centre peer support and learning activities. A combination of structured time and walk in time will still be maintained.

Build referral networks/pathways (identify any preferred providers for client referrals)

Micah Projects will continue to build relationships within the community services sector across Queensland building on the extensive network that the organisation currently has which includes not for profits, for profit organisations, single practioners, Mental Health Accredited Nurses, psychologist, social workers, lawyers.

Micah Projects has and is developing relationships with providers in a range of settings in an ongoing basis through:

- Developing greater knowledge and relationships with Medicare Locals and the planning and implementation of services to different population groups through the Better Access Initiative of the Australian Government
- Use of Professional Associations for referrals and linkages across the state and nation such as Psychologist Association
- Presentations at Forums on the impact of abuse and the experiences of Forgotten Australians and maintaining a list of interested professionals
- Linking people into services that they are already entitled to due to their particular circumstances such as Relationships Australia, Centacare, and Anglicare across the state
- Linking with Universities and academic staff who also have private practice
- Create a local network of interested professionals, community church and government organisations were there is interest
- Maintaining an updated register of the protocols and contact people for the processing of complaints within churches across Australia
- Maintain collaboration with Broken Rites
- Maintain collaboration with Link Up
- Maintain collaboration with Australian Sexual Abuse Association

Micah Projects is a member of:

- Peakcare
- QCOSS
- National Child Protection Coalition
- Child Protection Practioners Association of Queensland
- Australian Forgotten Australians Alliance
- Care Leavers Australia Network
- Origins
- ADCA
- Mental Health Coordinating Council
- Canon Institute.

Develop and enable a peer support network of Forgotten Australians including in regional locations

Micah Projects has developed and facilitated the Historical Abuse Network for 12 years. During this time the organisation has developed an understanding of the participatory processes required to build a network, and a sense of belonging and identity.

Micah Projects will develop with Forgotten Australians a plan focusing on a range of ways to enhance engagement and participation across the State. Currently Micah Projects has a mailing list of 2,500 people representing people from interstate and regional areas. The appointment of a Community Development Worker will provide a focus which has been disrupted in recent years due to demand for services.

Micah Projects has a comprehensive resource library of materials for peer support development, some of which Forgotten Australians have provided input to.

The Ambassador Program aims to align training with a pathway for a Certificate for Community Services through Training Providers and this would be the intention of Micah Projects to align some of the peer work with this initiative.

Work with and involve Forgotten Australians in the planning and development of service activities

Micah Projects will continue to involve Forgotten Australians in the planning and development of service activities through a number of strategies:

- annual survey with people seeking feedback from people on services
- facilitation of focus groups around particular issues
- responding to complaints and feedback register as part of continuous improvement
- participation in evaluations and planning arising from them
- individual conversations and suggestions
- feedback through web site.

Strategy for providing access to services and activities in regional locations

Micah Projects has been providing statewide and interstate services for many years. The breakdown for current contacts and participation is reflected by 1063 contacts in Brisbane, South East Queensland 607 and regional contacts 949.

This has included:

- workers visiting areas and holding information sessions or consultations around issues such as Redress and the National Apology
- Workers visiting and supporting individuals in isolated areas
- Travelling to areas to link individuals into services through assisted referral as well as accompanying people to meet with church officials
- Brokering local services to provide services on a planned basis until services have capacity to incorporate individual into eligible services
- Secondary consultation to service providers in local areas
- Worker providing individual advocacy and case coordination by a combination of visits to local communities, phone and email contact, and brokering of local services or travel costs to services.

Regional engagement has been maintained and has the potential to develop through a range of strategies with additional resources including but not limited to:

- Ensuring the budget has money allocated for travel expenses
- Ensuring the roles and responsibility of staff include travel to regional areas
- Maintaining phone and email contact with Forgotten Australians
- Exploring Skype as a meeting strategy
- Providing a facilitated process for Forgotten Australians to put forward their interests and link with local providers who are also engaged in community building activities
- Link with housing and homelessness networks as recently.

Operating hours

The operating hours will be 9am to 5pm for the resource centre with negotiated variations around activities that may take place after hours. Telephone contact will be 9am to 5pm at Lotus Place Monday to Friday. Micah Projects operates on a Saturday, Sunday and Public holidays from its Boundary Street location.

Brokerage allocation

Micah Projects has allocated \$160,000 for the use of brokerage and participation costs.

Micah Projects has experience in the use of brokerage funds through various funded services as illustrated in the tables below. Micah Projects annually receives brokerage funds from the Department of Communities.

Service	Funding Area	Brokerage
Micah Projects IARS Inner City Services	Homelessness	\$100, 000
Micah Projects Street to Home	Homelessness	\$100,000
Micah Projects Supportive Housing Services	Homelessness	\$30,000
Micah Projects Homelessness Early Intervention	Homelessness	\$32, 000
Micah Projects – Forgotten Australians Support Services and Esther Redress and Advocacy Service	Community Support Services	\$50, 000
Young Mothers for Young Women	Family Support	\$45, 492

All brokerage funds are administered by Micah Projects using the principles of flexibility, individual focus, case management, avoiding duplication of services and value for money. All staff are trained in the management and use of brokerage funds where required. This includes the authorisation and documentation in Micah Projects' electronic Service Record System that is aligned with planned support and case coordination documentation. Staff are also trained in the limitation of funds and that brokerage is not the first step in assisting and responding to individuals' and families' needs.

Team Leaders are also responsible for developing protocols with other services to prevent duplication and enhance case coordination. For example, brokerage funds would not be used to assist a Forgotten Australian with dental care as this can be accessed through either a General Practitioner Management Plan for people with chronic disease or a Forde Foundation grant unless it was clear why the person was exempt from these initiatives.

Team Leaders are responsible for maintaining a budget control process for the authorisation of brokerage funds at a service level. Team Leaders, together with the Organisational Services Manager, meet monthly to review and monitor both the service and brokerage budgets. An external accountant reviews the organisation's financial compliance on a monthly basis.

All case planning and expenditure is reviewed quarterly by the Team Leader and synchronised with quarterly reporting and monitoring of service budgets for Periodic Performance Reports and Financial Acquittals.

The management of the brokerage funds are contained within Micah Projects' financial management systems with the appropriate delegations and authorisation. Micah Projects maintains the separation of roles for the authorisation of expenditure and processing of financial transactions. This is one of the practices that assists Micah Projects to maintain a quality financial management framework. Micah Projects continues to meet the annual recertification of the ISO 9001 Quality Management System, and has been certified since 2008.

Enabling infrastructure for service provision

Micah Projects has built up the infrastructure over the past 12 years to respond to each of the components in the service system framework.

Micah Projects has proven experience in successfully operating similar services to the identified suite. Our organisation has the capacity to successfully operate this service, offering high quality activities and social support that aligns with its objectives.

Evidence of Micah Projects organisational capacity to successfully improve the quality of life outcomes for Forgotten Australians is evidenced by:

- Strong Board committed to maintaining quality governance systems and organisational management systems, working within three year strategic planning cycles and annual operational planning and reporting processes
- an existing workforce of over 136 staff focused on human service delivery
- successful and accountable delivery of 10 State and Federal funded programs complying with all service agreement requirements
- certification in meeting the Queensland Disability Service Standards (includes key policies and practices around privacy, confidentiality, complaints handling, staff grievances and so on)
- AS/NZS ISO 9001:2000 Quality Management Systems certification
- quality frameworks in place for outreach work and centre-based work, both relevant to establishment of Home and Community Care (HACC) service delivery

Use of volunteers

Micah Projects has a volunteering strategy and currently 20 people are involved in a voluntary capacity with Lotus Place. Micah Projects also links and encourages Forgotten Australians to volunteer in their local communities or in activities within Micah Projects that are focused on responding to social isolation of disadvantaged and marginalised groups in the community.

Practice Foundations

Our Goal: Micah Projects works with children and adults to achieve a home, health and wellness, and safe and strong connections with family, culture and community. We support people to access services, opportunities and resources in the community.

Micah Projects is committed to evidence-informed practice and quality service provision

Values	Principles	Knowledge	Skills
<ul style="list-style-type: none"> • Family and community connection • Participation • Partnership • Cultural integrity • Social justice • Recovery orientated • Strengths based • Safety and housing 	<ul style="list-style-type: none"> • Valuing identity and respecting culture: Cultural competence • Ensuring safety for everyone • Understanding the neuro-bio-psychosocial and development context • Supporting healthy and respectful relationships • Reconciling past abuse and trauma • Addressing poverty and social exclusion • Securing the basics: Housing, healthcare , income • Promoting economic and educational opportunity • Upholding human rights and promoting citizen participation • Working in partnership and collaboration • Strengthening community connections and inclusion • Promoting hope and recovery 	<ul style="list-style-type: none"> • Individual and family based • Community and culturally based • Evidenced-based • 	<ul style="list-style-type: none"> • Engagement • Assessment • Planning • Process • Advocacy • Trauma Informed practice

Core practice skills, tools and processes

Engagement: The development of effective working relationship

-
-
-
-
-

Assessment: critical and robust decision making at key decision points

-
-
-
-
-

Planning: collaborative process

-
-
-
-
-
-

Process: processes that support and reinforce practice

- Regular group and individual supervision
- Team meetings
- Partnerships
- Continuous quality improvement
-

Section 1 Introduction

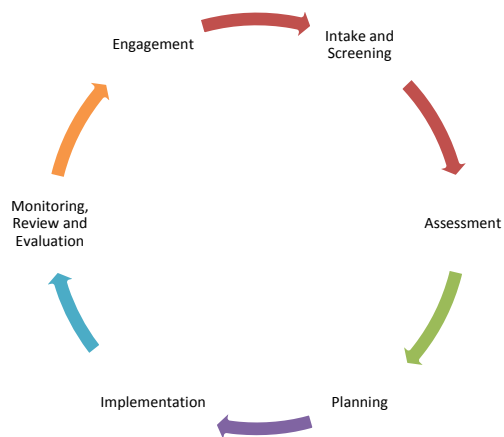
(Description and positioning statement The people we work with - Karyn Walsh)

Practice Framework

Micah Projects works with children and adults to achieve a home, health and wellness, and safe and strong connections with family, culture and community. We support people to access services, opportunities and resources in the community. Micah Projects is committed to evidence- informed practice and quality service provision.

This document is intended to guide the Planned Support and Advocacy work of Micah Projects. It draws from evidence-based practice and is grounded in the collective worked experience and practice reflection over time of Micah Projects' work with vulnerable people and their families.

Planned Support and Advocacy is the key strategy used by workers at Micah Projects to provide assistance to the people we work with. Good PSA includes *engagement, intake and screening, assessment, planning, implementation, monitoring, review and evaluation* and should be seen as an ongoing, cyclical process, rather than a linear one; phases may also need to be revisited as the goals and circumstances of the person or family you are working with can change over time.



Although the context for PSA may vary across teams, it is important that Micah Projects delivers consistent responses to the people we work with; for that reason there are important commonalities in approach to planned support and advocacy that each team is expected to integrate into their work. This document is the organizational description of those commonalities. For further detail about any team-specific procedures for planned support and advocacy, please refer to your [Team Practice Guide](#)

Values

Values shape every part of our work- how we respond to the individuals and families we support and one another, plan our work, form relationships, gather information, assess, plan and facilitate change. Our core values are:

- Family and community connection
- Participation
- Partnership
- Cultural integrity
- Social justice
- Recovery orientated
- Strengths based

- Safety and housing.

Family and community connection

Depending on the team, some workers will be working more directly with whole families than others. Child and family inclusive practice however recognizes that almost all individuals have a family context within which they belong that is important to consider in the work you do. In particular, it recognizes the importance of recognizing that children may have support needs (such as safety) that may differ from or be greatly impacted by the adults in their family.

For further information, please refer to [Child Safe Child Friendly Policy](#)

Participation

Micah Projects recognizes that people's recovery, progress in achieving goals and aspirations and overall inclusion in community is greatly improved when they are given meaningful opportunities to participate. Consumer participation can take many forms; it may be through formal peer support and peer work, it may be through participating in feedback or reference groups about service delivery or systemic advocacy issues, or it could also be in having a clear understanding of feedback and complaints processes and utilizing these to raise issues or concerns.

Consumer Participation for Micah Projects seeks to actively combat past experiences of exclusion from other elements of the service system and community that many of the people we support have experienced. Good consumer participation is trauma-informed and acknowledges that the abuse of power that was the source of harm for many people (including by institutions or faith communities who claimed to 'care' for people). For Micah Projects to maximize our effectiveness in working with people, we recognize the importance of those we are working with experiencing transparency and equal partnership in the supports they receive.

How people participate can vary according to the individual and their circumstances over time; some like to actively participate, others may not. However it is Micah Projects belief that opportunities for participation should always be provided and encouraged, feedback thoughtfully considered and implemented into practice wherever possible, and that people's complaints (when they happen) should be seen as an appropriate way for someone to express dissatisfaction or concern and should be responded to sensitively and in a way that creates an opportunity to build trust and safety for people.

Partnership

Cultural Integrity

Culturally competent Planned Support and Advocacy work assists individuals and families in a way that is respectful and compatible with their cultural strengths and needs. It is grounded in an understanding of the impact of intergenerational loss and displacement from culture and land for many Aboriginal and

Torres Strait Islander people, and recognizes the wide diversity of the Queensland community including people from Culturally and Linguistically Diverse backgrounds. Culturally competent practice is grounded in an understanding that each individual and family will have differing cultural contexts, practices and support needs, recognizes that relationships develop with trust and over time, knows the importance of ensuring people can review material or participate in conversations in their first language, and seeks to prioritize choice for people wherever it is possible to do so.

Social Justice

Recovery orientated

Recovery-oriented practice seeks to normalize the continuum of mental health and wellness on which all people live (“we are all in recovery”), and takes a view that supporting recovery is not only possible but is an important goal of support work, rather than traditional mental health approaches that sought to ‘cure’ a person.

Recovery can be defined as “a process of restoring or developing a positive and meaningful sense of identity apart from one’s condition and then rebuilding a life despite or within the limitations imposed by that condition” (SAMSHA, 2003).

For many of the people Micah Projects supports, mental health issues may be an integral part of why you are working with them either as a primary support focus or as a contributor to why someone is experiencing other challenges (like homelessness, for example).

Strengths based

Recognizes people’s aspirations and goals and the strengths, competencies and resiliencies they have to achieve them. Planned support and Advocacy work should always seek to recognize and build on an individual or family’s strengths and competencies, rather than identifying deficits or ‘problems’.

Hope is also an important part of working from a strengths-based place, and is an essential element for a person or family to have if goals and aspirations are to be achieved. For many of the people Micah Projects supports, hopefulness may not be something they have experienced often in their lives for many different reasons. It is important not to give false hopes, however it is equally important that workers encourage a sense for people that their goals are possible. Workers can model hopefulness through maintaining a focus on the person or family’s strengths and resiliencies even in times of challenge in the work, normalizing their feelings of disappointment or despair when they come up, and celebrating achievements as they happen however small.

The self-identified needs and preferences of the individual (or family) sit at the heart of the Planned Support and Advocacy work and inform all stages of the process and the working relationship forged between worker and the person (or family) you are supporting. A component of strengths based is also working from a person-centred perspective, it means ‘working with’ not ‘doing for’ or ‘to’, and seeks to maximize opportunities for choice, voice, empowerment, dignity and respect and hope through all elements of the working relationship.

Safety and housing

Micah Projects' work with people is grounded in a strong belief that everyone has the right to live a safe life regardless of the lifestyle or circumstances they may find themselves in; it is a fundamental human right for all people to live a life that is safe and free from harm or abuse. It is however important to acknowledge that for many of the people Micah Project supports their safety is often threatened, they have had (or continue to have) significant periods of living unsafely and for many also carry the impact of and/or continue to experience, abuse, harm and neglect.

Safety is essential to creating an opportunity for change; a person or family will struggle to see their lives improve and goals achieved when they do not feel (or are not) safe. Safety allows a person to be less triggered by their circumstances and more able to think longer term about achieving goals and aspirations, instead of being in constant 'fight, flight or freeze' mode.

Micah Projects recognizes the importance of actively addressing housing needs with the person or family you are working with as a first and ongoing priority. Our approach to this is governed by a housing first framework, for further information on this approach, please talk to your Team Leader and refer to the [Housing First](#) Section of this document. The extent to which you work with this directly or refer to another team within Micah Projects or another external service will depend on your team context. For more information, please discuss with your Team Leader and consult your [Team Practice Guide](#).

Practice Principles

Our principles are touchstones on the journey to reach our vision. They give us direction as practitioners and assist us to apply our values, knowledge and skills so that we can achieve the best supports for the individuals and families we support.

Practice principles are the values, models and approaches that inform the Planned Support and Advocacy work of Micah Projects. They underpin all direct service work in the organization. It is expected that workers are familiar not only with what is written in this policy, but utilize opportunities to build on their broader understanding of the principles summarized here through reading, professional development, supervision and practice reflection within their teams, so that this can be integrated into their practice. Team Leaders are expected to have a highly developed understanding of the Micah Projects Practice Principles and how they are applied to the work of the organization. They should be able to lead by example in their own practice, provide guidance to staff about their work and seek out and contribute to, the ongoing development of practice knowledge across Micah Projects in relation to these Principles and how they inform the PSA work.

Our practice principles are:

- Valuing identity and respecting culture: Cultural competence
- Ensuring safety for everyone
- Understanding the neuro-bio-psychosocial and development context
- Supporting healthy and respectful relationships
- Reconciling past abuse and trauma
- Addressing poverty and social exclusion
- Securing the basics: Housing, healthcare , income
- Promoting economic and educational opportunity
- Upholding human rights and promoting citizen participation
- Working in partnership and collaboration
- Strengthening community connections and inclusion
- Promoting hope and recovery

Valuing identity and respecting culture: Cultural competence

Ensuring safety for everyone

Understanding the neuro-bio-psychosocial and development context

Supporting healthy and respectful relationships

Reconciling past abuse and trauma

Addressing poverty and social exclusion

Securing the basics: Housing, healthcare, income

Promoting economic and educational opportunity

Upholding human rights and promoting citizen participation

Working in partnership and collaboration

Strengthening community connections and inclusion

Promoting hope and recovery

Knowledge

Evidence-informed practice at Micah Projects

Micah Projects is committed to evidence-informed practice and quality service provision.

Evidence-informed practice is a comprehensive view of practice informed by a wide range of sources including research, empirical studies, case studies, practice wisdom and the views of the people we support.

Our focus on evidence informed practice aims to ensure that we are using practices that have been assessed as effective, and that we are evaluating our practice in as objective and unbiased a way as possible.

Evidence informed practice involves

- Asking challenging questions about practice
- Understanding key messages about what works
- Reflecting on experiences in order to learn
- Measuring the impact your work is having for people we support
- Ensuring the integrity of data you collect about support provided
- Listening to what people we support have to say about services
- Being explicit about how all these practices affect decisions
- Sharing knowledge and best practice with others

In addition to a focus on 'evidence-informed practice' there are other sources of knowledge we need to draw on that are critical to providing quality service and practicing effectively:

Theoretical knowledge – the ideas and concepts that influence the way we work and the way we understand the experiences of the people we support. Many of these are outlined in this document.

Procedural knowledge – knowledge about the organisational, legislative or policy context in which you work e.g. knowing to fill out a housing application form. Your practice manuals and guides and also communicating with your team helps build your procedural knowledge.

Systems knowledge – understanding the relevant systems that interface with our work such as housing, health, criminal justice system, education, and child safety and their impact on support for the people we work with. 'Systems' change can also have a big impact on the way we deliver our services. Your practice manual, working collaboratively and communication with your team leader will help you stay across relevant systems and their impacts.

Personal knowledge – the accumulated knowledge people develop over their lives, variously called 'common sense', 'intuition' and 'culture'. Your own knowledge of all of the above is the most valuable

in providing quality service, sharing this knowledge and working to build it ensures Micah Projects remains an innovative and effective support organisation.

Core Skills

This section focuses on the core skills, tools and processes the Micah Projects Support and Advocacy Workers use. These skills will be put into practice through processes and tools that Support and Advocacy Workers can use in their everyday practice. They include:

- **Engagement:** the development of effective working relationships
- **Intake, Screening and Assessment:** critical reflection and robust decision making at key points
- **Planning:** collaborative processes for working together
- **Process:** focus on processes that support and reinforce practice

Engagement

“Engagement is a process, not an event” (Hannigan, T & Wagner, S. 2003,p.17)

Engagement is the formation of a relationship of trust so that support work can occur. Like any relationship, it needs attending to and will fluctuate over time. Engagement is essential to good planned support. Engagement with people or families may begin occurring long before they formally opt in to a service. Trust is an essential element of good engagement. The degree to which anyone trusts a worker will vary widely and over time, however a degree of trust is important if goals are to be achieved. It is important to consider people’s past lived experiences and experience with other parts of the service system in understanding why successful engagement may take a long time to build, and a short time or single event or disappointment to disrupt. It is essential that workers remain persistent in their attempts to engage, whilst being respectful of people’s right to opt out of services. It is also important if a worker senses they are not well engaged with a person or family they are working with, that they talk this through with the Team Leader and explore what the barriers to better engagement might be.

Engagement as a phase of planned support refers to the process of introducing the person or family to the service relationship, explaining our role and trying to find common ground to build on. The length of time it takes to establish a working relationship varies with each individual or family, their circumstances, and the actions of the worker. Gaining a person or family’s trust takes time, and workers may be unable to gain this confidence despite months of outreach efforts. However, the extent to which an individual is willing to work with staff can evolve and change. Workers can try to establish an atmosphere of acceptance and trust by defining themselves in purpose and action as a listener and helper.

Effective engagement practices include:

- Introducing yourself and how you can be helpful. Talk first to the person or family about ways you could be of assistance, rather than asking them about their issues or challenges first. Understand that some people may want to tell you everything, others may not. Also, that the ‘re-telling’ of distressing experiences or events should be minimized if it is not something you can help them with. That does not mean you should not listen if a person wants to tell you these things, just that if you begin by outlining what you can help with, it may give the person or family a sense of whether they need to share particular experiences with you in order to gain a service;

- If you identify that the person or family can be assisted by your team, explain service eligibility and encourage them through an intake process. If they would be better supported by another Micah Projects team or an external service, talk this through with them and utilize a supported referral approach;
- Being mindful of people's differing constructs around safety and that these may be greatly influenced by their lived experiences as well as current circumstances. Meet with them where they feel safest, give them choices about days, times and places and hold to those wherever possible (applies to Intake, Assessment and Planned Support also);
- Identify some early achievable ways you can demonstrate your trustworthiness. Always be honest with people about the limitations of the assistance you can provide, even if it may not be what they want to hear. If you can't see someone or are running late call them ahead of time and let them know. If you say you are going to call at a particular day or time, hold to that wherever possible or have someone else contact them if you cannot and explain why. Offer some early practical assistance (refer to your Team Practice Guide for details on parameters for this)
- Offering support, empathy and respect and actively listen to each person or family member. Notice people's strengths and attributes and feed them back to people. This lets them know you are interested and paying attention. If working with a couple or family, ensure you acknowledge and attempt to talk to everyone and not just those that seem most comfortable to talk;
- Be patient and persistent. Someone may cancel or not attend a number of appointments before properly engaging. People have a right to opt out of services, however following up with them in a respectful way and making another time to see them is important.

Early, practical support as an engagement strategy

An excellent way to engage individuals and families is to provide concrete, practical support. As workers it is important to respond to people's concrete needs quickly; this demonstrates a tangible sign of respect and empathy for the difficulties they are experiencing and can enhance a person or family's trust in you. Examples of concrete, practical support are purchasing food, providing transport, support moving to a new house, and financial assistance. Please refer to your Team Practice Guide and talk to your Team Leader for further information on options for this specific to your work.

A word of caution: NEVER promise practical support that you can't then deliver on. Explore the options with your Team Leader before offering them to the person or family. It is important to also consider the expectations you may be setting up with a person or family of similar ongoing assistance, so make sure you clearly communicate the reasons why assistance is being provided on this occasion.

Tips from Micah Support and Advocacy Workers

- If working with families, interact with the whole family, including children
- Focus on engagement not paperwork the first time you meet an individual or family – for some individuals or families forms can be intimidating and impersonal
- Bring something along when you visit individuals or families in their homes, eg. bread and milk
- Explain clearly what your role is, how you undertake it and what you can do together with the individual or family to reach their goals
- Be honest about what you can do and don't make promises you can't keep. Say you are sorry if you can't meet their needs and start working on a creative solution with the individual or family. Work from the perspective of what you can do for the individual or family rather than what you can't
- Have patience and be persistent, but not forceful, in trying to engage. Sometimes this means talking out the front of their house until the individual or family is ready to invite you in. Don't give up even if they might initially appear standoffish
- Make contact with the individual or family before they ask for support. Don't wait for them to ask you for help
- Be consistent and reliable. Make sure you schedule time to visit or call every individual or family on your caseload within a one to two week period. This will ensure that you are regularly engaging with all families
- Have a positive attitude and be upbeat and responsive. This demonstrates to individuals and families that they are worth spending time with
- Ask about and understand an individual's or family's history with other service providers – negative experiences in the past will impact on your ability to engage
- Be aware of individuals or families that might slip 'under the radar' and don't forget to frequently engage with them where possible
- Sometimes the door doesn't open to an effective relationship with an individual or family until the first time a crisis or "big event" occurs – if you are able to support the individual or family and be a successful advocate in this situation you will develop trust and relationship with the individual or family
- Keep trying!

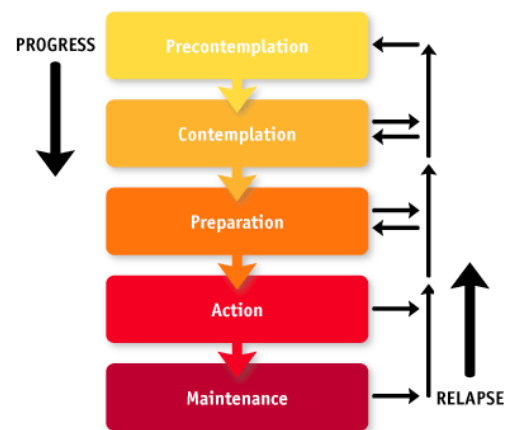
Intake, Screening and Assessment

Assessment is an ongoing process intertwined with action and services. Whilst some assessments such as risk and safety can and should be specific to a situation, time and place or type of work (please refer to your Team Practice Guide for more information on assessment practices and tools appropriate to your work), it is recognized that good assessment is informed by the work as it progresses, is measurable and allows for change over time in the person or family's circumstances, resources and challenges.

Individual and family assessments should assist the person/ family and the worker to identify the key issues or concerns and from that, the goals and aspirations of the person/family (safety, resolving homelessness, maintaining housing, improving wellbeing for example). Good assessment should also identify strengths, needs and current resources that exist.

Assessment is a process that is ongoing, beginning with the first contact with the person or family and continuing throughout the time they use the service. Assessments will need to be flexible, taking a number of forms and occurring in a number of venues, but always with the person or family at the centre of the assessment conversation (including extended family members and kin where identified by the individual or family and where safe and appropriate to do so).

A person (or family) centred approach is essential; the people we work with are full partners in the assessment process. It is also important to assess and consider the Stage of Change that a person or family (keeping in mind that individual stages of change may vary within the family group) you are working with may be at. This can greatly assist with identifying where the focus of the worker’s intervention should be directed. Personal safety must always be a priority when assessing, and needs to be regularly and continuously reviewed, especially with women and children who may be experiencing or at risk of domestic and family violence.



Intake and Screening

- Understand that for some people, Intake and Screening may illicit emotional responses to the questions, no matter how sensitively you put them. Asking for help or having to talk about your vulnerabilities in some detail can be unexpectedly challenging for some; others are ok with it. Allow proper time, an appropriate space where the person feels safe and comfortable, and seek to minimize anyone overhearing the discussion. This is particularly important when considering children (see Child Safe Child Aware also) as even very young children may be distressed by some of the information shared by a parent or care-giver, or at their emotional reactions through the Intake process. Consider whether childcare alternatives are required to support the Intake and Screening process (may also apply for Assessment);
- Ensuring informed consent by explaining clearly early on about Micah Projects’ policy and procedures when it comes to Privacy and Confidentiality (and its limits, see also Child Safe Child Aware, Abuse Prevention and Response), how and where their information will be stored (see SRS User Manual) and that they have rights to make complaints about the services they receive (see Complaints Policy). Understand that people will have questions and may also wish to decide who (and what type) of information may be shared and what may not;
- Remember that marginalised people generally have little influence in the wider world, minimal purchasing power and limited control over their immediate environment. Personal autonomy and privacy are two of the few things they have even theoretical control over. To take away a person’s privacy by freely discussing them and their lives with other

professionals without their consent is an act of fundamental disrespect and a breach of their human rights (see [Privacy and Confidentiality](#) and [Code of Conduct](#)).

- Ensure the person or family knows that they are an equal collaborating partner in the work (see [Citizenship Participation Kit](#) also). This also means letting them know expectations about what they will be expected to do for themselves;
- Explain the services you can provide (for further detail please refer to your team's Intake process and tools in your [Team Practice Guide](#)) and any eligibility requirements. It is important that in determining service eligibility we don't exclude people from support, but see it as a process of determining how they would best be assisted; that may be in your team, it may be in another team at Micah or it may be with an external service (for further information please refer to [Supported Referral](#) process)
- Be clear with people about what as a worker you can help with, and what you can't. Early boundary setting helps to create a sense of safety and containment for people, especially those in crisis and will help support the work later.

Promoting Safety and Opportunity

For many of the people Micah Projects works with may regularly live in unsafe, high risk circumstances. For some people risks or violence can occur in a community setting, for others it may be in their home. Patterns of high risk, unsafe living circumstances can be sustained and short or long term such as rough sleepers, for others they can be sustained and cyclical such as where domestic and family violence is occurring (for further information please refer to the [DV Cycle of Violence](#)). Contributing risk factors for people when considering safety include issues with their mental health, alcohol or other drug use misuse, having a disability, past or current history of child abuse or complex trauma (including abuse in institutions or out of home care settings), past history of violence or violent relationships and many others.

Responding to risk and enhancing safety

All human beings engage in or are impacted by some risk or threat to their safety or well-being at some point in their lives; it is the extent, frequency and impact over time that will tend to distinguish some people's lived experiences from others. Safety is a fundamental human right; it is also something that can and does change frequently for many of the people Micah Projects supports due to a variety of risks and circumstances. It is the worker's (and the organization's) responsibility to create safe and trusting physical environments and working relationships with the people we support, to understand that how people construct safety for themselves will be individual and multi-faceted, and that a person or family's safety circumstances can change rapidly and so need continual consideration and assessment.

Workers should seek to 'do no harm' when responding to people and risks (this includes being non-judgmental about the circumstances or any repeated patterns of risk), normalize discussion about safety and seek opportunities to enhance safety by helping people to plan their responses (and yours/ the organization's) when risks to safety or actual abuse or harm happen. Please also refer to [Abuse Prevention Policy](#).

Good safety and risk practices are:

- Constantly watchful for and screening/assessing for risk ([links to tools](#));
- Recognize that safety and risks for one person may be different for (and/or impacted by) those of another. For example, children may have additional and separate safety needs to those of their mother or extended family;
- Grounded in a normalized continuous dialogue about safety with people that supports it as a right and appropriate aspiration for people to have;
- Recognizes that Best Practice responses to safety and risk are always grounded in coordinated responses (refs) rather than siloed, one worker/team responses;
- Trauma-informed and recovery-oriented i.e. they are non-judgmental about the circumstances or choices that might be increasing risk for people but instead work to create a trusting relationship over time that can enhance open and honest discussion about safety;
- Person-centred and strengths-based i.e. recognize that the person will often be best placed to know when they are or aren't safe and what a good response looks like;
- Are clear about what responses the worker or Micah Projects can/can't provide; and

- Are documented, flexible, regularly reviewed and appropriately resourced.

Safety in the field

- Many services in the community and people's homes
- Risk to safety of the worker is rare; planning is key
- Crisis Policies and Procedures in writing
- Preparation
 - Get a good history
 - Past violence history and context – when, why, who?
 - Be aware of risk factors – Brain Injury, Intoxication, PTSD, Feeling Trapped/No Options
 - Know the person's triggers
 - Pay attention to changes in behavior/circumstance
 - Have a resource list for crisis and on going support

Tips for Safety in the field

- Work on protective elements
 - Stable safe living arrangements
 - Income to cover basic needs
 - Relationships and positive support
 - Perception of control over one's life
- Remember: we are in their space
- Be aware of what your role is and its limits
- Visit negotiated in advance: No surprises
 - Be clear about conditions (intoxicated, guests, weapons)
- Process for workers to let the team know when in field and check in afterward

Safety Resources

- Use supervisor and team: ask someone to go with you on visit
- Concrete: directions, gps, cell phone coverage, vehicle and fuel
- Home : layout, neighborhood, presence of weapons and other people in the unit

- Where to get help: local resources, natural supports, team members, emergency services
- Resources for immediate needs: food distribution, utility assistance, medical attention, shelter or respite
- Your gut

Crisis prevention and Intervention

Crisis rarely happens out of the blue, people have a variety of life experiences that can create or exacerbate crisis and have a variety of triggers based on past experiences. Frequent crisis can cause the staff and consumers involved to feel out of control and unsafe. Crisis can either improve or deteriorate, crisis is de-stabilizing and also be an opportunity for change.

Crisis Prevention strategies

- Education and Communication
- Worker Role
- Policies and Procedures
- Supervisory Support
- Extra attention to “tension centers” or stressors (running out of money) or unmet basic needs
- Eviction and Crisis Prevention Plans
- Conflict Mediation and Resolution services
- Training on de-escalation, safety, mediating conflict
- Involving Community Resources

Assessing the immediate risk

The following questions are prompts for when assessing for risk:

- What is the history of violent behavior to self or others?
- Have there been changes in the person’s behavior?
- Has use of treatment/supports changed?
- Is the person intoxicated or showing psychotic symptoms?
- Is the behavior escalating?
- Is the person asking for help?
- Is the person able to discriminate danger?

- Is the person talking of suicide or hurting themselves?
- Is the behavior self-destructive?

Assault Cycle

It is important to understand the 5 phases in the assault cycle (Breakwell, 1997).

- Trigger phase
- Escalation phase
- Crisis phase
- Plateau or recovery phase
- Post crisis depression phase.

Violence

Most violent behavior does not happen quickly it takes a while to build. Brain injuries, organic conditions, intoxication can mean people are more easily triggered and escalate more rapidly. When a person is feeling trapped, not seeing other options and feeling out of control can be triggers.

Micah Projects recognizes that for many of the people we support, interactions with authority, systems and services has the ability to strongly trigger them. This can elicit trauma-based responses that are often viewed as 'problematic', and can result in people being excluded from mainstream services or supports. This exclusion may be overt (banning someone, refusing service) or subtle from a service or systems perspective, or the person may self-exclude due to the distress and discomfort of the experience. For many people Micah Projects works with, abuse of power and authority is a fundamental element of the harms they have endured. That this has resulted in hyper-vigilance when it comes to who (or what) holds authority and power is to be expected and should be seen as a normal response to these abuses; if power/authority is what enabled abuse and harm to occur then it is an appropriate self- protection mechanism to become watchful for when/by whom/how this might happen again to a person or family. It is important that workers understand that our own perception of our authority or power (or lack thereof) should not be the guide-point; it is the person we are working with who will make their own assessments on that and respond accordingly.

Violence Prevention

The following strategies assist in addressing the prevention of violence:

- Clear and consistent expectations with a predictable process
- Reinforcement of the expectations by all staff and staff responsible for enforcing rule violations within their roles
- Ensure the everyone who has contact with the person is consulted and provides input

- Inconsistency can create chaos and increase crisis and violence.
- Safe environment
- Respectful stance and working in collaboration
- Paying Attention
- Training on de-escalation techniques, worker safety, mediation

Protective Factors for Violence

In a study in the US with Veterans returning from recent conflicts (wars), factors associated with reduced violence included:

- Stable living arrangements
- Perception of having control over one's life
- Resilience
- Positive social support
- Adequate income to cover basic needs

Eric B. Elbogen, Ph.D. et al, "Protective Factors and Risk Modification of Violence in Iraq and Afghanistan War Veterans" *J Clin Psychiatry*. 2012 June ; 73(6): e767–e773. doi:10.4088/JCP.11m07593.

Non-exclusion practice in response to violence or risk of harm

The physical safety of children is always the first priority of the organization (see [Child Safe Child Friendly policy](#)), as well as the physical safety of other vulnerable adults, workers and the broader community. In responding to people who may use violence or pose risk to themselves or others however, it is important that worker responses do not have the unintended consequence of excluding people from services. In particular, workers have a responsibility to ensure it is not their own safety concerns that have been triggered and that they act according to what is best for the people they are working with and not themselves.

It is acknowledged that working in a way that maintains the safety and well-being of the people we work with, staff and broader community is important, as is holds people to account and helping them to see the consequences of their actions. However it is equally important that Micah delivers a compassionate, considered response to people who may be triggered, unwell or also unsafe themselves. This balance is a complex one, but must at all times be strived for. The contexts for such work will vary widely depending on your team and area of work. You are expected to engage in regular and continuous dialogue with your team colleagues and your Team Leader about how non-exclusion practices can be achieved in your responses to risk and violence.

Debrief of an incident

It is key to debrief both with the person, the team and other program participants who were involved. It is important to wait until the person has calmed down and always follow up and debrief.

- Identify what worked well in staff's response in the team discussion
- Identify what could be done differently to be more effective or prevent the crisis
- Follow up with other community members who witnessed/were part of the incident
- Identify when to call on emergency resources
 - May be in the trigger phase if the history is quick escalation or if the person is intoxicated
 - Add to policies and procedures

Planning; Next Steps

- Address the behavior
- Plan for follow up and frequency of contact
- Who will accompany the person to hospital, make the call to police, child protection
- Who does what?
- What if the intervention is unsuccessful?
- What is the next step?
- How will the behavior be monitored?
- What resources do you need?

Working Long Term

- Goal centered planning
 - Develop short and long term goals
- Start slowly with immediate needs
- Focus on life situation
 - Housing, Financial, Relationship, Skills and Support
- Develop a Crisis Prevention Plan with the person
- Model dealing with crisis in a calm and respectful manner

Incident Review

A structured incident review process engages staff who were not involved in the crisis to objectively review the situation, identify successful interventions and make recommendations for changes to policies, practices and roles to improve outcomes in future similar situations.

The importance of Language

When describing who we work with:

- Do use “person/family I’m working with”, the person’s name
- Don’t use ‘client’, a medicalised, professionalized term that can trigger some people and adds to a sense of power imbalance between the person and the worker

When describing yourself:

- Do use your name, or ‘your worker’, ‘support worker’, ‘outreach worker’ (for further guidance please discuss with your Team Leader)
- Don’t use “case manager”

When describing the working relationship:

- “we will be working together”, “I’m working with (the person)”

When talking with others:

- Avoid adopting other terms such as ‘client’ or ‘case manager’ in case coordination discussions, even if the person isn’t there. Politely request that the term ‘worker’ be used wherever possible with external services, including any meeting minutes or similar

Planning

Planning is a formal process that may be conducted over time with the person you are working with. For teams working with families, it is important to consider the individual planning needs of the people in the family you are supporting. Individual planning is a mutual activity between the worker and the person using the service designed to help identify needs, goals and ways to achieve them.

The worker is responsible for maximizing choice and collaboration in the support planning process, and ensuring that the person is encouraged to take as much responsibility as they can for the achievement of their goals. Where people have impaired decision making capacity, it may be necessary to have an advocate present to assist the person to communicate their needs for the plan and ensure that opportunities for a person-centred, collaborative process are maximized.

A Support Plan should be a mutually agreed upon, clearly written and easily identifiable document that outlines the contract of work that has been agreed to between the person and the worker. It should be person-centred, trauma informed and recovery-oriented and will have strong links to the outcomes of the assessments completed, including Stages of Change. It should identify outcomes or goals, timeframes, resources required, who is responsible for each task and how (and when) success will be measured.

When setting goals, Micah Projects recommends SMART goals; those that are:

- Specific
- Measurable
- Achievable
- Realistic; and
- Time Limited

Each team at Micah Projects may have a different ways they document and develop an Action Plan. For the support tools relevant to your work area, please refer to your Team Practice Guide, and discuss with your team Leader.

Implementation

The Implementation phase refers to the 'doing' part of the PSA work to meet the identified goals in the person's Support Plan. Within Micah Projects there are three identified activities that action implementation: planned support; referral and service coordination; and, advocacy. It is expected that all three are interwoven into the work to maximize achievement of identified goals and outcomes.

Planned Support

Planned Support is the key strategy used by workers at Micah Projects to provide assistance to the people we work with. It describes the targeted process of working with someone to meet their immediate, short, medium and/or long term needs, aspirations and goals as identified in their Support Plan. It seeks to look beyond a notion of 'management' of a case or case plan, and instead describes the purposeful 'working beside' with the person or family, and their central role as the expert in their own lives. There is no one model for the work of Planned Support however Micah

Projects is informed by the Standards of the [Queensland Government Human Services Quality Framework](#) , the [Queensland Government Homelessness Program Guidelines](#) and the [National Practice Standards for the Mental Health Workforce](#). For further information on the specifics of Planned Support and applicable Standards within your team context, please refer to your [Team Practice Guide](#).

Tips from Micah Support and Advocacy Workers

Don't get too caught up in 'getting' an assessment. Insight into the individual or family will come with the provision of support, and meeting immediate practical needs should not be overlooked because of a lack of a 'clear' picture. We can work with individuals and families without knowing their whole life story.

Assessment usually comes in bits and pieces as people let you into different levels of their individual and family life over time as relationship and trust develop.

Look at the individual's and families' strengths and needs as a whole. Don't just focus on deficits.

Be aware of your reactions and interactions with each person. Be genuine, empathic and non-judgmental. Remember being non-judgmental does not mean not making a judgment but withholding judgment until you have the information

Outreach and home visiting as a key element of Planned Support

Outreach seeks to reduce the barriers to participation in services that people and families might otherwise face due to their circumstances and/or past history of engagement with services. The flexibility of this approach allows services to be provided to individuals and families who may not otherwise receive support, where they feel most comfortable.

Good PSA work should include a large component of outreach work - visiting individuals and families in their environment, be that home, a caravan park or motel, a park or in the street; and going wherever it is most needed and most effective. Outreach may also involve attending appointments with a person and/or assisting with them with transport. For more information on Assertive Outreach work with people who are rough sleeping, please refer to your [Team Practice Guide](#)

Outreach to people's homes is effective and important because workers see and interact with individuals and families in their own environment. This is particularly important for workers seeking to assist with tenancy or housing stability. Outreach workers can observe early risk factors for tenancy breakdown, and support the individual or family to address these factors. Outreach workers can observe:

- the upkeep of the house and yard
- visitors in the house
- living arrangements
- property damage
- the safety of the house
- interactions between family members.

Outreach is also an excellent tool for modelling parenting and communication skills, as well as the skills needed to maintain a tenancy. Providing practical, concrete support is an important aspect of support work, so workers can help with preparation for house inspections eg. cleaning dishes, mopping floors etc.

Outreach work and policy and procedures

Under law it is understood that all sites and environments that a worker operates in and/or visits in the course of their working hours are considered “a workplace”. Consequently, cars and vans, parks, and other public spaces and the homes of people receiving a service from Micah Projects are deemed to be a workplace if a worker is conducting work business in such places. Micah has an

Tips from Micah Support and Advocacy Workers

- Initially when you meet individuals or families pre-book appointments, don't turn up at their house unannounced
- Later when you have developed rapport, ask individuals or families if they mind you coming for visits unscheduled, for example if an appointment with another family in the neighbourhood is cancelled at the last minute
- If you do visit individuals or families unannounced, ask them “is this an ok time to come in or should I call back another time?”
- If families or individuals are not home, leave notes with your phone number
- Give all individuals and families your mobile number and send text messages to families – it's a great way to stay in touch
- Have access to a street directory, plan ahead so you have petrol, capsules and child restraints, take bread (find out their favourite type) and milk, take toys that are handy, take paper and pens
- Have an understanding of your local area, how to get to suburbs and quick ways to get to places
- Be aware of the shift of power when you are in an individual's or family's space and be sensitive that this is their space
- Relax in the environment. Engage with the children, watch TV with the person, be part of what's happening, helping out around the house if it is appropriate to do so
- Don't be isolated all day; make phone contact with other workers during the day and make time to catch up and debrief with your colleagues at the end of the day

Outreach Safety Procedure inclusive of an Outreach Checklist that is designed to assist outreach workers to undertake the necessary safety precautions to ensure their safety and the safety of others at all times. This procedure should be understood before outreach work is undertaken through induction and revisited to problem solve situations which may arise.

Service Coordination and Supported Referral

Service Coordination refers to the process of working with other workers or services to ensure a person or family's needs are being met (QCOSS Guide, p.13). For many of the people Micah Projects supports, 'falling between the gaps' is a common experience for them with the service system, and workers should seek active opportunities to minimize this. Service Coordination does not mean doing all of the work that other teams or services can or should do, rather it is about having a good level of understanding of the service system and how this can best assist the person or family you are working with, and actively maximizing the opportunities for that service system to respond and support them accordingly. Effective Service coordination is grounded in positive working relationships and connections with peers across teams and other services, a sound knowledge base about what's out there across Micah Projects and other services and what they do, and a commitment to a proactive approach to reducing barriers to access.

Supported Referral is the active process of helping someone to get a service they need either from another team within Micah Projects (internal referral), or an external service (external referral). It is an essential element of service coordination. For information specific to Team requirements of Referrals please refer to you Team Practice Guide and the SRS User's Manual. A referral doesn't just mean telling someone about another place that could assist them and providing contact information and leaving it to them to follow up (unless this is the person's stated preference). The notion of 'supported' referral recognizes the active support element in ensuring people are successfully connected to the services that can most assist them. It is a collaborative, person-centred process that seeks to reduce the structural and physical barriers someone may experience in accessing another team or service by exploring these with people and working to address them. (QCOSS Guide, p. 13)

Supported referral as a process may involve contacting a team or service on the person's behalf, assisting them via phone call or face to face contact to self-present, or helping the person to action this on their own by ensuring they have the correct information and feel clear on what they need to

Tips from Micah Support and Advocacy Workers

- Ensure the person or family does not experience the referral as being "palmed off". Remain open to contact with the individual or family (with clear boundaries). Often marginalised individuals or families will be using this contact as a safety mechanism
- Get the direct number and email of the worker in the new service and know who the manager and/or Team Leader is of the worker in the new service
- Remember that you don't have the ability to do or be everything for everyone – it is better to link in with local or specialist support services where they are needed or appropriate
- Don't double up on the work being undertaken by other supports.

request and how. Supported referrals have the capacity to enhance a working relationship and the persons access to the right support if they go well, and can have the opposite effect if they don't; it is important that the person or family you are working with understand that even if you are not best placed to assist them, you are keen to support them to access the team or service who is and you are not wanting to leave them without support.

Advocacy as an activity of Planned Support

Advocacy within the PSA context refers to speaking on behalf of a person or family, or assisting them to speak, to ensure people get fair access (QCOSS Planned Support Guide, p. 15) to services or supports they need to meet their needs and achieve their agreed aspirations and goals. Advocacy is viewed by Micah Projects as an essential activity of good support work, and has a strong evidence-base to support its effectiveness when dovetailed with other support processes (Feder G, Ramsay J, Zachary M, 2006; Shepard and Pence, 1999; Wies, 2006).

Many of the people Micah supports face significant barriers in accessing mainstream services, and advocacy is one important way to enhance fair access. It is important however that people are always be encouraged to speak for themselves if they feel able to do so, and that when speaking on behalf of someone is a negotiated process grounded in informed consent; to do otherwise can replicate experiences of disempowerment rather than addressing them regardless of how well intended the action was. It should also be remembered that many of the people Micah Projects has supported over the years have been outstanding self-advocates; don't be afraid to learn from them also.

Effective advocacy can help build on the working relationship between the worker and the person or family they are supporting; seeing someone 'speak up' for them can be a powerful trust builder if done in a person-centred, collaborative way. Effective advocacy should be grounded in an excellent understanding of the service system, and the legal and human rights of the person you are working with. It can also model for people how to better their own advocacy abilities; often people who are triggered may not approach their own self-advocacy in the best way

(Utilizing or working with appointed advocates and considerations for people who have impaired decision-making capacity)

Effective advocacy activities can include:

- moral support and encouragement for the person to self advocate
- practical support such as writing a letter someone can take with them, finding out about another agency's complaints mechanisms or role-playing what they'll say when they approach another organization
- attend a meeting with the other service with them
- making contact with another agency on their behalf
- Referring to established advocacy services (eg Tenants Union) whose role is to act with or for people in this area

Monitoring, Review and Evaluation

Effective planned support needs to include regular feedback and formal evaluation and review of implementation to determine whether your activities are effectively meeting the identified goals or whether change is required. For many of the people Micah Projects supports, change in their circumstances and/or their ability to work linearly to achieve goals means that review is vital to ensuring the PSA work is being directed most effectively to meet needs; also that it is not being unduly sidetracked by responding to crises (it is acknowledged that crisis response is part of the work, and may be more or less so depending on the team you work in. However joining in constant cycles of furor with people limits our ability to assist them to meet their goals; we cannot help if we are always in the crisis with them. Accepting and helping people to plan for crises as a part of people's lives especially whilst they work through their immediate needs is an important part of the support work. For further information please refer to [crisis prevention plan](#))

'Monitoring' encompasses the internal organizational processes for ensuring that the identified Support Plan is being actioned within the agreed timeframes (see [Critical Time Intervention](#) as appropriate to your team's work) and agreed outcomes of the [Support Plan](#). 'Review' is the process of going through the Support Plan with the person you are working with, and looking at how it is progressing. It gives the worker and the person or family you are working with the opportunity to note and celebrate success, proactively problem solve where goals have not been achieved, and reassess the applicability of identified goals to current circumstances and aspirations of the person or family.

Monitoring and Review is also how the worker and the team demonstrate accountability to the person they are working with; it is important to always ask ourselves could I be doing something differently or better to help the people I am working with to achieve their goals and to be proactive in seeking guidance from your team colleagues and Team Leader if you think you could improve.

Monitoring and Reviewing Support Plans

It is expected that you regularly monitor and review Support Plans. Monitoring of Individual Support Plans occurs at your team's regular meetings and with your Team Leader. Review of Support Plans occurs at Review Meetings. When a person's Support Plan was created in SRS, you will have set a Review Date for the plan. When this occurs, you need to schedule a Review Meeting with the person; the workers supporting them and any other stakeholders it is helpful to involve.

Process of review (see [Team Practice Guide](#))

During a review, you may ask the person:

- What has changed – both positively and negatively?
- How do they feel about what they see?
- In the light of the changes they have made, what new goals would they like to set for themselves for the coming weeks and months?

Evaluation and feedback as part of participation

Evaluation of planned support work means to measure the success of the work with someone and involves individuals and families along with workers critically reflecting on the support provided. Evaluation is usually a more formal process, where concrete measures about the success of the work are gathered so as to provide concrete information. Evaluation can occur at an individual, family, group or community level and usually involves

- Achievement of outcomes
- The person's satisfaction with the process
- The person's satisfaction with the worker's performance; and
- Reflections from the worker (QCOSS Guide, p. 19).

Feedback may be formal or informal and can be gathered in various ways, for example:

- feedback forms that individuals and families fill out independently with a set of questions relating to their support experience
- discussions with a support worker at an exit interview in which workers ask open-ended questions relating to the support experience
- Support Workers actively seek feedback from individuals and families informally throughout the support period
- feedback forums in which individuals and families are invited to attend, with transport and lunch provided.

Ending the Planned Support and Advocacy work

As a result of monitoring and/or review, you might make a decision together that you will begin planning for the person to complete this piece of support work. For some people and teams that may mean the person exits the service, for others it may be about agreeing that the Planned Support phase of their working relationship has been completed. Exit planning also acknowledges individuals and families independence and autonomy; it should be approached as a positive reinforcement that goals have been achieved, not that the person or family is 'losing' a connection or support. Exit planning can be through the voluntary closure of support by an individual or family or through collaborative planning for closure of support.

It is important that individuals and families are clear about exit planning or closure processes when you first start working with them so that they are able to make informed decisions about their level of engagement with support. Sometimes people opt out of services through their own decision-making. It is important that their decisions, whilst being respected, are also followed up on; it may be something that can be problem solved so that re-engagement can occur.

Good exit planning includes:

- An outline and timeframe of the exit process and closure of documentation (eg consent forms and data. For further information on exit planning processes specific to your team, please refer to your [Team Practice Guide](#))
- An exit meeting
- A review on achievements, success and progress, and adjustment of goals
- [Supported referrals](#) and planning on maintaining engagement with other support services
- Information about how the family or individual can re-access services as required
- Feedback and assessment of support provided.

Some questions to think about as part of an exit interview:

- What did you need and did we successfully assist you to get it?
- What worked for you?
- What could have been done differently or better?
- What improvements to the overall service would you like to see?

Process

Daily processes within Micah Projects, such as supervision, team meetings, continuous quality improvement, leadership, relationships with support staff (e.g. admin, finance, IT) and human resources, need to be aligned with the framework for meaningful ongoing uptake of these practices to occur. There is a need to ensure the meaningful use and congruence across Micah Projects of this guide to avoid the fragmentation that can occur with change efforts. Attention is required across systems in order to implement effective practices. It is important that we have the skills to manage process and be planned and purposeful in every interaction.

Staff support is crucial to providing quality care. Micah Projects recognizes the **intensity** of the Support and Advocacy role, often the long-term nature of support work and the focus on relationship-based service delivery requires targeted staff support strategy to sustain an effective and resilient workforce.

Team Meetings

Are the best way to meet the individual needs of people by coordinating services and task assignments. The meetings also provide a rich environment for shared learning. Each team schedules their team meeting differently, refer to team specific Practice Guide, however according to the needs of the team they range from daily to fortnightly. In Team Meetings every person supported by the team is reviewed on a regular basis (at least monthly/weekly). During this time it is also important to set time for clinical consultation.

Effective meetings are supported with a set agenda, agenda items which should be included are:

- **Reviews of People and Clinical Consultations, focus on:**
 - New people
 - Upcoming exits from care
 - Changes to level of care
 - Other transitions
 - Crises
 - Assessment/plan updates
 - Ensure multiple team members contribute to/review assessments, support plans, referrals to other services and exit plans
- **Task Assignments**
- **Schedules and Coverage**
- **Best Practice Discussions**
- **Administrative Directives and Requirements:**
 - Documentation review: what is due and who is assigned

- Scheduling:
 - Geographic distribution – efficiency
 - Joint visits
 - Transportation needs
 - Backup for sick leave or vacations
 - Office coverage
 - Conferences and clinical reviews
- Administrative directives
- Patterns and outcomes
- Needed resources or problems with resources
- Partner issues
- **Discussions of Outcome Data**
- **Celebrations of Success**

Characteristics of successful Teams

<ul style="list-style-type: none"> • Involve leaders • Set shared aims • Welcome everyone • Self-conscious • Non-linear • Devolve control 	<ul style="list-style-type: none"> • Manage knowledge with agility • Reflective and responsive • Sense- making • Values asking • Recognition economy • Stimulates affection among members
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Source: Institute for Healthcare Improvement

Individual supervision

Individual supervision is provided monthly to bi-monthly depending on the requirements of the individual team by the Team Leader. These sessions consist of the oversight and monitoring of case plans and loads, identifying professional development and training needs, discussion of programmatic issues, individual support and emotional wellbeing. In addition to these planned sessions the Team Leader s have an open door policy and staff are able to raise issues or seek support as required. When an incident occurs or a particular challenging practice issue emerges other members of the Leadership Team including the CEO are available for additional support and debriefing.

Elements of staff support include regular supervision and team meetings, Micah Projects is committed to promoting staff self-care and opportunities to contribute to service design.

Group Supervision

Within Micah Projects there are numerous ways group supervision is undertaken within individual teams. Group supervision is facilitated by experienced professionals who understand the work and the individuals and families supported by Micah Projects. Generally these sessions are an opportunity for the team providing direct service provision to discuss common issues and the impact of the work. Group supervision provides a space for discussion, reflection and collegial support.

Peer Support

Is a crucial component of effective team work and quality service provision. Within Micah Projects this looks differently for individual teams, please refer to your team Work Instruction. Workers mostly return to their workspace prior to the end of their work day to enable time to discuss the day's activities with colleagues. If you are unable to return to the office it is important that you make contact with your supervisor before you head home for the evening.

Reflective Practice

Planning Days

Professional Development

Team Building

Support and Advocacy Workers come from diverse educational and employment backgrounds. Building a co-operative and complementary team is important especially given the intensity and complexity of the work and the situations experienced by the individuals and families supported by Micah Projects. Micah Projects is fortunate to have a high retention rate of employee's means maintaining enthusiasm and avoiding complacency can be a challenge. Micah Projects implement a number of formal and informal team building strategies to enhance motivation and a sense of camaraderie. Having positive teams who enjoy a supportive workplace with a shared commitment is viewed as a priority. This is done by sharing good news in relation to their work and irrespective of how big or small the progress or achievement, is acknowledged in team meetings. Knowing that your colleagues understand that progress and relationship building can be slow and shared within the team, no matter how small can really strengthen a team. Other ways in which teams are built is through mechanisms like the Staff Enews, social media post acknowledging achievements of both staff, people and families supported, community members and volunteers.

Worker resilience & the impact of with people with complex needs

Overall, these strategies combined with the opportunities Micah Projects provides to enhance workers wellbeing – eg social club, regular exercise classes, yoga, pilates combine to facilitate a stable staff with

a shared sense of purpose. The importance of worker resilience in this type of work cannot be overstated and this responsibility is taken seriously by putting in place a range of staff support systems, some of which are mentioned above. Each team additionally has their own support mechanisms that you will find in the team specific work instruction. However worker resilience and wellbeing is a shared responsibility and individuals must be able to identify, acknowledge and act accordingly if the work is having a negative impact on them

Working with people

- Code of Conduct/Ethical practice
- Boundaries
- Building and maintaining relationships

Develop relationships – Be

- Genuine
- Curious about the person
- Persistent
- Consistent
- Trustworthy
- Respectful
- Empathetic
- Resourceful
- Clear about your role
- Responsive to the person's identified needs

Professional verses Personal relationships

- Friendly but not friend
- Meet person's needs - not mutual or reciprocal
- Don't personalize - past experiences trigger reactions in present situations
- Plan to manage our own feelings and personal reactions and maintain professionalism
- Boundaries: distinguishing personal versus professional interactions and relationships – not limit setting
- Be mindful of what you share about yourself and why – universalize, normalize
- Challenges – being in someone's home, dealing with serious and vicarious trauma , having limited support ourselves, people who victimize others
- Never date, have sex with, lend (or borrow) money or keep secrets from your team

Ethical Practice

- Understand expectations, your role and responsibilities

- Work within organizational policies and procedures
- If P&P are a problem, consult with your Team Leader and re-negotiate
- Ask for help when needed from supervisor and team
- Be self-reflective – ask yourself what worked, what didn't and what you could do differently
- Know your limits
- Share information with team members and supervisors
- Speak up when you disagree with plans or interventions
- Be consistent, reliable, honest and keep your promises
- Don't intervene when you are mad at, scared of or feeling sorry for the person
- Apologize when you make a mistake
- Be a role model for the people in the program and your colleagues
- Advise colleagues when to seek support
- Don't expect the people in the program to meet our needs
- Don't lie, cheat, steal or break the law (in case you weren't sure)

Working with a team

- Team model and support makes a difference
- Complexity of the work and benefit of different perspectives
- Art and science
- Back up
- Shared responsibility
- Don't need to figure things out alone
- Reduces burnout

A challenge when working in a team is relationships with other members – when am I your friend and when am I your colleague?

Benefits of a team-based approach

- Increases choice among people receiving services
- Makes service engagement more likely

- Increases access to information and support
- Increases satisfaction with services
- Improves care coordination across team members
- Creates opportunities for cross-discipline learning
- Reduces gaps in services due to staff absences, leave and turnover

Working with a Team Leader

- Monitoring and review with your Team Leader (performance appraisals, management supervision, individual work plans)
- How a Team Leader can assist you
- Building and maintaining working relationships and boundaries
- Seeking line management guidance; the difference between consultation and supervision

The worker as an individual: Understanding ourselves and our own responses, Self Care and seeking support and guidance

- Understand our own history and work style
- Think about how we are feeling and how that is affecting our interventions and responses in every situation
- Know your personal triggers
- Attend to and monitor our own well-being
- Confer with other team members and your team leader
- Ask for help or someone else to attend to a person if we have lost our ability to empathize, be planful, professional or helpful or are angry with the person
- Red Flag – only you can help the person
- Learn stress management and self-soothing techniques
- Take breaks regularly and especially when you are out of sorts
- Use your leave time
- Identify program practices that you see as problematic
- Accept that no one worker has all the answers – OK not to know, consult
- Problem solve with people, not for them
- Reflect on successes with people and celebrate them – even small gains
- Use conferencing model to discuss challenges and plan as a team

Continuous Quality Improvement

Starts with a belief that any service can be improved. Micah Projects uses continual, strategic efforts to make services better. Continuous improvement relies on data-driven decisions to ensure best services possible to achieve our core purpose. Data needs to be used as a flashlight, not a hammer used to illuminate trends and emerging issues, possible gaps, where we are going well and how we can improve and potential future directions. The regular and frequent review of outcomes rather than a single focus on targets is essential with continued discussions on how we can improve the quality of the services we provide.

ProjeX is Micah Projects Quality Management System. The system monitors and documents quality activities- employee surveys, annual feedback, procedure reviews, internal audits, scheduling quality activities. A place to log incidents- WHS, Critical Incidents , Service Improvement request and a document bank where all the organisational policies, procedures and work instructions are located.

The standards that underpin our work are:

The Human Services Quality Framework (HSQF) is strengthened by a commitment to efficient and effective business operations that result in quality outcomes for the individuals and families we support.

The framework contains six **Human Services Quality Standards**:

Standard 1- Governance and management

Standard 2- Service access

Standard 3- Responding to individual need

Standard 4- Safety, wellbeing and rights

Standard 5- Feedback, complaints and appeals

Standard 6- Human resources.

The standards have been developed to include the core components of quality standards used in disability, child safety, community and community care services and are based on the following principles:

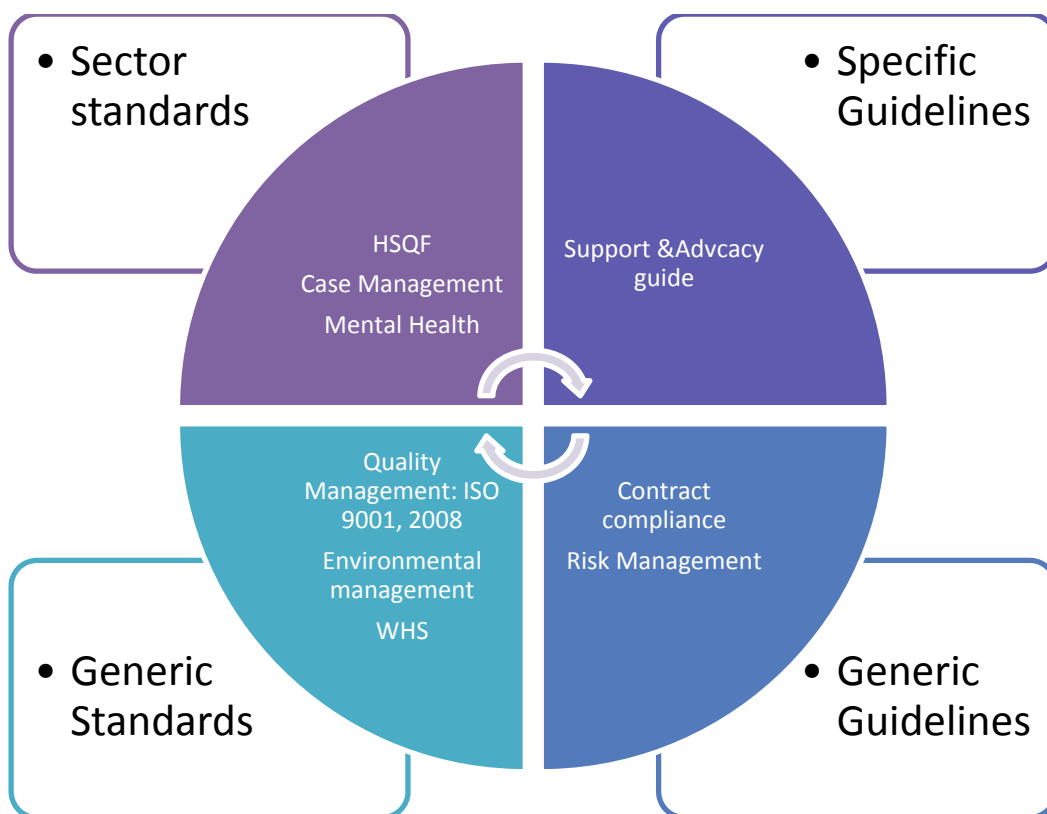
- **Respecting Human Rights-** are planned and delivered in a manner that respects the individual's human rights, in keeping with the United Nations Declaration for Human Rights.
- **Social Inclusion-** services are planned and delivered to promote opportunities for people to be included in their community

- **Participation-** people using services are included in decision making about the services they receive.
- **Choice-** people using services are provided with the opportunity for choice regarding the service they receive and where and how they receive it, within available resources.

<https://www.qld.gov.au/community/documents/community-organisations-volunteering/human-services-quality-standards.pdf>

The other standards Micah Projects comply with are:

- Quality Management System- ISO 9001 2008
- Mental Health Standards
- Case Management Standards



Section 2 Practices, tools and processes

The following approaches and tools are designed to deepen practice; to make it more collaborative and participatory; to ensure that practice is robust and rigorous; to create action steps and plans that allow vulnerable adults and families to thrive; and ultimately work more effectively in seeking to strengthen individuals and families to secure enduring, safety, connection and wellbeing.

Approaches used

- Trauma Informed
- Housing First
- Parents as Teachers (PAT)

Core skills	Practice tools and processes
Engagement: the development of effective of effective working relationships	
Intake, Screening and Assessment: critical reflection and robust decision making at key decision points	<ul style="list-style-type: none"> • Service Prioritization Decision Assistance Tool (SPDAT) • SHARED card
Planning: collaborative processes for working together	<ul style="list-style-type: none"> • Advocacy: Assisting someone gets fair access to services or support • Planned Support • Critical Time Intervention • Stages of Change
Process: focus on processes the support and reinforce the practice	<ul style="list-style-type: none"> • Regular team, individual supervision • Team meetings • Annual appraisals • Continuous quality improvement efforts

Trauma Informed

For many of the individuals and families Micah Projects supports, trauma (single-incident and complex) has played (or continues to play) a significant part in why they require support. “The prevalence of traumatic stress in the lives of families experiencing homelessness is extraordinarily high. Often these families have experienced on-going trauma throughout their lives in the forms of childhood abuse and neglect, domestic violence, community abuse and the trauma associated with poverty and the loss of home, safety and sense of security. These experiences have a significant impact on how people think, feel, behave, relate to others and cope with future experiences. Families have learned to adapt to these traumatic circumstances in order to survive, but their ways of coping may seem confusing and out of place in their current circumstances.” (Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009)

“Complex” trauma differs from single incident trauma (such as car accidents, robberies etc) in that it is interpersonally generated, that is it often occurs in a person’s family of origin and/or their intimate or familial relationships or their community, is repetitive and has a cumulative impact over time (Kezelman, C.A. & Stravopoulos, P.A. (2012).

What makes an experience traumatic?

The experience involves a threat to one’s physical or emotional well-being, it is overwhelming and results in intense feelings of fear and lack of control leaving the person feeling helpless and changes the way the person understands themselves, the world and others. In contrast to the usual stresses and strains of our daily lives, traumatic events occur outside the realm of expected daily experiences. Some traumatic experiences are one-time events (e.g., natural disasters or accidents), while others are chronic and may accumulate over a lifetime. (Trauma-informed Care for Displaced Populations: A Guide for Community-Based Service Providers p 11)

Understanding the impacts of trauma

Potentially traumatic experiences are first registered at a psychological level, as the body’s stress response system takes over to identify and respond to a threatening situation. The limbic system, known as the brain’s emotional control centre, plays a role in identifying incoming sensory information as threatening. Higher, more complex regions of the brain (e.g. the prefrontal cortex) contextualize and evaluate incoming information to determine whether the situation is unsafe.

In the face of confirmed threat, structures in the limbic system, particularly the amygdala and hypothalamus, activate the body’s survival responses: flight, fight or freeze. Neuro-hormones, including adrenaline and cortisol, prepare the body for action and support a later return to a psychological state of balance once a treat has passed. An event becomes traumatic when it overwhelms the stress response system and leaves people feeling helpless, vulnerable, out of control, and overly sensitive to reminders of the event.

Acute symptoms following a traumatic experience may include nightmares or flashbacks; agitation, irritability, and anxiety; hypervigilance; trouble concentrating; and feeling numb and disconnected. People may respond to trauma in different ways based on culture and cultural norms.

People's ways of understanding, making meaning of, and recovering from trauma are also influenced by culture e.g., spiritual perspective and rituals, social connection and support, experience with service providers, help-seeking practices and attitudes)

Although most people are able to recover relatively quickly from traumatic events, others experience more severe, debilitating, and long-term health and mental health consequences. Whether a person continues to struggle following a traumatic exposure depends on many factors that include:

- The severity of the event
- Exposure to other experiences either past or current\
- Biological traits
- Individual coping styles and skills
- Family history
- Attachment to caregiver
- Level of social support

Each of these factors impact whether an individual is able to recover from trauma without developing more significant challenges including Post-Traumatic Stress Disorder (PTSD). The hallmark symptoms of PTSD that impact daily functioning include: re-experiencing the traumatic event (e.g. nightmares or flashbacks); hyperarousal (e.g. difficulty falling or staying asleep, angry outbursts, difficulty concentrating, hypervigilance); avoiding reminders of the event along with constricted behavior and numbing (e.g. diminished interest or participation in significant activities, feeling detached or estranged from others); and disassociation in which behaviours, feelings, physical sensations, and thoughts associated with the traumatic event are fragmented and walled off from other memories.

(Trauma-informed Care for Displaced Populations: A Guide for Community-Based Service Providers p12)

Post-Trauma Responses in Service Settings

People who have experienced on-going trauma are more likely to view the world and other people as unsafe. Those who have been repeatedly hurt by others may come to believe that people cannot be trusted. Lack of trust and a constant need to be on alert for danger makes it difficult for survivors to ask for help, trust providers, and form appropriate boundaried relationships. Common stressors in service settings(e.g. completing paperwork, being asked personal questions, strict rules, demands from staff)may be triggering and lead to heightened and seemingly extreme responses that may be misunderstood by providers as purposefully offensive, rude, or aggressive.

Post-trauma responses include: difficulty following through on commitments, avoiding meetings and other isolating behaviours; frequently engaging in interpersonal conflicts; becoming easily agitated and / or belligerent; demonstrating lack of trust and/ or feel targeted by others; continued involvement in abusive relationships; and active substance abuse.

These behaviours can best be understood as adaptive responses to manage overwhelming stress. Without understanding the connection between trauma and current behaviors, providers may label the person as “manipulative”, “oppositional,” “lazy”, or “unmotivated”, when these behaviours are better understood as survivor responses.

People seeking services may interpret providers' efforts to help as controlling. When that help doesn't yield results, providers' inability to "fix" needs and other stressors may be seen by the individuals and families as purposeful and punishing. Agency rules and regulations may be perceived as disrespectful and belittling, and not dissimilar to prior acts of victimization. Survivors who are further traumatized within the service systems by unrealistic demands and harsh responses by staff become increasingly wary of and triggered by all people's efforts to help and may drop out of services altogether. (Trauma-informed Care for Displaced Populations: A Guide for Community-Based Service Providers p 12-14)

The Need for Trauma- Informed Care

People can and do recover from trauma. Many do so with the help of natural support systems that include family, community and friends. Strong social support and networks are protective and enhance individual and individual resiliency. However, for displaced individuals and families, these natural support systems that act to protect us following traumatic events are themselves disrupted, often leaving people with little to nowhere to turn. Service providers play an integral role in helping people recover by designing services and program environments that best support healing and recovery. Using a trauma –informed approach engages staff at every level in understanding and responding to the needs of trauma survivors. This includes:

- Understanding the trauma of displacement and assessing for its impact;
- Integrating the voice of participants in their support;
- Case planning that identifies strengths and works to rebuild social support systems ; and
- Design program environments that are welcoming, flexible, and responsive to individual needs.

Trauma-informed Care for Displaced Populations: A Guide for Community-Based Service Providers p 14-15)

Trauma Informed Care Principles Summary

Safety

Trustworthiness

Choice

Collaboration

Empowerment

Trauma informed Practice Principles

Trusting relationships is fundamental to effective work

Maximize opportunities for choice and control

Focus on safety at home and in the community – safety is self-defined

Be gentle

Don't dig into trauma unless there is a reason

Current experiences may trigger reactions based on prior trauma- fight, flight, freeze

People may be hyper-vigilant and have exaggerated startle responses

Trauma Informed Priorities

Connect with positive supports

Assist to access stable living arrangements

“Nothing about us without us” – collaborative planning

Teach skills of self-advocacy

Recognises competence and build confidence

Provide support

Housing as a fundamental right

Micah Projects recognizes the importance of ‘home’ for all of the people we work with. Also, that it may be helpful to think of ‘home’ as meaning three homes; the self, the home as a physical dwelling, and the home that is the community we live in. When we do not have a physical home or we are not safe in the one where we live, then our ability to engage and participate successfully to meet the needs of the other two homes (self and community) are greatly compromised (Volk and Kraybill, 2013 in Team Practice Guide, section 5c). The way we do this at Micah Projects is through a Housing First approach.

Housing First

Housing First is an approach that emphasizes stable, permanent housing as a primary strategy for ending homelessness.

Housing First is based on two core elements:

1. Housing is a basic human right, not a reward for clinical success, and
2. Once the chaos of homelessness is eliminated from a person’s life, clinical and social stabilization occur faster and in a more enduring way.

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.

Housing First programs share critical elements:

- A focus on helping individuals and families access and sustain permanent rental housing as quickly as possible without time limits;
- A variety of services delivered to promote housing stability and individual well-being on an as-needed basis; and
- A standard lease agreement to housing – as opposed to mandated therapy or services compliance.

While all Housing First programs share these critical elements, program models vary significantly depending upon the population served. For people who have experienced chronic homelessness, there is an expectation that intensive (and often specialized) services will be needed indefinitely.

For most people experiencing homelessness, however, such intensive services are not necessary. The vast majority of homeless individuals and families fall into homelessness after a housing or personal crisis that led them to seek help from the homeless assistance system. For these families and individuals, the Housing First approach is ideal, as it provides them with assistance to find permanent housing quickly and without conditions. In turn, such clients of the homeless assistance networks need surprisingly little support or assistance to achieve independence, saving the system considerable costs.

(http://www.endhomelessness.org/pages/housing_first)

Housing First Summary

Quick access to housing while providing needed services

Housing is not contingent on compliance with services

Services are voluntary for tenants, not staff- assertive engagement

Services are wrapped around the household- assisted to meet lease obligations and achieve goals

Housing First Principles

Fast access to housing: clear path and participant choice

Same expectations as anyone else in housing

Expectations are set by community or lease based standards

Participant driven services with focus on stability, safety and growth

Critical Time Intervention Model

Critical Time Intervention (CTI) is a time-limited evidence-based practice designed for people/families with complicated clinical conditions during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods.

The entire approach is person-centred and flexible to adjust to individual needs. Most often, the intent is to connect to community resources, though can often start with more intensive, assertive approach. Services are designed to increase autonomy and greater independence.

Core Components

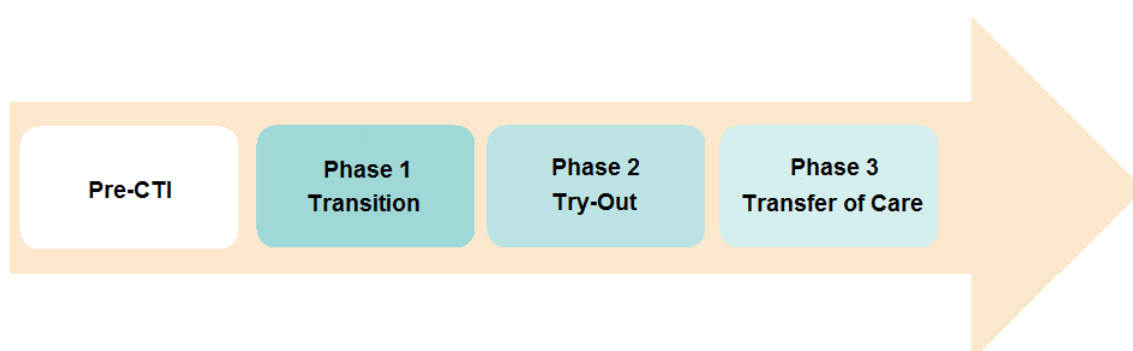
- Addresses a period of transition
- Time-limited
- Phased approach
- Focused
- Decreasing intensity over time
- Community-based

CTI Assessment and Planning covers all aspects of a person's/ family's life.

Housing, Financial, Health and Mental Health, Substance use, Family and significant others and Life Skills



Phases of CTI



(Pre-transition Post transition (first 30 days) Every 3 months for first 9-12 months post transition – add timing to image)

Pre-CTI

Develop a trusting relationship with person.

Phase 1: Transition

Provide support & begin to connect individual to people and agencies that will assume the primary role of support.

- Make home visits
- Engage in collaborative assessments
- Meet with existing supports
- Introduce person to new supports
- Give support and advice to person and caregivers

Phase 2: Try-Out

Monitor and strengthen support network and individual's skills.

- Observe operation of support network
- Mediate conflicts between person and caregivers
- Help modify network as necessary
- Encourage individual to take more responsibility

Phase 3: Transfer of Care

Terminate CTI services with support network safely in place.

- Step back to ensure that supports can function independently
- Develop and begin to set in motion plan for long-term goals
- Hold meeting with client and supports to mark final transfer of care
- Meet with client for last time to review progress made

(Taken from the Centre for the Advancement of Critical Time Intervention - <http://sssw.hunter.cuny.edu/cti/cti-model/>)

Tools

Documentation

“if it isn’t documented it didn’t happen”

Micah Projects has an electronic record system where all case notes, plans, an individual’s and/ or family details are recorded, please refer to the user guide and your Team Leader for further information on how the system is used within your team.

At Micah Projects the documentation requirements are:

- Assessment relevant to the individual/ family need
- Action plans
- Payments
- Progress notes
- Tasks and actions
- Reports
- Internal referrals

Notes are informative summaries of direct practice contact (observations, assessments, progress notes);

Case-notes are important to direct practice because they:

- Provide an information base to guide assessment and intervention (for example, can show patterns of escalation)
- Are an essential ethical and legal requirement
- Make visible elements of a matter;
- Promote collaboration and consistency amongst service providers
- Can contribute to a knowledge base about service delivery.

Effective notes provides the primary audience with the information they need;

- Is focused, factual and evidence based – eg. “The bruise on the child’s upper right arm was about 5cm in diameter”; “Jackie stated that Martin had refused his blood thinning medications for 10 days before his stroke.”
- Reporting observations is often helpful. The house had three bedrooms and was in a tidy condition.
- May include interpretation (but be clear it is YOUR interpretation, not FACT), Eg. The child appeared afraid as “the child hid in the corner and appeared to be frightened of his father”, “Jason appeared withdrawn as indicated by a lack of speaking during the interview”,
- Is in language that is accessible and appropriate to the primary audience;
- Is concise and provides information in a way that is well ordered, readable and brief (remember to prioritise);
- Addresses formatting requirements
- Succinct

- Accessible: Well structured so that the most important information for the reader “stands out” and is not buried in the text.
- Clear: well written to avoid ambiguity or confusion
- “objective” / neutral (separating facts and opini

Source: Adapted from Karen Healy slides *Documenting our practice: Writing case-notes*

Service Prioritization Decision Assistance Tool (SPDAT)

The SPDAT is an evidence-informed approach to assessing an individual's or family's acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability.

The full SPDAT is a support planning tool that focuses on 15 components of a person's life and helps to indicate which components the person may need the most targeted support around.

The tool is designed to help prioritize what type of support people will benefit from, as well as helping indicate the amount of support they will need. The SPDAT can help us prioritize and divide our time to work with those who need the most support. It can help us focus who needs the most support and makes sure we don't under or over service individuals

See full SPDAT document page 10 for approaches to complete SPDAT

[Link to Full SPDAT](#)

VI SPDAT

The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. The Vulnerability Index is administered in a form of a survey, which captures a homeless individual's health and social status. It identifies the most vulnerable using a web-based data system that provides each community a report for those individuals interviewed that are also "vulnerable" or have the specific health conditions, combined with duration of homelessness, that cause homeless individuals to be most at risk for dying. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support

[Link to VI SPDAT](#)

Stages of Change



Change is a process. In the Stages of Change Model (SCM), a person's stage of change is used to decide which strategies are most appropriate to promote or maintain change. One of the fundamentals of case management is to promote positive change. Using the framework of Stages of Change, there are a number of characteristics of behaviour and action that can be aligned to each stage for each component of the SPDAT. (Housing Support Training Series "Using the SPDAT to improve case management" Resource Book, ORGCODE Consulting INC. December 2013)

Change isn't a one shot deal, it is a process that begins before the person considers changing and never ends. The Stages of Change assesses how ready a person is to engage in a new behaviour. There are five stages of change:

1. Precontemplation: Not intending to change
2. Contemplation: Thinking about making a change in the next 6 months
3. Preparation: Thinking about changing in the next 30 days
4. Action: Having made a change for less than 6 months
5. Maintenance: Having made a change and kept it up for more than 6 months
6. Relapse: Return to problem behaviour

A person's stage predicts the most appropriate strategies to help them move forward with the change. The SCM is successfully applied to dozens of behaviors including smoking, alcohol and substance abuse, domestic violence, stress management, healthy eating, and exercise. The stages apply to everyone and every kind of change. Understanding the SCM can assist you to better understand what is happening when people, including themselves, make changes in their lives.

(See [Using the Service Prioritisation decision assistance tool \(SPDAT\) to improve case management doc](#))

Tips:

1. Recognize the signs of each stage of change. Each stage of change looks different.

People in *Precontemplation* do not believe that change is right for them. They are happy with the way things are and are haven't considered changing because they don't see a need for it.

Those in *Contemplation* may know the reasons for making a change, but believe the barriers outweigh the benefits. They are not ready to change.

In *Preparation* individuals intend to make a change in the near future. Planning a new years resolution often falls into this stage.

The difference between *Action* and *Maintenance* is how long a change has been implemented. A person who quits smoking a week ago (action) is in a very different position than someone who quits over six months ago (maintenance).

2. Understand that change often isn't a linear process: People can be in the Contemplation stage for long periods of time. Also, people can move backward. Setbacks, such as those caused by a traumatic event, are often appropriate and can be a learning experience to think of different ways to handle the situation if it arises again. Never ridicule yourself or someone else for moving backward.
3. Change does not necessarily mean "action," it means progress: People in Contemplation are much more likely to reach the action stage than those in Precontemplation. Likewise people in Preparation are much more likely to reach the action stage than those in Contemplation. While we often want to see the physical change, being increasingly ready to change is an accomplishment and three of the five stages take place before change is implemented in the action stage.
4. Focus on the advantages: In the early stages it is important to help people recognize the pros of changing without pressuring them. Some people exercise to lose weight. Others exercise to get stronger, de-stress, or be healthy for their children. Figuring out what motivates yourself or others can help the process move forward.
5. Understand the disadvantages: Common barriers are not having enough time, not knowing where to start, and not having enough money. While some barriers may never be eliminated, work to find solutions for as many barriers as possible and advantages that cancel out the barriers.
6. Increase Self-Efficacy: Confidence to make a change, maintain a change, and resist temptation to relapse increases with progression through the stages. The more you believe you can change, and keep it up, the more likely you are to be successful. Learning how others overcame barriers to change can also increase self-efficacy.
7. Set goals and action plans for later stages: Ensure sustainable success by making contingency plans to cope with difficult situations. For example, it's more difficult to exercise and eat right during the holidays. Planning something active with your family or bringing your own

healthy food to a party makes it easier to stick with your goals. And remember, if you don't go to the gym or eat right for one day it doesn't mean that you are a failure. There is always tomorrow

(SCT Taken from <http://homeless.samhsa.gov/resource/using-the-stages-of-change-like-experts-48260.aspx>)

Supporting people with Substance Use Issues

Substance Use Services (Note: The following information is reproduced from Hannigan and Wagner's *Developing the "Support" in Supportive Housing*, Chapter 6, with minor changes to reflect local conditions.)¹

Most of the teams and program areas of Micah Projects will find it necessary to address issues of alcohol and possibly illegal drug use among the individuals and families supported within individual teams. Although alcohol and substance use can cause difficult and complicated challenges, Micah Projects provides opportunities for innovative approaches for working with people who have substance use problems.

Addiction and Recovery

People use mind- and mood-altering substances (drugs and/or alcohol) for a variety of reasons. Substances are taken, for example, to heighten good times and to manage boredom and stress. Though they may realize substance use is problematic and unhealthy, people often have difficulty exercising control over drug use and drinking. For some, substances become a way of life. Feeling that they are unable to live without alcohol and/or drugs, substance users often feel trapped and, in many cases, remain actively addicted for years.

The development of a dependency on substances is a process that occurs in stages over time. It progresses from social or recreational drug use, to increased use, to extended and uncontrollable use, which frequently leads to problems in social, occupational, and/or interpersonal functioning.

The effects and consequences of substance use are different for each person, and an individual may fluctuate in levels of use regardless of whether he/she receives treatment. Determining distinctions between use and dependency are generally based on the amounts used, the amount of control over use, and the severity of impairments that occur. (See Appendix III, DSM IV Diagnostic Criteria for Substance Abuse and Substance Dependence.)²

Recovery from substance dependence also occurs in stages. Adapting to a life without substances usually requires filling vast amounts of time, altering daily routines, and finding new social groups and activities.

Resisting the temptation to use substances is a struggle that requires substantial energy and commitment. During the initial period of abstinence, feelings of great loss can override any sense of freedom from addiction. The experience is often compared to losing a best friend.

Many who are in recovery see themselves as constantly vulnerable and at risk of relapse. People often remain involved for decades in Alcoholics Anonymous (AA), for example. Some people still have dreams about drinking or drugging after many years of abstinence. Helping people deal with their addictions to substances is a major challenge, posing the possibilities for both enormous reward and great frustration for the individual/ family and staff.

¹ Hannigan, Tony., and Wagner, Suzanne (2003), *Developing the "Support" in Supportive Housing: A Guide to Providing Services in Housing*, Centre for Urban Community Services, New York.

² While DSM V has been released, the criteria for substance use and dependency remain unchanged.

Approaches to Substance Use in Supportive Housing

Traditionally, substance use treatment is made available to people once they have made the decision to stop. In recent years, however, the development of alternative interventions has helped to expand the range of available options. Substance use issues and addictions are increasingly viewed as chronic, relapsing problems that require long-term intervention. One model, the Stages of Change, identifies interventions that can be effective in helping individuals reach the decision to reduce or stop use as well as to address relapse. Other approaches emphasize “harm reduction” and focus on helping individuals reduce the consequences of substance use and better manage their lives and health (e.g., working, paying rent, meeting family obligations, and avoiding illness).

Support and Advocacy work presents a unique opportunity to help people with substance use problems. Staff members are in the position to provide support over an extended period of time and work with people where they live. Historically, individuals who need help with a substance problem must find support and services outside of their living environment; in other words, help is not likely to come to them. In fact, if substance use becomes a danger or threat to other tenants, the [support] program usually has to intervene.

In recent years [in some jurisdictions], there has been an expansion of the range of housing options available to people who are at various stages of use, dependency, and recovery. ...[Some require sobriety, some focus on harm reduction for people unable to achieve sobriety, and some do not focus on substance use unless a tenancy is at risk because of problematic behaviours related to substance use.]

Sober/“Dry” Housing

Dry housing offers a sober/drug free-living environment and focuses on working with people who have stopped using. This category represents the majority of residential alcohol and substance use treatment programs. Some of the features of dry housing are:

Goals

- To maintain sobriety and support recovery
- To foster sobriety through peer support
- To teach the skills of relapse prevention

Assumptions

- People should have the option to live in a safe drug- and alcohol-free environment
- Achieving and maintaining sobriety is the primary goal of substance use treatment
- People in the early stages of recovery should be separated from people who are actively using

- It is effective for people to work on their drug- and alcohol-related issues with others who are doing the same. [Support] services should focus on promoting self-help among participants to reinforce recovery efforts
- Drug and alcohol use endangers the supportive community. The community should instill the value of sobriety, and alcohol and drug use should not be tolerated on the premises

Characteristics

- Usually designed as transitional housing
- Abstinence is usually a condition of entry
- Structured daily schedules are common
- Abstinence from alcohol and substances may be monitored through urine screenings
- Often sponsored by organizations already providing other drug and alcohol treatment services
- May or may not be equipped to handle special needs and disabilities, such as mental illness
- Residents are often involved in the enforcement of house rules
- The staff frequently includes people who are in recovery themselves
- Usually requires residents to work or seek employment
- Relapse sometimes results in a reduction of responsibilities and/or privileges and, in some programs, discharge or eviction

Advantages

- Provides a structured environment that completely supports sobriety
- Presents an opportunity to focus on sobriety and is particularly effective for those in the early and middle stages of recovery
- Meets the needs of individuals who would have difficulty staying sober in an environment where people are using
- Makes recovery a central part of everyday life

Possible disadvantages

- Can limit eligibility compared to other types of housing
- Can create secrecy and shame around use, particularly if people face eviction for relapse
- Can place staff and residents in a monitoring and policing role
- Can be difficult to detect use with certainty without using measures such as urine testing

Harm Reduction/"Wet" Housing

Wet housing is less prevalent than other types, and its development often sparks debate. Wet housing is usually targeted to specific groups in a community or locale, such as individuals who are chronic inebriates.

Wet housing is a form of harm reduction, which emerged in the 1980s in response to the AIDS crisis and initially focused on interventions to prevent the spread of HIV, such as distribution of condoms. Over the years, harm reduction approaches have been expanded to include substance use. For some individuals who are unable or unwilling to achieve sobriety, harm reduction strategies have helped them to get and stay housed, connect with family, and go back to work. Some of the features of wet housing are:

Goals

- To provide a safe and secure environment for people who are not ready or able to stop using substances
- To reduce the negative impacts and consequences of substance use
- To help individuals meet the obligations of tenancy and maintain housing stability
- To provide ongoing opportunities for each individual to address substance use problems
- To help people achieve abstinence; in others cases, the goal may be addiction management or reduced use

Assumptions

- People deserve safe, affordable housing regardless of addictions
- In helping people reduce the harm caused by their substance use, self-awareness about the impact of substance use is increased. This awareness can often be a motivator to reduce or stop use
- The quality of life of substance users can be improved even though they are still using drugs or alcohol
- People can have substance use problems and still function and meet life obligations
- In helping people achieve goals they set for themselves, a trusting relationship with staff is established, which is key to a process of change for many individuals

Characteristics

- [Support] services focus on helping tenants stay housed by assisting with the management of problems that interfere with meeting tenancy obligations, such as non-payment of rent and disruptive behaviour

- Services include case management, health education, medical care, nutrition, personal safety, risk reduction, supportive counselling, and self-help groups
- Offers an environment where tenants can openly admit and talk about alcohol or drug use without fear of losing their housing
- Staff can arrange access to substance use treatment, if applicable
- Supportive services arrangements anticipate that there may be issues of dual and multiple diagnoses, such as mental illness and HIV/AIDS
- Tenants must be able to follow basic rules of conduct and comply with lease obligations
- Illegal substances are generally not allowed on the premises, and alcohol is usually not permitted in public spaces
- Behaviour that is threatening to other tenants and the larger community is not tolerated
- Participation in support [programs] is not a condition of tenancy

Advantages

- Provides active substance users with housing
- Enables substance users to have an improved quality of life
- Gives individuals the opportunity to explore substance use issues in an open and nonjudgmental atmosphere, where they can freely contemplate the costs and benefits of continued use
- Reduces the risks associated with using substances
- Supportive services are available on an unconditional basis

Possible disadvantages

- Can be very difficult to gain public and community support
- Staff must be vigilant about monitoring disruptive behaviour
- Can be viewed as enabling individuals to continue substance use
- Increased risk of illegal and disruptive activities associated with substance use
- Is outside the funding guidelines of some localities

“Damp” Housing

[Brisbane Common Ground falls into this category, in terms of the approach taken to substance use.] Damp housing usually includes tenants who fall within a continuum from “never touch alcohol or drugs” to “can’t stay away from them.” Alcohol use is generally discouraged, though it is not prohibited except in public spaces. Illegal substances are usually prohibited. While alcohol and

substance use treatment are not typically central features of damp housing, supportive services programs in these settings are usually designed to provide assistance to tenants who have alcohol or substance use issues. Some of the features of damp housing are:

Goals

- To provide a safe and stable housing environment for all tenants
- To enable individuals to meet the obligations of tenancy and maintain housing stability
- To link people who have disabilities and/or special needs to appropriate supportive services
- To provide ongoing opportunities for each individual to address substance use problems

Assumptions

- People who have substance use issues can usually meet the basic obligations of tenancy
- Staff must work to build relationships with tenants, particularly individuals who have disabilities or special needs, including alcohol and substance use problems
- Supportive services are user-friendly and driven by the needs and goals of the tenants
- Relapse is a part of the recovery process and individuals can benefit from relevant services at all stages of the use and recovery continuum (See Appendix IV, Stages of Change and Recovery)

Characteristics

- Recovery is promoted but not required, and abstinence is not a condition of tenancy
- Substance dependency is understood to be a chronic health problem with symptoms that vary in severity over time. Consequences for substance use are related to behaviours that violate or break lease obligations
- Substance use services are offered unconditionally and in the same way that other services (mental health, medical, etc.) are offered
- Support services focus on assisting tenants to meet the obligations of tenancy, such as paying rent and remaining in compliance with lease obligations
- Staff can arrange access to substance use treatment, if applicable
- Applicants may be expected to be substance free at intake into the housing, although policies vary.
- Supportive service designs anticipate relapse and active use issues
- Supportive service designs anticipate that there may be issues of dual and multiple diagnoses, such as mental illness and HIV/AIDS

Advantages

- Housing is made available to a wide range of individuals, including those at various stages of use and recovery
- The program approach is flexible, can be adapted to meet a wide range of needs, and is particularly suitable to working within a permanent housing setting
- Individuals in this housing tend to maintain housing stability for extended periods of time
- The focus is on behaviours relative to maintaining housing rather than trying to detect use, which helps to reduce secrecy and encourages tenants to seek services

Possible disadvantages

- Some tenants in recovery may find it intolerable to be in an environment with active users
- Alcohol and substance use can cause problems that pose threats to the stability and safety of the housing environment
- Alcohol and substance use problems can be very difficult to manage

Core considerations

There are specific considerations for working with individuals who have substance use issues. These include establishing expectations for behaviour, using interventions that help people to change, ensuring coordination and continuity between on-site and community-based services, promoting community building and peer support strategies, offering relapse prevention services, addressing issues of dual-diagnoses, and supervisory and staff training issues.

Establishing Expectations for Behaviour

Expectations for Behaviour: Clearly, substance abuse can result in very disruptive behaviours. It is important to be clear with the person you are working with about the expectation that while you are working together: [See immy refer to outreach workers check list](#)

- Illicit drug use will not be
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Focusing on Behaviour- general scenario

One supportive housing site described a tenant who was screaming obscenities late at night in the hallways and waking neighbours. The supportive services staff were unsure if this was a symptom of mental illness or substance use, and they spent the large part of two staff meetings disagreeing with property management staff about the root cause of the disruptions.

Meanwhile, tenants organized and called a meeting to complain about the noise. They insisted that the staff address the situation. It became clear that the immediate priority was to respond to the noise problem and disturbance to neighbours, regardless of the cause.

Consequently, staff concentrated on stopping the noise, and it ultimately turned out that the tenant was in need of assistance with both mental health and substance use issues.

The Stages of Change

Prochaska, DiClemente, and Norcross identified a series of predictable stages that people pass through before they actually achieve sobriety³. Their work resulted in the Stages of Change model, which describes the experiences that individuals using substances undergo before achieving sobriety. The Stages of Change suggest ways of working with individuals at each point in the process. Sometimes, the frustration experienced by staff working with substance users is due to a mismatch between a substance user's actual stage of change and the specific interventions being applied by staff.

The Stages of Change model emphasizes that change takes time, movement can be back and forth, and interventions must be tailored to an individual's particular place in the five-stage process. The stages are:

Precontemplation: An individual is "in denial" and unaware that a problem exists.

Precontemplation is the stage of unawareness or under-awareness of problems related to drinking and/or drug use. There is no intention to change behaviour in the foreseeable future. Many defensive behaviours are evidenced, including denial, externalization, and minimizing. ("I don't have a problem...it's your problem.") At this stage, the staff focuses on engaging the person and working to learn more about the individual's interests, concerns, and goals. The issue of substance use is raised as it affects the individual's ability to address these concerns and goals.

Contemplation: Contemplation is the stage in which the person is aware that a substance use problem exists and begins to think seriously about overcoming it. However, a commitment to take action has not yet been made.

It is sometimes called the "yes, but..." stage. Helping people to clearly examine how drug use is creating negative consequences and interfering with personal goals is important. People usually weigh the positive effects of substance use and getting high against the considerable effort, discomfort, and loss of not using. In the contemplation stage, the staff can help the individual

³ Prochaska J. O., C. C. DiClemente, and J. C. Norcross. "In Search of How People Change: Applications to Addictive Behaviors.", *American Psychologist* 47, no. 9 (1992): 1102–1114.

envision how to replace old counterproductive behaviours with behaviours that support independence, stability, and health.

Preparation: An individual is thinking about the steps to be taken to make change.

Preparation is a decision-making stage and combines intent with a real plan. (“This is what I will and will not do.”) Some reductions in problem behaviours may have been made—such as no longer drinking in the mornings—but the desired outcome, such as abstinence, has not yet been reached. At this stage, a tenant may say he/she does not want to drink at all. Staff should help tenants develop plans for the action phase.

Action: An individual is now changing his/her behaviour and/or environment to address use issues.

Abstinence requires a considerable commitment of time and energy. Moving into action following relapse is difficult, but the reminder that it has been accomplished in the past is encouraging. Prior relapses are used as an opportunity for learning about triggers for use and how to live without using. The staff assists tenants in the action phase by helping them talk about and plan how they will remain abstinent, avoid triggers, and deal with urges.

Maintenance: An individual has maintained the change in behaviour for six months or longer.

Maintenance is the stage in which people work to prevent relapse and consolidate the gains attained during action. For most people, maintenance lasts a lifetime, and ongoing relapse prevention is critical. The Stages of Change model recognises that many people have false starts and that relapse is a part of the recovery process.

Relapse occurs if the person resumes the problem behaviour and returns to one of the first three stages. In theory, an individual could go through detoxification and join AA (action), quit drinking for ten years (maintenance), start drinking again for three years (relapse), and begin to think about stopping again (contemplation). A person could cycle through all or part of the process numerous times.

The Stages of Change approach has been incorporated into programs where abstinence is a goal and where it is not. In the latter, action is not necessarily defined as sobriety but a change in behaviour, such as not drinking during the week. The Stages of Change can also be used in conjunction with other models of addiction and recovery. (See Appendix IV: Models of Substance Abuse, Addiction, and Recovery; Appendix IV: Stages of Change and recovery: The Course of Change and Worker Tasks.)

Individual Support

Support and Advocacy work provides a unique opportunity for staff to establish one-on-one relationships with the person or family they are supporting. The one-on-one relationship between a [support] worker and person is often a key factor in promoting or maintaining change when substance use issues exist. Having faith in the individual’s ability to improve his/her life and providing support through missteps and setbacks are very important, regardless of other variables. High levels of trust, acceptance, empathy, and a nonjudgmental stance characterize these relationships.

Maintaining good relationships with chronic substance users can be difficult and complicated. Repeated alcohol and/or substance use without real change can be very frustrating, and strong negative reactions in response to the consequences of use can also occur, particularly when harm to others is involved. In this regard, the staff need forums and supervision to discuss their own feelings and frustrations as well as guidance about maintaining these relationships and remaining helpful. Counselling should not become the support that “enables” an individual or a family to continue to use but rather enables the individual to honestly evaluate the impacts of substance use.

Specifically, staff members can work with the person to discuss and evaluate any of the following:

- Current needs and goals
- How substance use fits into one’s life
- Where a person is at in the “stages of change”
- The pros and cons of changing substance use patterns
- The costs and benefits of change (reducing or stopping use)

Some of the primary goals for staff include:

- To listen and understand the relevance of substance use for the individual
- To understand individual readiness or efforts to change and to match interventions accordingly
- To help identify meaningful reasons for stopping or reducing use
- To raise awareness by pointing out instances where use interferes with the individual’s ability to achieve self-identified goals

Sometimes, staff members approach substance use issues by encouraging and pressuring the person to stop using. Unfortunately, this usually sets up push-pull scenarios, with the person trying to avoid staff and staff looking to “land the person.” In some cases, individuals may want to stop using but cannot sustain sobriety and may find the staff to be just another hassle. Even though it may seem obvious that substance use is a primary cause of problems for some people, “hitting them on the head” with it is usually ineffective.

Similarly, some people may not know “why” they drink or use substances, and it is not necessarily helpful or practical to focus on this. Instead, in an effort to build motivation for change, it is important to focus on the discrepancies between what a person wants and what that person has.

Since substance use can interfere with functioning in a variety of ways, it is often helpful to address substance use as it impacts an individual’s goals such as employment, reunification with family, or staying housed. The reasons to reduce or stop use may begin to outweigh the reasons to continue. The fact is, however, that substance users ultimately face giving up something that provides them with comfort in exchange for the pain of withdrawal and the loss of a familiar lifestyle. When

working with people who are preparing to change, staff should help in planning to manage these losses and to avoid triggers that can lead to relapse.

Individualized recovery plans are important. A recovery plan delineates the strategies an individual has decided to use to maintain abstinence as well as plans to manage urges and anticipated triggers. The plan addresses matters such as friends and support, routines and rituals, filling time, and managing feelings. This process can also be conceptualized as a “use reduction plan” for those still actively using, focusing on reducing some of the consequences of use such as disruptive behaviour and poor health.

Combining Support Services with Community Linkages

Supportive housing programs have to evaluate which services will be provided by the team and which will be provided through community linkages. The usefulness of community-based services is dependent upon the quality of services available and the fit with persons’ needs. Preferably, staff are able to coordinate their efforts with a community-based support program that specializes in substance use services.

Meetings between the staff of Micah Projects and community-based programs can lead to better coordination and enhance the quality of service being provided. Even with extensive community-based supports, however, support service programs should be prepared to get involved directly with substance use issues because some people may not get engaged in treatment or may create substance-related problems in the housing.

Recovery Planning and Relapse Prevention Services

Once a person has made a decision to commit to abstinence or reduced use, there are a variety of interventions that Support and Advocacy workers can provide to assist in recovery planning and relapse prevention.

Following are examples of supports that can be offered individually or in groups.

Education: Teaching about managing the withdrawal process, urges, cravings, addiction patterns, and hurdles to recovery. This can occur via presentations, discussion groups, reading materials, and the Internet.

Exploring positive and meaningful alternatives for spending time: Looking at how to manage time when substance use is not the organizing force by engaging in new activities, such as education and other pursuits.

Developing new relationships and a support network: Making new friends and learning how to live without substances. Attending AA, NA, and other self-help meetings. Identifying a sponsor and/or others in recovery who can provide support and guidance.

Identifying triggers: Looking at people, places, and things associated with addictive behaviour. One group activity, “the clock,” identifies times of the day most associated with use. Another, “treasure hunt,” identifies and examines triggers in the neighbourhood.

Developing coping strategies for high-risk situations: Using rehearsals, role plays, and discussion to prepare for difficult encounters such as; meeting the “active” friend, telling family about recovery needs, or attending a social function. Learning stress and anger management techniques is also important.

Recording thoughts, emotions, and behaviours: Using a personal journal to record situations that provoke thoughts and emotions and how these can lead to relapse or continued sobriety.

Documenting solutions and rewarding success: Reviewing high-risk situations and identifying coping strategies that were particularly useful. Integrating successful strategies into future recovery planning efforts, identifying rewards for success, and celebrating accomplishments.

Learning from relapses: Normalizing the experience by listing the circumstances that preceded the last relapse. Identifying the changes in thinking, behaviour, and emotion that precipitated the act of “picking up.” Helping the person to identify his/her own particular warning signs and making connections between use and the consequences of use.

Employment and vocational supports: Engaging in employment and vocational services can be key. Not only does work fill time, it can provide meaning and life-changing opportunities. In models using harm reduction approaches, work may be a motivator and strategy to use less substances.

Common Relapse Triggers

Though relapse triggers can be profoundly different for each person, the following ten triggers are common.

- Being exposed to alcohol and other drugs, active substance users, and places where the individual used to buy or use substances
- Boredom, feelings of emptiness
- Negative feelings including anger, sadness, envy, loneliness, guilt, and shame
- Positive feelings that are associated with celebrating
- Having a taste, such as having a drink or feeling high from prescription drugs
- Experiencing a loss, setback, or grief reaction
- Attempting to test the ability to use only on a “recreational” basis
- Physical pain
- Suddenly having a lot of cash
- Romanticizing getting high

Fostering a Supportive Community, Leadership and Self-Help Strategies

A hallmark of supportive housing is a focus on fostering community among people who live in the housing, promoting connections to the community outside the housing, and otherwise assisting in the development of tenants' support networks. Efforts that bring people together and promote socialization and healthy living help to build community and provide alternatives to using substances.

Providers can engage in a variety of interventions with tenants, including educational and support groups, recreational activities, socialization opportunities, and classes to learn new skills and information. Celebrations of holidays, anniversaries (such as sobriety periods), and other gatherings can offer people opportunities to socialize without substances. Educational sessions on a wide variety of subjects from anger management strategies to job searches to yoga can engage people in new pursuits and teach new coping strategies.

Cultivating leadership among tenants who have histories of recovery can be helpful to those who are still struggling with substance use problems. These individuals can become role models and mentors for others and take on proactive roles within the housing. Some, as part of Alcoholics Anonymous or Narcotics Anonymous, may become official "sponsors". These individuals can be particularly helpful when working with people who may be more responsive to peers than staff members.

AA (Alcoholics Anonymous) and NA (Narcotics Anonymous)

Many supportive housing projects host AA and/or NA meetings. The motivation for starting on-site meetings often comes from the tenants as part of their recovery processes. AA and NA are extremely effective in promoting and supporting sobriety, and providers routinely rely on these and other self-help groups as part of their supportive services program plan. The vast majority of groups are started and run by members, and listings of local meetings are readily available.

On-site AA or NA meetings that are open to the public are a way to provide a service to the tenants and the community at large. On the other hand, many decide to attend AA and NA meetings off-site because they feel more comfortable discussing personal matters outside the housing setting. Some housing sites offer meetings onsite and publicize meetings in the community as well. One distinct advantage of on-site meetings is that they are convenient, and some people may attend who otherwise might not make the effort.

Creating Services for People with Dual Diagnoses

Many supportive housing programs serve people who are dually diagnosed with mental illness and chemical addiction. Addressing mental health and addiction problems simultaneously is the

preferred approach. Substance use can increase psychiatric symptoms (e.g., hallucinations, severe anxiety, depression) and can also mute these same symptoms. When people stop using or reduce consumption of alcohol and other substances, symptoms can increase or decrease.

There is evidence that treating both severe and moderate mental disorders with appropriate medications, such as anti-depressants, can reduce substance use. In these cases, staff should monitor symptoms and side effects and coordinate closely with the psychiatrist prescribing medication. Matching interventions to the individual's "stage of change" is particularly important for dually diagnosed people, since confrontational strategies can be more stressful and disorganizing for those with fragile defenses.

Some supportive housing projects offer Double Trouble groups for tenants who are mentally ill and chemically addicted. (Double Trouble groups use an adaptation of the AA/NA twelve-step model that is particularly sensitive to mental health issues.) One advantage to having these groups is that people can share their experiences with others who have similar backgrounds. Ideally, tenants should have access to Double Trouble groups as well as other substance use and relapse prevention groups. (See chapter 4, Mental Health Services, for more information on this subject.)

Staff Expertise, Expectations and Training

Staff who work in supportive housing frequently report that dealing with substance use issues is the most difficult part of their work. It can help to hire staff who have prior experience working with substance users, although those who have worked in treatment or transitional settings sometimes find permanent housing to be very different due to a lack of leverage in requiring sobriety. Some programs hire people in recovery because of the natural alliance that they are able to build with other people working to remain clean.

Staff burnout increases when there are unrealistic expectations regarding the outcomes of their work. It can be very frustrating to put out a great deal of effort and time and feel like nothing is working. Similarly, it can be difficult to maintain a clear perspective within the one-on-one relationship, where the steps may be small and substantial change can feel completely out of reach. A staff person can also feel undue responsibility for an individual's inability to change, particularly if the person's behaviour is causing problems for other tenants. The supervisor's role is to help staff members set reasonable expectations for their work and provide support and guidance. Additionally, staff need maximum clarity regarding the program goals, philosophy, and rules regarding substance use.

Some supportive housing programs have substance abuse specialists. Specialists can be effective in planning intervention strategies for particularly difficult cases and providing extra support to them. These positions can also be particularly helpful in gathering and sharing resource information about service options and conducting training for staff. In most cases, however, it is important that the specialist not be viewed or defined as the sole person responsible for working with substance users, which can cause other staff members to become detached once the specialist gets involved. For obvious reasons, the design of the service program should avoid setting up the specialist to be the end of the line for tenants who have substance use problems. Therefore, many programs weave substance use services into overall staff responsibilities. In designing a staffing pattern, it is

important to delineate roles and responsibilities for addressing substance use issues to ensure that mechanisms are in place for coordination between different staff functions.

Staff members should have the necessary skills to deliver the services that are expected. Preferably, they should have training in the following areas: counselling techniques and motivational interviewing; commonly used street drugs and their effects; the symptoms of overdose and withdrawal; and a primer in addiction and recovery, the stages of change model, and relapse prevention.

Motivation to change MATthw berry

When it comes to changing a problematic behaviour, we need to consider them in terms of two broad groups. Those problematic behaviours that block one from getting their needs met are called 'ego-dystonic' conditions as opposed to those that on some level is meeting a person's needs, such as 'ego-syntonic'.

Dystonic: means the behaviour blocks me from getting me needs met (e.g. panic attacks, pain, and flu)

Syntonic: the behaviour serves some purpose that is of benefit for me and my goals/needs. (e.g. eating disorders, addiction, mania, hyperthyroidism)

People are usually very eager to get dystonic conditions treated and require little or no motivation to get help or attempt to change. However, people don't usually want to stop behaviour that is ego syntonic, rather, what they want is an end to the negative consequences.

Drugs are usually considered to fit one of four categories:

Depressants: drug that decrease alertness by slowing down the activity of the central nervous system (e.g. heroin, alcohol, benzodiazepines, and opiates).

Caffeine- levels peak in 30-40 mins and take 4-6 hr to wear off. Smokers excrete caffeine twice as fast and women excrete 30% quicker. 350 mg per day is enough for dependence- 36 hours for withdrawal.

Alcohol

Signs and Symptoms of use	Long Term Effects	Withdrawal Syndrome
Relaxation Slower reflexes Feelings of wellbeing Disinhibition Sensory distortion Ataxia: lack of voluntary coordination of muscles Coma	Brain and CNS damage Heart, pancreas damage Malnutrition	Sweating Tremor Delirium tremens (rare) Anxiety Insomnia Delusions Nausea Tactile Hallucinations

Heroin

Signs and Symptoms of use	Long Term Effects	Withdrawal Syndrome
Relaxation and wellbeing Cessation of physical pain Euphoria Reduced drives Respiratory depression 'pinned eyes' itching	Minimal primary consequences Secondary consequences: Malnutrition Vein damage Blood-borne virus Overdose risk	Hot and cold flushes Anxiety Nausea Difficulty urinating Yawning Eyes/nose watering Aches/pains/cramps

Stimulants: drugs that increase the body's state of arousal by increasing the activity of the brain (e.g. caffeine, nicotine, amphetamines (ice)), Khat, ephedrine, MDMA- ecstasy, Hallucinogens: drugs that alter perception and can cause hallucinations, such as seeing or hearing something that is not there (e.g. LSD and 'magic mushrooms')

Signs and Symptoms of use	Long Term Effects	Withdrawal Syndrome
Dilated pupils Respiratory stimulation Loss of appetite Euphoria Psychosis Delusions Paranoia Energy	Hypertension Anxiety Psychosis(drug induced and latent) Arrhythmia Sleep disorder	Crash Fatigue Irritability Psychosis Anxiety/panic Sleep disturbance Mood Swings Dysphoria- profound state of dissatisfaction with life

Other: some drugs fall into 'other' category, as they may have properties of more than one of the above categories (e.g. cannabis (marijuana, hash) has depressive, hallucinogenic and some stimulant properties).

Cannabis

Signs and Symptoms of use	Long Term Effects	Withdrawal Syndrome
Relaxation and wellbeing Appetite increase Memory problems Disinhibition Ataxia Anxiety/panic Paranoia Hallucinations	Psychosis(drug induced and latent) Respiratory illness No motivation Sleep disorder Cognitive problems	Sweating Anxiety Insomnia Nausea Mood swings Loss of appetite

Poly drug use: Refers to the use of more than one drug (for instance alcohol and cannabis) either together or one after the other. For example, a person may use more than one substance to enhance the effects of one drug or to manage the symptoms of a drug. Poly drug use is extremely common.

Problematic substance use: Not all drug and alcohol use will cause problems for the person or those around them. In the same way people can drink alcohol in moderation, illicit substances can be used without causing problems for the person or others. It is when alcohol and other drug use causes problems for the person or those around them that they require treatment. This could be caused by problems associated with the person becoming dependent on the substance but problems can occur through recreational use as well.

Likelihood of addicting:

- Heroin-23%
- Amphetamines- 11%
- Alcohol- 15% Tobacco- 32%
- Cannabis- 9%

Dependence/ Addiction: Is best described as a syndrome, with a wide range of causes, such as genetic factors, learning, or physical dependence. Occurs when a person has a strong desire to use alcohol or other drugs and finds it very difficult to control their use despite the harmful effects that using drugs is having on their life. Dependence on alcohol or other drugs may have physical and / or psychological elements as the body or mind adapt to the substance. **The American Psychiatric Association's Diagnostic and Statistical Manual (DSM 5) Indicators are:**

- Taking the substance in larger amounts or for longer than you are meant to
- Wanting to cut down or stop using but not managing to
- Spending a lot of time getting, using, or recovering from the use of the substance
- Cravings and urges to use
- Not managing to do what you should at work, home or school because of substance use
- Continuing to use even it causes problems in relationships
- Giving up important social, occupational or recreational activities because of substance use
- Using substances again and again, even when it puts you in danger\Needing more substance to get the effect you want (tolerance)
- Development of withdrawal symptoms
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance

The presence of two or three symptoms is indicative of a mild substance use disorder, four or five symptoms indicate moderate and six or more indicate severe substance use disorder.

It is important that a person can be both physically and psychologically dependent on a substance. A physical dependence is where the body cannot function without the substance present and so it goes into symptoms withdrawal if the substance ceases to be present in the system. Psychological dependence occurs when a person feels that they cannot function properly without the substance or has overwhelming cravings for the effect the substance gives them. This might mean they can go for a couple of days without using, but they use regularly otherwise they do not feel right or feel a very strong need to use the substance.

“Addiction” is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by

behaviours that include one or more of the following: impaired control over drug use, compulsive use, continued despite harm, and craving”

Tolerance + Withdrawal = Dependence

Dual-Diagnosis/ Comorbidity: When a person has one or more substance use problems and one or more mental health problems at the same time, Dual Diagnosis is common.

Harm Minimisation: Forms the basis of how Australia responds to the impact of drugs on the community, whether they are legal drugs like alcohol, tobacco and pharmaceuticals or illicit drugs. Harm minimization is an umbrella term that includes strategies that:

- Reduce the supply of drugs in the community
- Reduce the demand for drugs- treatment, education and public health campaigns
- Reduce harms caused by alcohol and other drug use- Needle and syringe programs

The important principles to remember when trying to reduce harms are:

- Have a non-judgmental attitude\Emphasis the person’s ability to care for him or herself
- Provide information about the transmission of blood born viruses, its prevention and its connection with risk behaviours
- Provide different options for reducing risks of use
- Provide a supportive environment
- Be informed about harm reduction programs and strategies
- Referral to alcohol and other drug treatment programs as requested

Abstinence: Occurs where a person chooses to not use any substances. While this is the goal of treatment for many people, it is not the goal for all. Some people may instead wish to reduce the amount that they use or the frequency of their use in order to minimise the problems the substances have caused them. For many this is a realistic and beneficial goal, others however they can’t moderate their use and choose abstinence.

Relapse: Is a return to using after a period of not or reduced use of the substance. Each lapse period is not a failure but a learning opportunity and highlights why it is important to provide harm reduction information to the people you support, such as referral to drug and alcohol services and provide information on safer using practices.

Frequently, people supported benefit most from services during relapse or troubled times, and withholding services and support when the tenant most needs help serves little purpose.

Ideally, relapse should be viewed as an opportunity for the individual to learn more about his/her recovery and how to live without using. Interventions that result in the person feeling bad can have the adverse effect of increasing use to manage the negative feelings, particularly when there are other real consequences, such as loss of job, housing, friends, or family support. When a recovering person begins using again, a natural starting point for intervention is to identify and discuss what triggered the relapse, develop a plan to regain abstinence, and manage the trigger in the future.

Harm Reduction

Harm reduction is a program or policy designed to reduce drug-related harm without requiring the cessation of drug use. Harm reduction further applies to other behaviours that may be considered higher risk such as sex work or actively compromised mental health without medication and/ or medical assistance, which impacts the individual and the broader community. As with substances, this is about reducing harm without cessation.

General Harm Reduction Strategies

- **Education**
- **Needle/ syringe exchange programs:** <https://www.health.qld.gov.au/qnsp/>
- **Emphasising and providing information about less risky methods of use:** sometimes people use high risk methods of use because they are not aware of other methods of use or do not understand the risks. For example, you could provide someone who is injecting or smoking a substance with information about methods of use that are less harmful, such as swallowing. Advice about choosing safe surrounding for drug use can also be helpful- Try not use alone, try a small quantity first and test for strength or adverse reaction, avoid using multiple substances at once.
- **Encourage people who use regularly to take a break:** Suggesting a person takes a break from their use might assist with breaking their cycle of use, or help with preventing their use becoming more problematic. Encourage them to include healthy behaviours into their routine, particularly they are having a break, like eating well, sleeping regularly, drinking plenty of water and being involved in other activities that give them enjoyment.

Raising issue of alcohol and drug use

For many Support and Advocacy Workers talking about alcohol and other drugs with the individuals and families supported can be challenging. You may be concerned that raising the topic may adversely impact your relationship with the people you support, you may feel that the person or family will think you are judging them, or you might feel that you don't know how to start the conversation. This section provides some ideas to give you more confidence in talking about the issue of alcohol and other drug use.

AOD use is a health issue, not a moral or legal issue

The first thing is to make sure the person understands that you are approaching the issue of alcohol and other drug use from the perspective of it being a health or safety concern, not a moral or legal concern.

If the person is using an illicit substance it is important that you make it clear that you will not be reporting their use to the authorities and they are free to talk to you without it being reported.

No community is immune to problematic AOD use

People from every community can experience substance use problems

Understanding Cravings

Five types of cravings:

1. **Withdrawal:** Triggered by the withdrawal symptoms that result from physical dependence learned when the drug is self-administered in response to withdrawal symptoms. **Psychological** withdrawal **symptoms** can be physical, emotional or psychological. Detox and withdrawal do not treat addiction, rather they treat psychological dependence.
2. **Association Cravings:** The 'Habit' triggers, classically conditioned usually unconscious due to repetition. There is a weak connection between trigger and craving. There are 7 types of association cravings:
 - I. People
 - II. Places
 - III. Sight, sounds or smell of things
 - IV. Times
 - V. Situation
 - VI. Weather
 - VII. Positive emotions
3. **Coping:** People often assume that people with addiction are pleasure seekers, however positive reinforcement (reward) only a minor part. Rather, negative reinforcement (relief) primary driver, so it could be said that people with addictions are relief seekers, rather than pleasure seekers.

Coping cravings are probably the most common craving type in repeat service users. Self-medicating to cope with unpleasant physical or psychological experience. Operant conditioning are strongly reinforced. There are three types:

- I. **Compensating** (lack of life skills) to cope with **normal** life experiences , e.g. social situations, stressful periods, grief and loss, anger management
- II. **Simple medicating:** Localised or short-term physical or mental **illness** such as phobia, injury, minor trauma, psychosis, etc. These can usually be targeted in treatment. In treatment about 80 % of substance users don't need treatment, so those that do usually have complex additional needs.
- III. **Complex Self-Medicating:** Chronic co-morbid and slow to treat disorder such as severe trauma or personality based problems may be personality based if:
 - a. There is perseverance of that trait when abstinent
 - b. It occurs in multiple life domains since adolescence

Personality Traits: Emotional immaturity, closed-mindedness, rigid thinking, impulsivity, low socialization, co-dependency, grandiosity and low self-esteem, self-centeredness, externalization of responsibility, avoidance of emotion, immediacy

Other coping mechanisms: alcohol and other drugs, status, fame, relationships, helping others, exercise, religious obsession, sex, promotion/achievement., work, money & career, other additions: shopping, gadgets, appearance & looks, food

4. Substance-induced: Alcohol, in some people evokes cravings for more alcohol resulting in 'binge' drinking beyond intended level. More observed in alcoholism than drug addiction. May be found in both early and late onset alcoholism.
5. Confused Cravings: The trigger is misinterpreted by the brain, which mistakenly elicits a craving. Rarer than other types of cravings- two main subtypes:
 - I. Sensations similar to withdrawals misinterpreted as being true withdrawals
 - II. Other cravings misinterpreted as being withdrawal cravings (e.g. thirst for hunger, hunger for nicotine)

Source Caraniche Training – *Managing Challenging Behaviours, 2012* and [Helping Asylum Seeker and Refugee Background communities with Problematic alcohol and other drug use: A guide for community support and AOD workers](#)

Supporting People with Mental Health Recovery

Understanding recovery: *' a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and or/ roles. It is a way of living a satisfying, hopeful, and contributing life even with the limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness'* – William Anthony

Supporting recovery

You will need to be able to help the individuals you support and their families and the people most important to them:

- Understand available mental health resources and supports
- Examine practical strategies for maintaining housing
- Keep a sense of hope for the future
- Use your expertise, but understand the limits of what you offer
- Help them to engage in a way of life that is rewarding to them whether or not they continue to have issues with their mental health- daily or intermittently

Supporting documents:

Team practice guide to the tools and assessments you use- crisis plan, budgeting tools, risk assessment, Action plan

Managing Challenging Behaviours

References and Further Reading

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Chapter 1 - What is this guide for?

This guide has been written for advocates who are assisting individual survivors of institutional child sexual abuse. It had has been written in the context of the Australian Government announcing the Royal Commission into Institutional Responses to Child Sexual Abuse (“the Royal Commission”).¹ Over what is expected to be a number of years, the Royal Commission will examine how institutions, including child-care facilities, schools, churches and sporting clubs, have responded to child sexual abuse.² The Royal Commission has been asked to investigate failures to protect children and to make recommendations about how to improve responses to child sexual abuse that occurs in institutional settings.³

It is expected that the Royal Commission will encourage survivors of child sexual abuse to approach services for assistance – sometimes for the first time. The purpose of this guide is to assist advocates to think broadly about how to respond to the needs of these survivors.

This guide provides advocates with the information that they need to assist survivors to engage with the Royal Commission as well as information about other choices that survivors have when seeking justice, redress, closure and healing.

Who should use the guide?

This guide is written for non-legal advocates who are assisting people who have experienced child sexual abuse in an institutional setting.

Advocates from throughout Australia can use this guide. Advocates should be aware that the legal information that is contained in this guide refers to the law in Queensland, as it was at the time the guide was written (see in particular Chapter 5). Details of how to obtain information about the law in other states are included in Chapter 5. The law that applies will be the law of the state were the abuse occurred.

A human rights based approach

The purpose of this guide is to encourage advocates to empower survivors to access their human rights. Survivors are entitled to all of the human rights that any other person is entitled to.

The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (“the Declaration”) provides a statement of how human rights that everyone is entitled to apply specifically to a person who has been the victim of a crime.

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- 1 On 11 January 2013, the then Prime Minister, the Hon Julia Gillard MP, announced the appointment of a six-member Royal Commission into Institutional Responses to Child Sexual Abuse and the release of the Terms of Reference that will guide the inquiry see <http://www.childabuseroyalcommission.gov.au/our-work/terms-of-reference/>.
 - 2 See Chapter 3 of this guide for a discussion of the definition of ‘institution’.
 - 3 A further discussion of the Royal Commission is included in Chapters 7 and 8 of this guide. More information about the Royal Commission is available on the Royal Commission website: <http://www.childabuseroyalcommission.gov.au>.

The Declaration provides that victims of crime, including survivors of sexual abuse, are entitled to access to justice, restitution, compensation and the assistance that is required to access those rights.⁴ When protecting human rights more than recognition of the substantive rights is required. Mechanisms, programs and services that enable survivors to access their rights are also essential.

Because the purpose of this guide is to assist survivors to access their rights, the work of the advocate should be guided by a human rights based approach. The United Nations Office for Drug Control and Crime Prevention has provided guidance on how to apply the Declaration to services that assist survivors. The guide emphasises that the role of the advocate is complementary to the role of other service providers, such as counsellors.⁵

The importance of the advocate is well explained in the following paragraphs:

“Some victims may find it relatively easy to navigate the halls of justice to get compensation to which they are entitled, to have a voice in the criminal justice system...to work with employers to get time off to be a witness in a court case, or simply to find out where their courtroom is located.

Most, however, view the process as having to “fight the system” – a system that seeks to preserve the status quo – and grow weary of the battles that must be won in order to be treated with dignity and compassion. An advocate serves a needed role in encouraging victims to be advocates for themselves, but, in addition, provides them with another voice when they become too weary to speak.”⁶

Placing the survivor’s rights at the centre of the response to child sexual abuse occurring in an institutional setting is also the intention of the Royal Commission. The Australian Government’s instructions to the Commissioners of the Royal Commission refer specifically to the right of the child to be protected from sexual abuse. The Royal Commission is a direct response to the Australian Government’s obligation, imposed by international human rights law, to take all appropriate measures to protect children from sexual abuse and other forms of abuse, including measures for the prevention, identification, reporting, referral, investigation and treatment and follow up of incidents of child abuse. The Australian Government has also acknowledged that child sexual abuse is a gross violation of a child’s right to protection and a crime under Australian law.⁷

The application of a human rights approach to advocating for survivors means that the survivor determines how to assert these rights. The advocate’s role is to support survivors to access opportunities to assert their rights. In undertaking the work that is

4 *United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, GA Res 40/34, UN GA 96th plen mtg, UN Doc A/RES/40/34 (29 November 1985).

5 United Nations Office for Drug Control and Crime Prevention, *Handbook on Justice for Victims. On the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power* (1999), 27-28.

6 *Ibid*, 28.

7 Commonwealth, ‘Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse’ in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013, 1.

described in this guide the advocate should always be aware that their purpose is to represent the victim's legitimate interests and, when possible, to help the victim to alleviate the detrimental consequences of the abuse that they have endured.

Chapter 2 - Understanding child sexual abuse occurring in an institutional setting

Child sexual abuse often has a profound impact on survivors. There are also often particular consequences and considerations for survivors of child sexual abuse occurring in an institutional setting.

It is important to understand that the survivors who they are assisting will be impacted by two over-lapping factors:

1. they were sexually abused, as distinct from other types of abuse; and
2. the abuse occurred in connection with an institution, as distinct from abuse occurring within the family or in other circumstances.

In order for advocates to properly assist survivors they should have an understanding of the circumstances and impact of child sexual abuse occurring in an institutional setting.

To support work that is carried out in connection with the Royal Commission, the Australian Institute of Family Studies has compiled resources and information about child sexual abuse, its impact, statistics, prevention and response. Much of the content of this chapter has been drawn from this material, which is available at:

www.aifs.gov.au/institute/pubs/carc/index.html

What is an institution?

The Australian Government has defined ‘institution’ for the purpose of the Royal Commission.⁸ According to this definition an institution means “any public or private body, agency, association, club, institution, organisation or other entity or group of entities of any kind and includes, an entity or group of entities that provides activities, facilities, programs or services of any kind where adults have contact with children, including through their families.”⁹ Institutions that are no longer in existence, or that have stopped providing services are also included.

The Royal Commission will consider the actions of both public and private institutions. Examples of institutions include child-care facilities, cultural organisations, education facilities – including schools, religious bodies and churches, sports clubs and organisations and hospitals.

Many types of organisations and groups of people are considered to be institutions. The only clear limit to the definition is that a family is not an institution.

There is a significant history of abuse of children in institutions in Australia. In particular, institutions that provide or have provided residential facilities for children who have been removed (or are unable to live with their families) have rendered children vulnerable to sexual abuse. Accordingly, even though families are not

8 Commonwealth, ‘Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse’ in Commonwealth Gazette Notice - C2013G00083, 11 January 2013, 5.

9 Ibid.

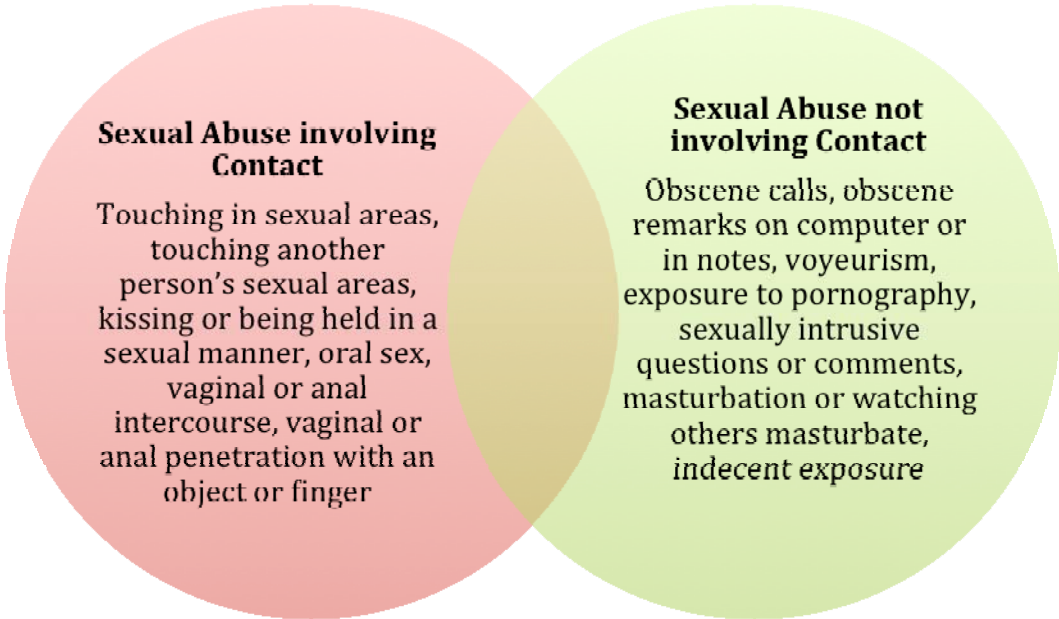
considered to be institutions, children who were sexually abused in foster care or while under the care of a government department are considered to have been abused in an institutional setting.

What is child sexual abuse?

Child sexual abuse has been defined in different ways in different contexts.

For example, Child Wise defines child sexual abuse as “when a child or young person is used by an older or bigger child, adolescent or adult for his or her own sexual stimulation or gratification.”¹⁰

Child sexual abuse includes behaviour that involves contact with the child as well as behaviour that does not involve direct contact with the child as follows:¹¹



Child sexual abuse is defined differently in different cultures and using different moral frameworks. For example, in some cultures female genital mutilation might be considered to be child sexual abuse. In Queensland female genital mutilation is a criminal offence punishable by up to 14 years imprisonment.¹² In other cultures it is considered to be a legitimate cultural practice. Some people consider sterilisation without consent to be a form of sexual abuse. However, the law in Queensland authorises sterilisation of girls and women without their consent in some circumstances.¹³

The Terms of Reference that were provided to the Royal Commission do not contain a definition of child sexual abuse. The Terms of Reference do however note that child

10 Child Wise is an Australian child protection charity; Child Wise, *About Child Sexual Abuse* (2013) <<http://www.childwise.net/page/39/fact-sheets>>.
11 The content of the diagram is taken from Child Wise, *ibid*.
12 *Criminal Code Act 1899* (Qld) s 323A.
13 See *Guardianship and Administration Act 2000* (Qld) s 70.

sexual abuse may be accompanied by other unlawful or improper treatment of children including physical assault, exploitation, deprivation and neglect.¹⁴

At the first hearing of the Royal Commission the Commission noted that the Terms of Reference do not specifically define child sexual abuse. They said that they were adopting a 'working definition' that includes any act that exposes or involves a child in sexual processes that are beyond their understanding or contrary to accepted community standards. The Commission went on to explain that sexually abusive behaviours include "*voyeurism, exhibitionism and exposing the child to or involving the child in pornography*". They said that it "*includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child to lower the child's inhibitions in preparation for sexual activity with the child*".¹⁵

In defining child sexual abuse the Commission also referred to the Australian Institute of Family Studies' reference to child sexual abuse in an institution "as being when there is any sexual behaviour between a child and an adult in a position of power or authority over the child". Although this definition refers to an adult and a child, as noted above, a child may sexually abuse another child.

Sexual abuse of children that occurs in an institutional setting does not only refer to abuse that occurred at the physical location of the institution. It includes abuse that occurs at the organisation and instances where the perpetrator has obtained access to children through the organisation – including where the abuse occurs elsewhere.

Understanding survivors

Child sexual abuse affects people from all socio-economic and cultural backgrounds. Recognising that survivors are not a homogenous group of people, advocates will need to adjust their approach and communication style to take into account factors such as the cultural background of the survivor and level of education they have completed.

There is also variation in the experience of survivors and the impact that the abuse has had on them. There are many factors that will influence the impact that the abuse has had. These factors include the circumstances that gave rise to the survivor having contact with the institution in the first place. For example, consider the possible differences in the life experience of a young person who was sexually abused by a sporting coach, an orphan who lived in an institution and a child with a disability who was in care.

Research indicates that family support and strong peer relationships appear to help to reduce the impact of child sexual abuse.¹⁶ The relationship of the child with the

14 Commonwealth, 'Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse' in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013, 1.

15 Transcript of Proceedings, *Royal Commission into Institutional Responses to Child Sexual Abuse – Formal Opening of the Inquiry* (County Court of Victoria, 3 April 2013) (Gail Furness SC MS), 13.

16 Judy Cashmore and Rita Shackel, 'The long-term effects of child sexual abuse', (Child Family Community Australia Paper No.11, Australian Institute of Family Studies, 2013) 1.

perpetrator and the betrayal of trust, the age and gender of the child, and the particular form of abuse appear to be significant factors impacting how the child will be affected by the abuse.¹⁷

Characteristics of the institution itself and failure of institutions to respond appropriately to sexual abuse allegations also have a bearing on the impact of the abuse.

Research has provided some indication that sexual abuse by clergy and other authority figures may have particularly devastating effects. It has been suggested that this is because the families of many survivors were closely aligned with the life of their church, the abuse tended to occur over an extended period of time, adults frequently did not believe reports of abuse when alerted to it, church leaders tried to silence victims and many victims did not disclose the abuse until adulthood.¹⁸

Particular groups of survivors

There is a well-documented history of sexual abuse occurring in institutional settings in Australia. Aboriginal and Torres Strait Islander children who have been forcibly removed from their families, unaccompanied children who migrated from other countries (often referred to as 'Lost Innocents') and children living in institutional settings, including orphanages (often referred to as 'Forgotten Australians'), have all been the subject of inquiries that have found that these children have been particularly vulnerable to child abuse – including sexual abuse.¹⁹

Children with disabilities are also often particularly vulnerable to child sexual abuse associated with institutions.²⁰ This is because children with needs arising from physical or intellectual disabilities or behavioural problems are more likely to come into contact with organisations and because their impairment may make it more difficult for them to communicate clearly.

The impact of child sexual abuse

Bearing in mind that all survivors are different, there are common health, social, sexual and interpersonal issues that have been experienced by many survivors of child sexual abuse. Some of these issues are discussed below.

17 Ibid.

18 Ibid, 10.

19 Commonwealth, National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, *Human Rights and Equal Opportunity Commission Report, Bringing Them Home* (April 1997); *Lost Innocents* (Australian Senate Community Affairs Committee, 2001); *Forgotten Australians* (Australian Senate Community Affairs Committee, 2004).

20 Gallagher, 1998, 1999b; Sullivan & Beech, 2002 cited in Mel Irenyi, Leah Bromfield, Lorraine Beyer and Daryl Higgins, *Child maltreatment in organisations: Risk factors and strategies for prevention* (Issue Paper 25, Australian Institute of Family Studies, Spring 2006) 6.

Mental health

Research indicates that there is a strong link between child sexual abuse and mental health issues.²¹

Mental health issues that have been consistently associated with child sexual abuse include post-traumatic symptoms, substance abuse, helplessness, negative attributions, aggressive behaviours and conduct problems, eating disorders and anxiety. Child sexual abuse has also been linked to psychotic disorders including schizophrenia and delusional disorder as well as personality disorders. Child sexual abuse involving penetration has, in particular, been identified as a risk factor for developing psychotic and schizophrenic syndromes.²²

Child sexual abuse has also been linked to suicide ideation, suicide attempts and actual suicides. The Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Organisations heard that 40 Victorian people allegedly abused by Catholic clergy had committed suicide in recent years.²³

Recent literature has argued that clergy-perpetrated sexual abuse “can catastrophically” change the survivor’s psychosocial, sexual and spiritual development.²⁴ It is suggested that sexual abuse by clergy can undermine the survivor’s trust, sense of self, sexual identity and social and cognitive development.²⁵

Behavioural impacts

Research indicates that there are numerous behavioural impacts that have been linked with child sexual abuse.²⁶

Alcohol and drug misuse

Survivors have been reported to be at greater risk of abusing alcohol and drugs and of being susceptible to developing an alcohol disorder with an earlier age of onset. Alcohol and drugs can be used as a form of “self-medication.”²⁷

Risky behaviours

Research indicates that survivors may be at greater risk of engaging in risky behaviours both as adults and as adolescents. The increased likelihood of engaging in risky sexual behaviours has been the focus of much of this research. As a young person this can

21 Fergusson & Mullen, 1999; Walsh, Fortier, & DiLillo, 2010 cited in above n 9, 7.

22 Ibid.

23 Victoria, *Inquiry Into the Handling of Child Abuse by Religious and Other Organisations* (Family and Community Development Joint Investigatory Committee, 2012).

24 Jason Fogler, Jillian Shipherd, Stephanie Clarke, Jennifer Jensen, and Erin Rowe ‘The impact of clergy perpetrated sexual abuse: The role of gender, development, and posttraumatic stress.’ (2008) 17(3–4) *Journal of Child Sexual Abuse* 329–358.

25 Ibid.

26 See above n 9.

27 Ibid, 13.

include engaging in consensual sexual activity at a younger age, unprotected sexual intercourse, multiple sexual partners and teenage pregnancy.²⁸

Some of the sexual activities that survivors could be more likely to participate in also increase the risk of sexually transmitted infections.²⁹

Limited research also suggests that survivors may be more likely to engage in other risky activities including experimenting with illicit drugs and gambling.³⁰

Interpersonal outcomes

Research indicates that people who were sexually abused as children can experience difficulties with interpersonal relationships – including difficulty establishing and maintaining trust.³¹ This is linked to the betrayal of trust and the violation of personal boundaries that are involved in child sexual abuse. It is also attributed to the secrecy and fear, shame, guilt and confusion, which disrupt the child’s view of the world. This disruption can affect how survivors understand the behaviours of others and how they handle stressful life events.³²

Intimate relationships

Some evidence suggests that survivors have greater difficulties in intimate relationships.³³ These difficulties can include instability in relationships, more sexual partners, an increased risk of sexual problems and greater negativity towards partners.

Parenting

Pregnancy, childbirth and motherhood can trigger difficulties, emotional distress and lack of confidence and self-esteem in female survivors.³⁴

Some research suggests that survivors as fathers may be over-protective, nervous about physical contact with their children and fearful of becoming abusers themselves.³⁵

Some survivors may find that parenting is a healing experience. For other survivors it may result in resurfacing of trauma.³⁶

Re-victimisation

Research has suggested that survivors of child sexual abuse may be at an increased risk of re-victimisation throughout their lives. It has been claimed that women who have a history of child sexual abuse are at least twice as likely to experience adult sexual

28 Senn, Carey and Venable, 2008; Upchurch and Kusunoki, 2004 cited in note 9, 13.

29 See above n 9, 13–14.

30 See above n 9, 13.

31 See above n 9, 14.

32 Ibid.

33 Ibid.

34 Sperlich and Seng, 2008 cited in above n 9, 14.

35 Price-Robertson, 2012 cited in above n 9, 15.

36 See above n 9, 15.

victimisation.³⁷

Survivors as perpetrators

Research in this area has suggested that although survivors of child sexual abuse are at a slightly higher risk of offending behavior, the overwhelming majority of people who were sexually abused as children do not go on to sexually abuse other people.

The impact of abuse in an institutional setting

Abuse that occurs in an institutional setting includes a power dynamic that is distinguishable from abuse that occurs within the family and in other settings. It has been suggested that abuse occurring in institutions is able to thrive and survive over long periods due to a combination of factors that stem from cultures of power, personal control and silence.³⁸

Various inquiries throughout the world have documented the impact of abuse of children in institutional settings. The Australian Senate's Community Affairs and Reference Committee has conducted an inquiry and produced a report about Australians who experienced institutional or out-of-home care as children. This report is referred to as the "Forgotten Australians Report."³⁹

The Forgotten Australian Report discusses the long-term impacts of a childhood spent in an institution or out-of-home care. In relation to survivors of child abuse in institutional settings it was noted that the abuse had a complex, serious and negative impact on their lives and that some survivors "have lived a half life tainted by alienation, isolation and degradation".⁴⁰

The Forgotten Australians Report noted that the consequences of living in an institution were often compounded by the dysfunctional family situations that had led to them being in the care of an institution in the first place.⁴¹

'Complex trauma' is a term that is used to describe the cumulative result of repeated extreme interpersonal trauma resulting from adverse childhood events.⁴² The impact of complex trauma often involves negative mental and physical health outcomes across a person's lifespan.⁴³

The impact of complex trauma suffered by survivors has been compared to the symptoms experienced by war veterans. Some researchers have described war veterans

37 Catherine Classen, Oxana Palesh and Rashi Aggarwal, 'Sexual revictimization: A review of the empirical literature.' (2005) 6(2) *Trauma, Violence & Abuse*, 102–129.

38 Senate Community Affairs References Committee, *Forgotten Australians, A report on Australians who experienced institutional or out-of-home care as children* (2004) 128 [5.5].

39 *Ibid.*

40 See above n 29, 147 [6.8].

41 See above n 29, 147 [6.1].

42 Cathy Kezelman and Pam Stavropoulos, 'The last frontier' Practice Guidelines for treatment of complex trauma and trauma informed care and service delivery' (2012) *Adults Surviving Child Abuse*, xxviii.

43 *Ibid.*

as experiencing “moral injury”.⁴⁴ Moral injury is said to result from making moral choices under extreme conditions, experiencing morally difficult events or duties, witnessing immoral acts, or behaving in a way that challenges the conscience, identity and values that support a person.⁴⁵ Moral injury manifests itself in feelings of survivor guilt, grief, shame, remorse, anger, despair, mistrust and betrayal by authorities.⁴⁶ It can be seen that an abuse of a relationship that involves a position of power and trust and can involve the person’s spiritual beliefs has the potential to injure the person’s moral framework.

Again, it should be borne in mind that the experience and impact of survivor’s of child sexual abuse occurring in an institutional setting is varied. The Terms of Reference of the Royal Commission include an examination of sexual abuse occurring in a range of institutional settings. Many survivors did not live in an institution and did not experience dysfunction in their home lives.

Perpetrators of child sexual abuse

Evidence indicates that most child sexual abuse goes undetected and unreported. Information about the people who sexually abuse children is limited by this fact.

Research that has been undertaken in relation to perpetrators of child sexual abuse indicates that men commit the majority of abuse.⁴⁷

In contrast to other types of child abuse, a child’s caregiver is not the most common perpetrator of child sexual abuse. Findings of a 2005 Australian Bureau of Statistics Survey found that for participants who had experienced sexual abuse before the age of 15, 13.5% identified that the abuse came from their father/step-father, 30.2% was perpetrated by another male relative, 16.9% by a family friend, 15.6% by an acquaintance or neighbour and 15.3% by another known person.⁴⁸ In other research men accounted for more than three-quarters of babysitters who were convicted of child sex offences in spite of being half as likely to work as baby-sitters.⁴⁹

Women also perpetrate child sexual abuse. It is possible that abuse that is perpetrated by women is less reported than abuse perpetrated by men.

Perpetrators of child sexual abuse usually plan the abuse. This planning process often involves ‘grooming’ a child. Grooming includes manipulating people and situations to gain and maintain access to a particular child. The perpetrator aims to build a trusting relationship with the child and their caregiver and to isolate the child so that they can abuse them. Grooming happens before the sexual abuse occurs and may continue afterwards as well. This enables the perpetrator to maintain access to the child, ensures

44 Brite Divinity School, *Moral Injury* (2013) Soul Repair <<http://www.brite.edu/soulrepair/>>.

45 Ibid.

46 Above n 35.

47 Alister Lamont, ‘Who Abuses Children? (Resource sheet, National Child Protection Clearinghouse, February 2011), 3.

48 Australian Bureau of Statistics, Personal Safety Survey Australia - Cat No. 4906.0 (17 June 2013) <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0>>.

49 David Finkelhor and Richard Ormrod, ‘Crimes against children by babysitters.’ (Juvenile Justice Bulletin, Office of Justice Programs, September 2001), 2.

that the child does not tell anyone about the abuse and retains the ongoing trust of the child's caregiver.⁵⁰

Perpetrators of child sexual abuse in an institutional setting are often in positions of power. They may also be people who use the institution as an opportunity to get access to children. Perpetrators of sexual abuse in institutional settings may work directly with children (for example a teacher), may be an ancillary role (for example, a gardener), or may be another person or child who is connected to the organisation.

It is not possible to create a list of characteristics of perpetrators of child sexual abuse. It is clear that perpetrators can be any age, including children, teenagers, young adults and older people. Although they are more likely to be men, women also perpetrate sexual abuse. Perpetrators can come from any socio-economic, racial or cultural group and may have any level of education.

Responding to child sexual abuse occurring in an institutional setting

When working with a survivor of child sexual abuse the advocate should ensure that they are responding to the needs of the survivor – as directed by the survivor.

A survivor may have already sought and obtained counselling and legal advice. They may be employed and their physical needs may be well met. Similarly, they may have adequate family and social support.

On the other hand, the Royal Commission may encourage survivors of child sexual to disclose their story for the first time. If this is the case it is important that the advocate asks the survivor whether they would like assistance finding a counsellor or another type of therapist. If the survivor would like this assistance it is imperative that the advocate identify a therapist who specialises in working with survivors of child sexual abuse.

It is also useful to ask the person about existing trusted relationships they have with professionals. It may be that the person is able to identify a support or professional person who has supported them in the past for another reason. This person may be able to assist them again.

To complement the Royal Commission's work the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs have provided 28 services with additional funding to support survivors who are engaging with the Royal Commission. Some of these services may provide on-going counselling services. The details of these organisations are available at:

www.childabuseroyalcommission.gov.au/support/support-services

Organisations such as "Adults Surviving Child Abuse" (www.asca.org.au) may also be able to assist the advocate to identify an appropriate referral to a counselling service.

The advocate should also ensure that the survivor is assisted to access other services they may need – including legal advice (see Chapters 3, 4 and 7 of this guide), addressing housing, mental and other health needs and with building social supports.

50 Above n 3, 2.

An advocate should ask the survivor to identify people who they usually seek support from such as friends or family members. The advocate should encourage people to do what they usually do to feel safe and to continue to seek support in this way.

The role of the advocate in working with survivors of child sexual abuse is outlined in further detail in the following chapter of this guide.

Chapter 3 - The role of the advocate

What is an advocate?

An advocate is a person who represents or assists another person to access their rights. Work done by lawyers is accurately described as advocacy. However, in this chapter the role of the non-legal advocate is discussed.

As discussed in Chapter 1, the advocate should work within a human rights framework. This should ensure that the voice of the survivor is heard rather than 'speaking for' the survivor.

Consent

It is important that anything that the advocate does on behalf of the survivor, including sharing their story, details or documentation is done with the express consent of the survivor.

The value of the advocate

People who have experienced child sexual abuse have been the victim of a crime and suffered an injustice.⁵¹ It follows that the survivor has an entitlement to access justice. What constitutes justice will be different for each survivor and will depend upon the outcome that they are seeking.

Chapter 5 provides advocates with guidance on how to assist survivors to identify their goals and how to align their goals with available redress mechanisms.

The process of seeking access to justice can re-traumatise survivors. In addition to having to re-visit the trauma that they encountered, survivors can be blamed, humiliated and re-victimised as a result of breaking their silence.⁵²

Engaging in a redress process with an organisation requires careful planning and thought so that each person can be clear about why they engaging in the process and what their expectations are. Otherwise this process is often an intimidating, emotional and threatening experience, which may be made more difficult by the mental and other health consequences that the abuse may have caused (see Chapter 2 of this guide).

Effective advocacy can alleviate or minimise the pain and trauma that survivors may experience through the process of trying to access justice.

Responsibilities of the advocate

The advocate can play a powerful and valuable role in assisting the survivor to access justice.

The advocate should:

- listen to the survivor in a non-judgemental manner that ensures that the survivor feels that they are believed

52 Heather Block, *Advocacy Training Manual, Advocating for Survivors of Sexual Abuse by a Church Leader or Caregiver*, (Mennonite Central Committee Canada, 1996) 25.

- assist the survivor to access the support and services they need
- be the voice of the survivor when they are not able to speak
- help the survivor to tell their story
- assist the survivor to clarify their goals
- assist the survivor to solve problems and identify options
- attend meetings, appointments and hearings with the survivor
- assist the survivor to understand information that is provided to them
- document the process of taking action against the perpetrator or institution including taking notes at meetings and appointments and keeping track of appointments and other important dates
- maintain regular contact with the survivor to ensure that they have the support that they need, to remind them of appointments and to ensure that they are able to travel to those appointments
- clarify their role when dealing with other service providers and, in particular, ensure that it is clear that they are not a lawyer
- remain informed about the process and steps that need to be undertaken so that the survivor is able to fully participate in the process.⁵³

Limits of the advocate's role

An advocate is not a counsellor, therapist, spiritual advisor or friend. Similarly, an advocate is not a judge, decision-maker, mediator or lawyer. The advocate's role is to support the survivor and to 'walk with them' – it is not to advise the survivor.

When the survivor requires advice or counselling it is the advocate's role is to assist the survivor to obtain advice and/or counselling from a suitably qualified practitioner.

Sometimes the cultural or ethnic background of the survivor will present additional challenges for the advocate. When assisting Aboriginal and Torres Strait Islander peoples the advocate should talk to the survivor about the cultural support that they may currently use and, if they are happy with the support, encourage them to continue to access it. Otherwise, if the survivor requires cultural support to be arranged, the advocate should do so.

The advocate should aim to work collaboratively with lawyers, counsellors, cultural support people and others service providers who are assisting the survivor.

Working with lawyers

The advocate can play an important role when assisting a survivor to seek and use a lawyer.

When a survivor is being advised and/or assisted by a lawyer the advocate can maximise their value by:

53 This list has been adapted from the *Advocacy Training Manual, Advocating for Survivors of Sexual Abuse by a Church Leader or Caregiver*, ibid 26.

- assisting the survivor to find a suitable lawyer including free or low-cost options
- assisting the survivor with initial conversations with lawyers to ensure that the lawyer's services and fees are well understood by the survivor
- reading through any costs agreement that is provided to the survivor and helping them to understand it and/or seek advice before they sign it
- documenting the name of the lawyer and their contact details
- If the advocate has assisted the survivor to document the abuse – providing the lawyer with a copy of the document prior to the first appointment so that the survivor does not need to repeat their story
- attending appointments with the survivor
- explaining the lawyer's advice in language that the survivor can understand – this should be done in the presence of the lawyer to ensure that the advocate's interpretation of the advice is correct
- documenting the advice that is provided by the lawyer
- recording all appointments and ensuring that the survivor is able to attend the appointments
- maintaining copies of all important documents and ensuring that these documents are taken to appointments
- ensuring that the survivor understands any costs implications of contacting their lawyer to ask additional questions
- speaking to the survivor about whether they are satisfied with the service that they receive from the lawyer and assisting the survivor to voice any concerns and/or take action if required.

Chapter 4 of this guide provides further clarification of the role, duties and responsibilities of lawyers and Chapter 7 provides the advocate with information about how to involve a lawyer in supporting survivors.

Chapter 4 - The role of the lawyer

The purpose of this chapter is to provide advocates with information about the role of lawyers including their duties, responsibilities and limitations. This information should assist advocates to support survivors when dealing with lawyers.

The lawyer's role

A lawyer should help their clients by guiding them through the law. This includes providing clients with information about what legal options are available to them, the possible outcomes associated with each option and providing advice about which option is likely to be the best option to pursue based on the client's circumstances.

The word 'lawyer' refers collectively to both solicitors and barristers. A solicitor usually provides legal services directly to members of the public. Barristers are lawyers who specialise in court advocacy. Barristers are less likely to work directly with members of the public because solicitors usually engage them. Unless a survivor is required to give evidence at a Royal Commission hearing or is involved in a legal matter that involves a hearing in a court, the survivor is likely to deal with a solicitor rather than a barrister.

Costs

In initial conversations with lawyers it is important to discuss their fees. The options that are available for survivors to obtain legal assistance to engage with the Royal Commission, which are discussed in Chapter 7 of this guide, include free services and lawyers who charge fees.

If a survivor wishes to sue the perpetrator or the institution involved in the abuse and a lawyer agrees that there is merit in doing so, they may also offer to assist the survivor on a "no win no fee" basis. This means that legal costs will be taken from any settlement or damages that the survivor receives. Under this arrangement if the survivor does not receive a payment they will not be charged for legal fees – although they may be charged for disbursements such as court filing fees. Survivors should be aware that the result of a "no win no fee" agreement can be that a significant part of the money paid or awarded to them may be used for legal fees. It is a good idea to ask lawyers to estimate how much of a settlement they can expect and how much their fees will be. While they will probably not be able to give a final figure, they are required to give some indication.

Whenever survivors use a lawyer who charges fees they should carefully read the costs agreement that should be provided to them.⁵⁴ Advocates should ensure that the survivor understands the agreement and that they have had the opportunity to seek advice about it before they sign it.

54 A lawyer is required to provide a costs agreement to clients unless the fees are less than \$1,500 (excluding GST).

When a lawyer may refuse to act for a survivor

Many lawyers specialise in specific areas of the law. Other lawyers work for organisations such as Legal Aid Queensland or community legal centres that have internal casework guidelines that place restrictions on the work that they are able to do.

When a lawyer does not have the skills, ability or availability to provide services to a client they are able to refuse to assist. Indeed, lawyers have a professional duty not to act for a client when they do not have the relevant skills or experience.⁵⁵ This duty may sometimes explain why a lawyer refuses to act for a survivor, or why they may refer them to another lawyer or service.

A lawyer can only take instructions from a client who has the capacity to give them.⁵⁶ The test for legal capacity differs depending on what is involved.⁵⁷ For a client to have capacity in a particular matter the person must be capable of understanding the nature and the effect of their decisions, freely make those decisions and be able to communicate them in some way.⁵⁸ This restriction that is imposed on lawyers is another reason that they may refuse to act for a survivor.

A conflict of interest, which is discussed later in this chapter, may also mean that a lawyer is not able to act for a survivor.

Lawyer's professional and ethical responsibilities

Lawyers are bound by certain professional and ethical responsibilities.

Lawyer's professional and ethical responsibilities come from a number of sources, including legislation, professional regulation and the common law. The common law is law that is made by judges rather than law that is contained in legislation.

Professional standards are also drawn from decisions of disciplinary bodies, for example the Queensland Civil and Administrative Tribunal (QCAT) and the Legal Practice Committee, guidelines made by peak professional bodies, such as the Queensland Law Society and the Bar Association of Queensland and regulatory bodies such as the Legal Services Commission.

Lawyers have responsibilities to the courts and their clients. A breach of these responsibilities can result in disciplinary action or give rise to a claim in negligence. The avenues that exist for individuals who are dissatisfied with a solicitor's services are explained later in this chapter.

55 Queensland Law Society, *The Lawyers' Compass* (2012) <<http://www.ethics.qls.com.au/content/thelawyerscompass>>.

56 Iain McCowie, *You and Your Lawyer: A Guide About The Client/Lawyer Relationship, How To Resolve Disputes and Taking Action Against Your Lawyer* (Queensland Public Interest Law Clearing House Incorporated, 3rd ed, 2013) 10; Queensland Law Society, *Australian Solicitors Conduct Rules (2012)* (ASCR) r 8.

57 Queensland Law Society, *Client Capacity* (2012) <<http://ethics.qls.com.au/content/topic/clientcapacity>>.

58 Queensland Public Interest Law Clearing House Incorporated, *GAA Capacity Factsheet* (27 January 2010) <http://www.qpilch.org.au/resources/factsheets/GAA_-_Capacity.htm>; *Guardianship and Administration Act 2000* (Qld) sch 4.

Duties to clients

Lawyers must act in the best interests of their clients.⁵⁹ This duty is subject to their paramount duty to the court and the duty not to break the law. In dealing with clients, solicitors have a number of duties associated with carrying out legal work. They must deliver legal services competently, diligently and as efficiently as possible.⁶⁰ More specifically, a solicitor must provide clear and timely advice to help clients understand the relevant legal issues so they can make informed choices about further action to be taken.⁶¹ In line with this, solicitors must keep clients fully informed of all significant developments in their matter.⁶²

The lawyer-client relationship is known as a fiduciary relationship. A fiduciary relationship is a special category of relationship in which one party (the client) puts trust in another (the lawyer) who is then expected to act in their best interests. This relationship means that the lawyer should avoid conflicts of interest, should not use the relationship for personal gain (except for a reasonable fee), must not breach rules relating to client's money and must inform the client of everything the lawyer knows concerning the client's affairs.⁶³

Lawyers also have a duty to keep clients informed of costs and not act in a way that unnecessarily increases the client's costs.⁶⁴

Duty of confidentiality

A lawyer has a duty to keep client information confidential. That is, they must not make known any information obtained during the client-lawyer relationship to anyone who is not part of the lawyer's firm. There are exceptions to the rule of confidentiality. These include:

- where the client has authorised disclosure
- where the solicitor is permitted or is compelled by law to disclose the information
- where the solicitor discloses the information in a confidential setting, for the sole purpose of obtaining advice in connection with the solicitor's obligations
- where information is disclosed to avoid the commission of a serious crime
- where information is disclosed to prevent imminent physical harm to the client or another person
- where information is disclosed to the insurer of the solicitor, law practice or associated entity.⁶⁵

The rationale behind the duty of confidentiality is to encourage full and frank disclosure by the client to the lawyer.⁶⁶

59 ASCR 2012 r 4.1.1.

60 Ibid r 4.1.3.

61 Ibid r 7.1.

62 Above n 55, 9.

63 Ibid.

64 Ibid.

65 ASCR 2012 rr 9.2.1–9.2.6.

Conflicts of interest

Lawyers have a duty to avoid conflicts of interest. Conflicts arise when a lawyer is faced with two competing interests. The duty covers both actual and potential conflicts of interest.

Lawyers must avoid conflicts between the duties owed to current and former clients.⁶⁷ This means that when a lawyer has already assisted one party in a matter they are not usually able to assist the other party. An exception to this rule is when the former client, having all the relevant information, has consented to the lawyer acting for a related party or where an effective information barrier has been put in place.⁶⁸

Lawyers must not act where there is a conflict between the duty to serve the best interests of the client and the lawyer's own interests.⁶⁹ As in the above conflict situation, a lawyer may still act if the client is fully aware of the situation and gives their consent.

Duty to the Court

A lawyer's duty to the court and to the administration of justice is paramount.⁷⁰ As 'officer of the court', lawyers must act with candour, competency, and honesty.⁷¹ They must not knowingly mislead the court in any way including falsifying documents or starting frivolous or vexatious claims.⁷² Lawyers must consider their client's wishes but exercise their own independent judgment and not act as a mere mouthpiece of the client.⁷³ Lawyers are also expected to behave in a formal manner in court. They must not deal with a court in a way that gives the appearance that they have special favour with the court.⁷⁴

Relations with other solicitors

Another fundamental ethical duty of a solicitor is to be honest and courteous in all dealings in the course of legal practice.⁷⁵ This includes dealing with other lawyers, the courts and the wider community.⁷⁶

A lawyer also has duties to their opponents. A lawyer must not intentionally make false statements to their opponent about a case and should only deal with the opponent's lawyer and not with the opponent directly, unless the other solicitor has consented or the solicitor believes that communicating with them is required urgently and that it would not be unfair to do so.⁷⁷ It is also allowable where the opponent is self-represented.

66 Above n 55, 9.

67 ASCR 2012 r 10.1.

68 Ibid rr 10.2.1, 10.2.2.

69 Ibid r 12.1.

70 Ibid r 3.1.

71 Above n 55, 8.

72 Ibid r 19.1.

73 Above n 55, 8; Ibid r 17.1.

74 ASCR 2012 rr 18.1.

75 Ibid r 4.1.2.

76 Above n 55, 9.

77 Ibid; ASCR rr, 33.1–33.1.4.

Making a complaint about a lawyer

If a lawyer acts in a way that is inconsistent with the professional duties and the rules discussed above a complaint may be warranted. If a lawyer is found to have acted improperly, their behaviour will be determined to amount to professional misconduct or unsatisfactory professional conduct.

How to make a complaint

Informal complaints mechanisms

Less formal ways of making a complaint about a lawyer include:

- talking directly to the lawyer about the problem
- raising the concerns with a more senior person at the same law firm or organisation
- contacting the Legal Services Commission staff to discuss informal ways of resolving the problem.

The Legal Services Commission

The Legal Services Commissioner (LSC) is responsible for receiving complaints about lawyers.⁷⁸ The Commissioner's role includes moderating disputes and investigating complaints about a lawyer's conduct.⁷⁹ Anyone can make a complaint to the Commissioner.

It is only when a lawyer's conduct is either *unsatisfactory professional conduct* or *professional misconduct* that the Commissioner has power to consider whether disciplinary action should be taken.⁸⁰

Unsatisfactory professional conduct is described as conduct that falls short of the standard of competence and diligence that a member of the public is entitled to expect of a reasonably competent legal practitioner.⁸¹

Professional misconduct includes a substantial or consistent failure to reach that same standard (as described in unsatisfactory professional conduct). Professional misconduct is seen as more serious than unsatisfactory professional conduct and less likely to be a one-off accident or failure.⁸²

The LSC requires complaints to be in writing using their complaints form. The complaint form requires the individual complainant and the lawyer in question to be identified and information about the facts giving rise to the complaint to be included.

Once the complaint has been lodged the LSC will assess the information and make a decision about what should happen next. The LSC may ask for more information at this time.

78 Legal Services Commission, *Factsheet 2 Making a Complaint* (June 2012) <<http://www.lsc.qld.gov.au/publications/fact-sheets>>.

79 Ibid; *Legal Profession Act 2007* (Qld) c 4.

80 Above n 79.

81 ASCR, 29.

82 Ibid.

The complaint will then be defined as either a consumer dispute or a conduct complaint. Consumer disputes (disputes that do not describe any conduct on the lawyer's part that falls within the definitions of unsatisfactory professional conduct or professional misconduct) may go to mediation. Alternatively, the Commissioner may ask the Law Society or the Bar Association to attempt to resolve these complaints by mediation.

The LSC must investigate conduct matters or alternatively refer them to the Law Society or Bar Association for investigation. Regardless, the Commissioner at the LSC is the final decision maker.

When there is sufficient evidence, the Commission will start disciplinary proceedings in one of two disciplinary bodies – the Legal Practice Committee or, for more serious matters, the Queensland Civil and Administrative Tribunal (QCAT).⁸³

The Legal Services Commission can be contacted on the following phone numbers:

3406 7737 (Brisbane)

1300 655 754 (outside Brisbane)

133 677 (if the National Relay Service is required)

131 450 (if a translator/interpreter is required).

83 Ibid.

Chapter 5 - Options for survivors taking action in relation to sexual abuse occurring in an institutional setting

When a survivor approaches an advocate for assistance he/she may have already thought about, and determined, what they would like assistance with. For example, the survivor may have already sought counselling and other related support and is seeking the assistance of the advocate specifically in relation to how they will engage with the Royal Commission. The survivor may be seeking information to inform their decision about whether to engage with the Royal Commission, to understand what information they need to organise and what information the Commission is interested in.

Conversely, the Royal Commission may have prompted the survivor to disclose their experience for the first time. In both cases the advocate will need to have some knowledge of all of the options that are available to the survivor to enable them to assert their rights and work towards accessing justice and healing.

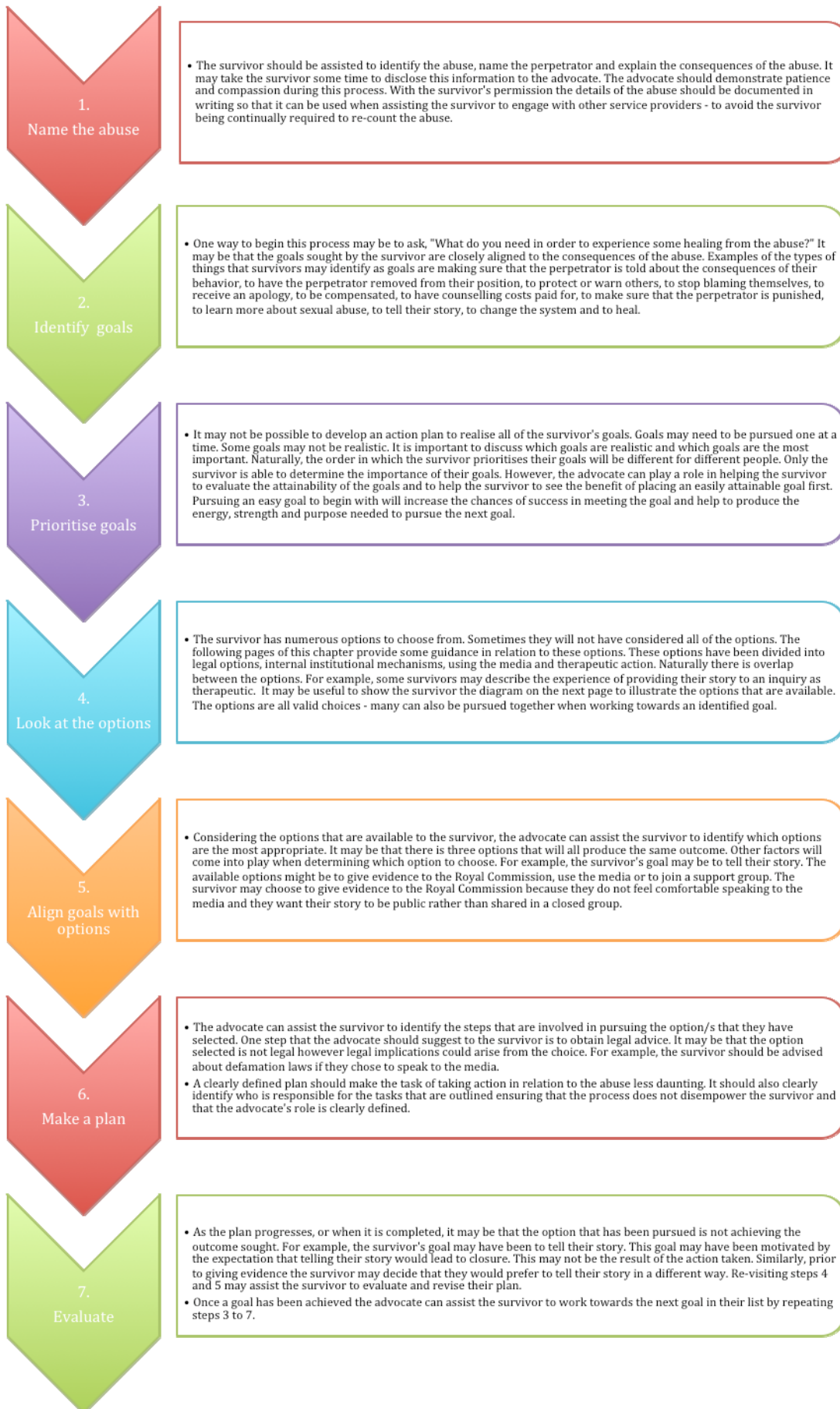
In order to assist the survivor to determine which option they will take it is important that the survivor is able to articulate what outcome they are hoping for. Accordingly, one of the first roles that the advocate may play is to help the survivor to determine what it is that they are hoping to achieve. Once the survivor is able to identify what they are hoping to achieve they will be able to look at the options that are available to them and determine which one is most likely to produce the outcome they are seeking.

It is possible that after undertaking this process the survivor may choose not to take action against the institution. While this choice should be respected, it is prudent for the advocate to suggest that the survivor obtain some legal advice. Strict time limits can apply to civil law claims that can arise from being sexually abused in an institutional setting. If the survivor decides to take no action this decision should be informed by legal advice about the options that are available to the survivor. The legal options, as well as other options that are available to the survivor, are explained later in this chapter.

Assisting a survivor to achieve their goals

Heather Block has developed a step-by-step process for assisting advocates to identify their goals and selecting the option that is most likely to achieve the outcome that they are seeking,⁸⁴ this has been used as the basis for the process that is outlined below.

84 Above n 51, 33–36.



The following diagram illustrates the non-exhaustive options that are available to the survivor. Prior to showing the survivor the diagram it is important that the advocate read the explanation of each option, as outlined below. This understanding will not overcome the need for the survivor to obtain legal advice. However it will enable the advocate to assist the survivor in identifying which option they would like to pursue.



Legal options

There are numerous legal mechanisms available to a survivor who is seeking justice in relation to the harm they may have suffered. The legal option chosen should align to the survivor’s goals. Some legal options may result in the punishment of the perpetrator while others may result in compensation or ex gratia payments. Other options may result in changing the system, changing the law or raising public awareness of child sexual abuse.

The difference between ex gratia payments and compensation

Compensation refers to money or property that is given to a person who has suffered loss or injury that was not their fault. The aim of compensation is to put that person in the position they would have been in if the loss or injury had not occurred.

Ex gratia payments are discretionary awards of money that are given to a person who has been injured by another person. These payments are made where there is no acknowledged legal obligation to do so. 'Ex gratia' literally means 'out of grace'. Although an ex gratia payment is a form of redress, the purpose of the payment is not to return the injured person to the position that they were in prior to being injured.

The following information about the legal options that are available to a survivor of sexual abuse is intended to be a guide only. The legal information in this guide should not be relied upon as legal advice. Survivors should be encouraged to seek independent legal advice that is specific to their circumstances and where the abuse occurred.

The following information is based on the law in Queensland as it was at the time the guide was written. At the end of this section of the guide there are details of how to access information about the law in other states. These details are included to assist advocates and/or survivors to access information if the abuse occurred in another state.

Criminal law complaint

The definition of sexual abuse discussed in Chapter 2 is wide and encompasses numerous types of behaviour and acts.

The criminal law in Queensland provides that the following are sexual offences against children:

- sodomy with a person under 18 – punishable by 14 years imprisonment or life imprisonment in certain circumstances⁸⁵
- indecent treatment of children under 16 - punishable by 20 years imprisonment⁸⁶
- unlawful carnal knowledge of children under 16 - punishable by life imprisonment⁸⁷
- using electronic communication (e.g. email, internet chat rooms, SMS messages) to procure children under 16 to engage in a sexual act or to expose children under 16 to any indecent matter - punishable by 10 years imprisonment⁸⁸
- grooming children under 16 - punishable by 5 years imprisonment⁸⁹
- incest - punishable by life imprisonment⁹⁰

85 *Criminal Code Act 1899 (Qld) s 208.*

86 *Ibid s 210.*

87 *Ibid s 215.*

88 *Ibid s 218A.*

89 *Ibid s 218B.*

90 *Ibid s 222.*

- maintaining a sexual relationship with a child under 16 (or under 18 in the case of sodomy) - punishable by life imprisonment.⁹¹

When a sexual offence is committed against a child under the age of 16 it is irrelevant whether they consent to the acts involved.

In addition to the offences listed above, the criminal law in Queensland deems rape, sexual assault, attempted rape, assault with intent to commit rape, indecent acts, procuring sexual acts by coercion, female genital mutilation and child pornography and abuse to be criminal offences.

More information about sexual offences in Queensland can be found in the 'Criminal Law' chapter of the Queensland Law Handbook.

Clearly much of what is considered to be sexual abuse is also a serious criminal offence in Queensland. A person who has been the victim of a crime in Queensland is able to report the crime to the Queensland Police. A person who has been the victim of a crime in another state can report the crime to the police in that state. An historical crime (one that is not currently occurring) can be reported to the Queensland Police by calling 131 444.

Many survivors may find it difficult to disclose their experience to the police directly. They may fear that their story will not be heard, believed or acted upon. They may be ashamed of what happened to them.

Bravehearts is a community organisation that was established to undertake work to prevent child sexual assault. Bravehearts' Sexual Assault Disclosure Scheme (SADS) has been established to support adult survivors to disclose sexual assault to the police. SADS provides an anonymous opportunity for survivors to seek and find willingness by authorities to register their allegations of sexual assault. A report through SADS can be made securely online.

In the event that the survivor is worried about making a complaint to the police an advocate may discuss the SADS scheme with the survivor. Information about the scheme and the relevant forms are available on the Bravehearts website www.bravehearts.org.au/pages/sads.php.

The survivor should be aware that the police require their statement to enable them to proceed with an investigation of the crime. A perpetrator will not be charged with a crime unless there is sufficient evidence to justify doing so.

Once a person is charged with a crime the matter will be heard in court. Which court the matter will be heard in relates to how serious the law considers the crime to be.

The use of counselling records in criminal proceedings

Lawyers representing accused perpetrators sometimes apply for access to the survivor's counselling records using a subpoena. The records are then used to question the survivor and to damage their credibility by showing evidence of mental health problems, alcohol and drug misuse or evidence about the reliability of the survivor's recollections.

There are no laws in Queensland that protect the confidentiality of counselling records. The admissibility of such records is determined on a case-by-case basis.

If a survivor's counselling records are subpoenaed, the counselling service should seek urgent legal advice about how to respond to the subpoena.

91 Ibid s 229B.

The matter could be heard in the Magistrates, District or Supreme Court. The person who is charged with the offence is able to defend the allegations that are made against them. A lawyer will usually represent the person. A person will only be convicted of a criminal offence if the police are able to establish beyond reasonable doubt that the person committed the crime.

Survivors are not parties to criminal matters. Although they provide the police with information that can be the most important evidence in their case, for the purpose of the proceedings in court, they are a witness rather than a party. Accordingly, the survivor will not have legal representation in court. The survivor can have a support person with them throughout the court process, which can be an important role for the advocate.

The public is usually excluded from court when sexual offences are dealt with. In addition to this, the survivor's identity cannot be published.⁹²

Survivors can be declared to be 'special witnesses'.⁹³ If a survivor is determined by the court to be a special witness, some of the following orders can be made:

- that the perpetrator be removed from the court or obscured (e.g. by a screen) while the survivor is giving evidence or while they are in the courtroom
- that everyone, other than those specified by the court, is required to leave the courtroom while the survivor is giving evidence
- that a particular support person can be present to give emotional support to the survivor while they are giving evidence
- that the survivor give evidence in a different room
- that the survivor give video evidence or evidence via a confidential television link
- any other orders the court considers appropriate including rest breaks for the survivor or instructions that questions be kept simple, be limited in time generally or by number on a particular issue.

If a person is found to be guilty of a criminal offence they will be punished (sentenced) accordingly. Depending on how serious the offence is according to the law, the perpetrator may be sentenced to time in prison.

In some circumstances a witness may require legal advice in connection with a criminal matter. Further information about how to obtain this advice and about the involvement of witnesses in criminal proceedings is available from Legal Aid Queensland at:

www.legalaid.qld.gov.au

92 *Criminal Law (Sexual Offences) Act 1978 (Qld) s 6.*

93 'Special witness' is defined in the *Evidence Act 1977 (Qld) s 21A* as a child under 16 years old or someone who in the court's opinion would as a result of a mental, intellectual or physical impairment or other relevant matter, be likely to be disadvantaged as a witness; or suffer severe emotional trauma; or would be so intimidated as to be disadvantaged as a witness if required to give evidence in accordance with the usual rules and practice of the court. A special witness is also defined in this section as a person who is to give evidence about the commission of a serious criminal offence committed by a criminal organisation or a member of a criminal organisation.

There are circumstances where the police will not pursue an investigation of an offence that has been reported by a survivor. The most obvious example of this is where the perpetrator is deceased.

Although there may be a genuine justification for the police not charging the perpetrator they have a general duty to treat child sexual offences seriously. If a survivor does not feel that their disclosure to the police has been dealt with appropriately an advocate may assist the survivor to make a police complaint. Free legal advice about how to make a police complaint can be obtained from community legal centres throughout Queensland. Details of community legal centres are available from the Queensland Association of Community Legal Centres:

www.qails.org.au

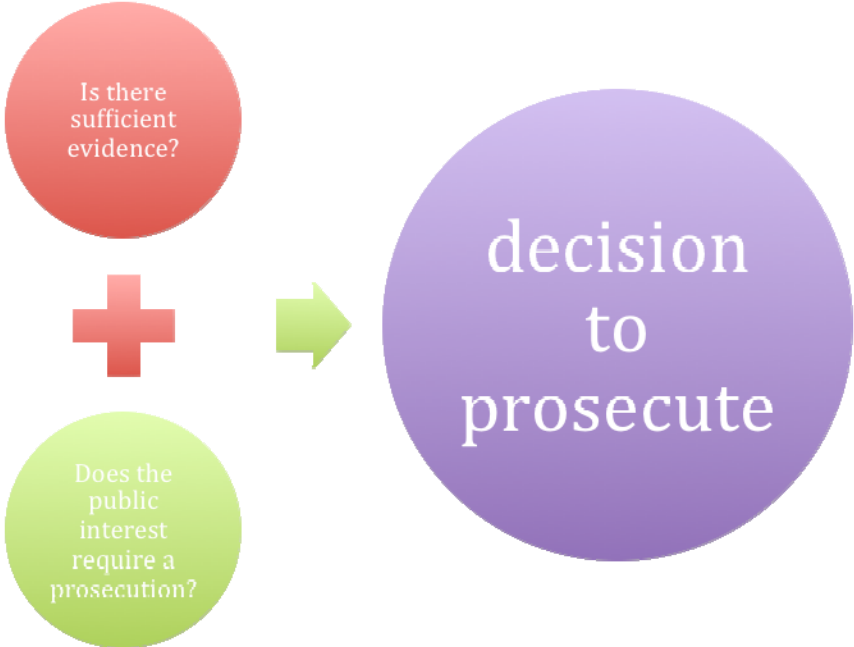
Legal Aid Queensland can also provide advice about making a complaint about police. Legal Aid Queensland can be contacted on:

1300 65 11 88

More information about making a police complaint is available on the Legal Aid Queensland website by following the links > legal information> the justice system > dealing with the police > complaints about police at:

www.legalaid.qld.gov.au

The office of the Director of Public Prosecutions ('DPP') is responsible representing the state in criminal law matters. They are responsible for deciding whether to prosecute an accused person for an offence. The decision about whether to prosecute will be made according to a two-tiered test illustrated as follows:⁹⁴



Sufficient evidence is determined by having regard to the following:

94 Queensland Government Department of Justice and Attorney-General, *Office of the Director of Public Prosecutions Guidelines* (15 June 2011) 2.

1. a prima facie case is necessary (but not enough);⁹⁵
2. a prosecution should not proceed if there is no reasonable prospect of conviction before a reasonable jury (or Magistrate);
3. bearing in mind that guilt must be established beyond reasonable doubt the prosecution should consider the following:
 - a. the availability, competence and compellability of witnesses and their likely impression on the Court;
 - b. any conflicting statements by an important witness;
 - c. the admissibility of evidence, including any alleged confession;
 - d. any obvious defence; and
 - e. any other factors relevant to the case's chance of success.

Where the offence is of a sexual nature against a child the matter is considered to be serious and, if there is sufficient evidence, prosecution of the matter will almost always be in the public interest.⁹⁶

If the DPP decides to discontinue a prosecution, the decision will not be reversed unless significant fresh evidence has been produced that was not previously available for consideration or if the decision was obtained by fraud and it is in the interests of justice that the matter be reviewed.⁹⁷

If a person is dissatisfied with a decision about whether to prosecute the person must first make a complaint to the DPP. The following numbers can be used to make a complaint:

3239 6840 (within Brisbane)

1800 673 428 (outside Brisbane)

If complaining directly to the DPP does not produce a satisfactory result, a complaint can then be made to the Queensland Ombudsman using the following details:

GPO Box 3314

☒ Brisbane QLD 4001

☒ Phone: (07) 3005 7000, or freecall: 1800 068 908☒

Civil law action

Personal injuries claim

Sometimes a person who has been injured by someone else may be able to seek financial compensation from that person or from an organisation that is considered to be responsible for the behaviour of that person. When a person has been harmed by sexual abuse that occurred within an institution often that institution is responsible for the behaviour of the perpetrator.

95 This means that "on the face of it" a case exists.

96 Above n 95, 6 [cls iv].

97 Above n 95, 27.

A survivor may choose to make a legal claim against an individual perpetrator or the institution that was associated with the abuse. Before taking any action against an individual perpetrator the survivor must establish that the perpetrator has the money to satisfy the claim. It is useless to make a claim against a perpetrator who has no significant assets or money. Even if the survivor is successful the perpetrator must pay the damages (compensation). If the perpetrator has no money then the survivor will not receive any damages.

To be successful with a claim against an institution it must be established that either the perpetrator was acting in the course of their employment (making the institution vicariously liable for their actions) or that the institution failed to do what was reasonable in the circumstances to avoid the survivor being injured. This is described as negligence.

To establish that the institution was negligent the survivor must demonstrate that the defendant owed them a duty of care, the institution breached that duty and that they have suffered a personal injury as a result of the breach of duty.

An institution has a duty of care if they have a legal obligation to be careful about the safety of the survivor. This obligation arises when the institution should have foreseen that injury or damage could result to the survivor from their conduct. A duty of care is usually easy to establish. For example, a church could easily foresee that a person who had previously harmed children is likely to harm children again. A sports club could easily foresee that sports coaches could hurt children. An organisation that places children in the care of adults could easily foresee that these adults might not take care of children in the way that they ought to.

An institution will not breach a duty to take precautions against a risk of harm unless the risk was foreseeable, the risk was not insignificant and in the circumstances a reasonable person would have taken precautions. Whether a reasonable person would have taken precautions will depend upon the likelihood of harm, the likely seriousness of the harm, the burden of taking precautions to avoid the harm and the social utility of the activity that created the risk of harm. Where a person has been the victim of sexual abuse in an institution the institution will need to demonstrate that they did all that was reasonable to prevent the abuse occurring.

Once the survivor has established that the institution has been negligent and that their negligence caused or contributed to their injury, the survivor will need to demonstrate that they have suffered damage. The personal injuries (including psychological injuries) that the survivor has sustained are the damage that they have suffered. The survivor may also have suffered financial damage if the abuse has made it difficult for them to gain or maintain employment.

Depending on which institution the abuse occurred in, there might also be statutory duties (duties arising from legislation) that the institution was responsible for. Injuries sustained by the survivor as a result of a breach of these duties may also give rise to a personal injuries claim.

Sometimes a group of people who have been injured by the negligence of the same organisation will come together to form a class action. This means that they take legal action together against the organisation. In some instances class actions are considered to be more efficient because legal costs are shared between a group of people. For a class action to be commenced there must be sufficient commonality between the cause of the

injuries suffered by each of the survivors. For example, a class action may be commenced against a particular organisation because one person sexually abused a number of children, the organisation had knowledge of the abuse and failed to take appropriate action to protect the children – or discharge their duty of care appropriately.

There is a time limit that applies to when a person can bring a legal action against an institution for a personal injury. Usually the survivor must commence legal action in court within three years of the injury being sustained. When a person was a child at the time that the injury was sustained they have until they are 21 to commence an action in court.

Sometimes, particularly in the case of psychological injuries, it is not clear when the injury was sustained. For this reason it is very important to seek legal advice as soon as possible if a survivor is thinking about seeking compensation in relation to the injuries that they sustained as a result of being sexually abused. In some cases the court has extended the three year time limit that otherwise applies to personal injuries matters.

In some instances the survivor may agree to accept an ex gratia payment from the institution outside court proceedings and without starting any legal action. This agreement is usually contained in a binding settlement agreement that limits the ability of the survivor to take any further action in relation to the harm that they have suffered. The deed or agreement will also usually contain a confidentiality clause that prevents the survivor from disclosing the details of the abuse or the settlement to other people. If a survivor is considering entering into this type of agreement with an institution it is very important that they obtain independent legal advice before doing so.

Applying for financial assistance as a victim of crime

In Queensland people who have been the victim of a crime are entitled to claim financial assistance in relation to that crime. As explained above, sexual abuse of a child is a crime in Queensland.

The Queensland Government provides financial assistance to victims of crime. The purpose of the financial assistance scheme is to reimburse victims for the cost of goods and services needed by a victim to recover from the physical and psychological effects of the crime. Financial assistance is designed to cover the costs of goods and services needed by a victim to recover from the act of violence. It is not a compensation scheme.

Because the laws that relate to financial assistance for victims of crime changed in 2009 there are different schemes that apply to people who have been the victim of a crime before 1 December 2009 and people who have been the victim of a crime after 1 December 2009.

If the survivor was the victim of a crime that occurred before 1 December 2009 they are able to claim financial assistance if the perpetrator has been convicted of the crime in the Supreme or District Court or if there has been notification that the perpetrator was not prosecuted because of a Mental Health Tribunal outcome or if the offender cannot be located. If the survivor does not know whether the survivor has been convicted the Queensland Police should be able to assist the survivor or the advocate to find out this information.

A claim for financial assistance in relation to a crime that occurred before 1 December 2009 must be made within three years of the conviction. If the person was a child when

the person was convicted they are able to apply for financial assistance until they turn 21.

If the survivor has been the victim of a crime that occurred after 1 December 2009 they are able to apply for financial assistance any time up to three years after the crime occurred. If the person was a child when the crime occurred they are able to apply for financial assistance until they turn 21.

The aim of the financial assistance that is provided is to help people to recover from the impact of a crime. It does not aim to compensate people. Survivors who are considering making an application for financial assistance as the victim of a crime should be aware that payments that are not typically large amounts of money.

Financial assistance is available to people other than the survivor who also suffered damage as a result of the crime. People who witnessed the crime and people who are related to the survivor may be entitled to receive assistance.

The assessment of how much assistance a person is entitled to will take into consideration any compensation or other types of financial assistance that the person has received in relation to the crime.

A survivor wanting to make an application for financial assistance should obtain independent legal advice. With the survivor's permission, the advocate should also listen to this advice.

Although obtaining legal advice is very important, an advocate may be able to assist a survivor to make an application for financial assistance. The survivor may also be capable of making the application without the assistance of an advocate. Alternatively, a community legal centre might be able to assist the survivor to make the application.

The application process involves completing and submitting an application form which is available from the Queensland Government's Victim Assist website:

www.justice.qld.gov.au

In the application form the survivor will be able to indicate whether they are seeking interim financial assistance. Interim financial assistance can be made available to the survivor reasonably quickly and before the application for financial assistance has been decided. Interim financial assistance can help pay for immediate expenses arising as a result of the crime such as medical expenses and the cost of seeking counselling. If the survivor's application for financial assistance is ultimately unsuccessful the survivor will be required to repay any interim financial assistance that they received.

In addition to the application form, the survivor will need to ask their doctor to complete a Medical Certificate in the approved form. This form is available on the Queensland Government's Victim Assist website (see above).

The Medical Certificate should be submitted with the application form.

After making an application for assistance the survivor or the advocate will need to respond to any correspondence that is sent to them in relation to the application as soon as possible and within any timeframe that is specified in the correspondence.

Sexual harassment

Behaviour that constitutes sexual harassment is prohibited in Australia.

The Queensland *Anti-Discrimination Act* 1991 describes sexual harassment as occurring when:

a person subjects another person to an unsolicited act of physical intimacy, makes either direct or indirect unsolicited demands or requests sexual favours from the other person, makes a remark with sexual connotations relating to the other person or engages in any other unwelcome conduct of a sexual nature in relation to the other person

AND

the person engages in the behaviour with the intention of offending, humiliating or intimidating the other person or in circumstances where a reasonable person would have anticipated the possibility that the other person would be offended, humiliated or intimidated by the conduct.⁹⁸

The Commonwealth *Sex Discrimination Act* 1984 defines sexual harassment as when:

a person makes an unwelcome sexual advance, or an unwelcome request for sexual favours or engages in other unwelcome conduct of a sexual nature in relation to the person harassed;

in circumstances in which a reasonable person, having regard to all the circumstances would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.⁹⁹

Conduct of a sexual nature includes making a statement of a sexual nature to a person, or in the presence of a person, whether the statement is made orally or in writing.

It can be seen that both behaviour that constitutes a criminal offence and behaviour that does not constitute a criminal offence could be deemed to be sexual harassment.

Both the state and Commonwealth legislation mentioned above prohibit sexual harassment. A survivor can make a complaint about sexual harassment to either the Anti-Discrimination Commission Queensland or the Australian Human Rights Commission. The complaint must be made within a year of either the harassment occurring or the survivor turning 18. In addition to this the act of sexual harassment must have occurred after 1 August 1984 (for a complaint to the Human Rights Commission) or 30 June 1992 (for a complaint to the Anti-Discrimination Commission).

After a sexual harassment complaint is made it will proceed to a conciliation. If the matter is not resolved in conciliation it will proceed to QCAT (if the complaint was made to the Anti-Discrimination Commission) or to the Federal Court (if the complaint was made to the Human Rights Commission).

A sexual harassment complaint made by a survivor could result in numerous outcomes including damages (money), an apology and changes in policies and procedures of the institution.

A survivor who wishes to make a sexual harassment complaint should obtain independent legal advice. In particular they should seek advice about which commission

98 *Anti-Discrimination Act* 1991 (Qld) s 119.

99 *Sex Discrimination Act* 1984 (Cth) s 28A.

to make the complaint to and the costs implications of making a complaint – particularly if the complaint does not resolve at conciliation.

Giving information or evidence to the Royal Commission

One option that is currently available to survivors is to provide information to the Royal Commission. Information about the Royal Commission and details about how to give information to the Royal Commission is contained in Chapters 6 and 7 of this guide.

The purpose of giving information to the Royal Commission is to inform its inquiries. The purpose of giving evidence is to impact the Commission's recommendations.

The Terms of Reference that were given to the Royal Commission at its commencement determine what things are relevant to their inquiry.¹⁰⁰ Things that the Royal Commission is interested in hearing about include:

- details about the abuse
- what the response to any complaints or reports was
- whether a person has received any compensation
- what could have been done differently
- whether the survivor has shared their story with any other similar inquiry
- whether the matter was reported to the police and what the response was
- what the survivor is hoping will be the outcome of the Royal Commission.

A person who gives information or evidence to the Royal Commission in a private session, a private hearing or a public hearing (see Chapter 7 of this guide) or provides documents in response to a notice to provide documents is protected from being sued for defamation. Similarly, a person who, in good faith, gives information to the Royal Commission is protected from being sued for defamation. This rule applies regardless of whether the information or evidence damages the reputation of another person. It should be noted that this rule only applies to information given directly to the Royal Commission. Defamation laws are discussed in further detail later in this chapter.

The Royal Commission will make recommendations to the Australian Government about whether institutional responses to child sexual abuse have been adequate and, if not, what measures should be taken to improve the situation. One recommendation that could be made by the Royal Commission is that a redress scheme be established. If this recommendation is made by the Royal Commission and accepted and implemented by the government, survivors may have an opportunity to make a claim for compensation from the scheme. It should be noted that the establishment of this type of scheme is only one possible outcome of the Royal Commission.

Other potential outcomes of the Royal Commission include recommendations being made in relation to changes in the law. For example, changes could be made to make it easier for survivors to make claims for compensation outside the current time limitation periods (see civil law actions above). The Royal Commission may also make

100 Commonwealth, 'Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse' in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013.

recommendations that relate to government policies about protecting children from sexual abuse in institutional settings. It is possible that the Commission will make recommendations that will attempt to lessen the likelihood of sexual abuse of children occurring in institutional settings in the future.

Any suggestion of what might be the outcome of the Royal Commission is speculative. There is no way to guarantee what the outcomes of the Commission will be. Similarly, it is impossible to know which of the Commission’s recommendations the government will accept and implement. It is also impossible to know when any of the recommendations of the Commission will be implemented.

The survivor should understand that they will not derive direct personal legal benefit as a result of giving evidence to the Royal Commission. Giving evidence to the Royal Commission may give the survivor other personal benefits including being able to tell their story and participating in a process that should hold institutions to account for their response to child sexual abuse.

Using an international human rights complaints mechanism

Sexual abuse of children is a breach of numerous human rights that are protected under international human rights law. Although Australia is a signatory to many relevant human rights instruments, because these instruments are a matter of international rather than domestic law, most of the rights cannot be enforced using Australian law.

Some human rights instruments have complaints mechanisms associated with them. These complaints mechanisms allow people who allege that their human rights have not be adequately respected, protected and/or fulfilled by their country to make a complaint to an international body that will make a public internationally available decision. These decisions are not binding on the country that the decision is made against in the way that a decision of an Australian court would be. Instead, the decisions have ‘moral’ and ‘political’ influence and can sometimes encourage countries to change their practices. It is highly unlikely that a survivor will derive any personal legal or financial benefit from making a complaint to an international human rights body.

Groups acting on behalf of survivors of child sexual abuse have lobbied the Committee on the Rights of the Child to take action in relation to child sexual abuse that has occurred in connection with the Catholic Church.

Because the Holy See is considered to be an independent State the Committee on the Rights of the Child is able to investigate and report on the actions of the Catholic Church.

The Committee on the Rights of the Child has asked the Holy See to respond to questions about how it has responded to allegations of child sexual abuse. It is expected that the Holy See will respond when it appears before the Committee in January 2014.

Complaints to international human rights bodies are made about the Australian Government’s failure to respect, promote and fulfil human rights duties. Complaints cannot be made about an institution directly – unless the institution is a government organisation. The complaint would need to allege that the Australian Government has

not done enough to protect the human rights of survivors – for example the right to be compensated as the victim of a crime.

A complaint to an international human rights body cannot be considered if the same problem is being investigated under another international procedure. All domestic remedies must have been exhausted before an international human rights body can investigate it. Accordingly, a survivor or group of survivors may consider making a complaint after the Royal Commission is completed if the government does not respond appropriately to recommendations.

Examples of the types of bodies that a survivor might make a complaint to include the Committee on the Rights of the Child and the Human Rights Committee. A complaint cannot be made pursuant to the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power because it is not a convention and, accordingly, there is no associated committee that has been established to investigate complaints that are made in relation to contraventions of it.

A complaint to the Committee on the Rights of the Child must relate to a right (or rights) that is contained in the Convention on the Rights of the Child. For example, a survivor may argue that the government has failed to take adequate steps to protect the right of children to be protected from sexual abuse.¹⁰¹ To be admissible the abuse must have occurred after Australia became a signatory to the Convention – 17 December 1990.

A complaint to the Human Rights Committee must relate to a right (or rights) that is contained in the International Covenant on Civil and Political Rights. For example, a survivor may argue that the government has failed to protect the child’s right to such measures of protection as are required by his or her status as a child, on the part of his family, society and the State.¹⁰² To be admissible the abuse must have occurred after Australia became a signatory to the Covenant – 13 August 1980.

Further information about international human rights instruments and complaints mechanisms is available from the Human Rights Law Resource Centre:
www.hrlc.org.au.

When the abuse did not occur in Queensland

Of the areas of law that are discussed above, the law that relates to crime, personal injuries, victims of crime financial assistance and sexual harassment is different in each state.

If the abuse occurred in a state other than Queensland the advocate can assist the survivor to obtain free legal advice and information by using the following details:

New South Wales	<u>LawAccess NSW</u> 1300 888 529 (Legal helpline) www.lawaccess.nsw.gov.au (Online plain language information about the law)
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101 *Convention on the Rights of the Child*, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990) art 19.
102 *International Covenant on Civil and Political Rights*, opened for signature 16 December 1966, 999 UNTS 171 (entered into force 23 March 1976) art 24.

	<p><u>The Law Handbook</u> www.legalanswers.sl.nsw.gov.au/guides/law_handbook (Online access to each chapter of the NSW Law Handbook)</p>
Australian Capital Territory	<p><u>Legal Aid ACT</u> 1300 654 314 (Legal information and referrals)</p>
Victoria	<p><u>Victoria Legal Aid</u> 1300 792 387 (Legal information and referrals)</p> <p><u>The Law Handbook</u> www.lawhandbook.org.au/fact_sheets (Factsheets on relevant aspects of the law in Victoria)</p>
South Australia	<p><u>Legal Services Commission of South Australia</u> 1300 366 424 (Free legal advice, information and referrals) www.lsc.sa.gov.au/handbook_index.php (Online searchable access to “The Law Handbook”, South Australia)</p>
Tasmania	<p><u>Legal Aid Commission of Tasmania</u> 1300 366 611 (free legal advice) www.legalaid.tas.gov.au/Factsheets/Index%20alpha.html (Factsheets on aspects of the law in Tasmania)</p> <p><u>Hobart Community Legal Centre</u> www.hobartlegal.org.au/tasmanian-law-handbook (Online access to the Tasmanian Law Handbook)</p>
Western Australia	<p><u>Legal Aid Western Australia</u> 1300 650 579 (Legal information) www.legalaid.wa.gov.au/InformationAboutTheLaw/Pages/Default.aspx (Information about the law in Western Australia)</p>
Northern Territory	<p><u>Northern Territory Legal Aid Commission</u> 1800 019 343 (Legal advice, information and referrals)</p>

Using internal institutional complaints mechanisms

Many institutions have their own internal complaints mechanism that will receive complaints about the behaviour of people within the organisation or the response of the institution to that behaviour.

Some survivors may choose to use an internal complaints mechanism because they do not want the matter to become public or they do not want to damage the reputation of the institution. Pursuing an internal complaint may also be considered to be less complicated.

The Catholic Church is an example of an institution that has an internal complaints mechanism. 'Towards Healing' sets out the principles and procedures the Catholic Church has committed to adhering to when responding to allegations of abuse. Information about Towards Healing is available on the Catholic Church of Australia's website at:

www.catholic.org.au

In some cases ex gratia payments may be made to a survivor as a result of making a complaint using an internal complaints mechanism. Usually this payment will be made after the survivor has signed a settlement agreement. This type of agreement usually precludes the survivor from taking any other action in relation to the sexual abuse and also requires that the survivor keep the circumstances of the abuse and the settlement confidential.

Prior to signing any type of agreement or accepting any payment from an institution the survivor should seek independent legal advice. A lawyer should be able to advise the survivor of whether the agreement is fair and what the consequences of accepting it are.

Using the media to tell the story

Reporting stories of sexual abuse may sometimes be deemed to be "in the public interest".

The Royal Commission and other similar inquiries recently conducted in Victoria and New South Wales have resulted in significant media attention being directed towards the issue of sexual abuse occurring in institutional settings.

A survivor may consider contacting a particular journalist or current affairs program to have their story told. Alternatively, a survivor may choose to use online or social media tools to tell their story.

A survivor could derive numerous benefits from sharing their story with the media. For example, it might assist the media to report on the circumstances and consequences of sexual abuse more accurately. It may also raise awareness of how sexual abuse occurs in an institutional setting and help to prevent it occurring again. The survivor may also experience therapeutic benefits as a result of telling their story.

Naturally, there are also risks associated with a survivor telling a story in the media or on a public forum. These risks include potential impact on a survivor's life or wellbeing and also potential legal consequences.

A survivor should be aware that, as a victim of a sexual crime, the media must obtain their permission to use their image. A survivor should be careful about giving the media permission to use their image. The image could potentially be used more than once. This could be distressing for the survivor as they may not know when to expect to see a reminder of their story. Similarly, without adequate caution being taken, the survivor's story may be used again at any time. There is also a risk that information that is provided to the media could be misused or misinterpreted.

The survivor's decision to speak about the abuse publically will potentially affect members of their family and may impact their relationships with people who did not know about the abuse. The survivor should consider speaking to their family prior to making their story public.

A survivor who wishes to tell their story using social media or other online tools should be aware that once they have published this information they have very limited control over how the information is used.

A survivor may wish to tell their story in public in order to “name and shame” the perpetrator and/or institution. If a survivor decides to do this they must be very careful that their story is factually accurate, as there are laws that prohibit the publication of defamatory material. Attributing something discreditable to a person is defamatory when the information is likely to lower the concerned person’s reputation, lead others to think less of them, make others shun or avoid them and/or cause others to ridicule, hate or despise them. Clearly, claiming that a person is a perpetrator of child sexual abuse or an institution was somehow involved in child sexual abuse is defamatory, and a person who has had something defamatory published about them can take legal action against the person who made the allegation. In some circumstances organisations can also take this type of legal action.

A survivor can defeat a defamation claim if their story is substantially true. In Queensland substantially true is defined to mean ‘not materially different from the truth or true in substance.’¹⁰³

When engaging with the media the survivor should take the time to be very clear about how their story will be used. They should be able to negotiate the terms of their story. For example, the journalist may agree to film an interview in a way that preserves the survivor’s identity, they may agree not to re-use the footage and they may even agree to pay the survivor for exclusive rights to the story. It is advisable for a survivor to have a lawyer look over the terms of any agreement with a journalist or media outlet before signing it or providing their story. A survivor should also obtain advice about how the law of defamation applies to their situation.

Therapeutic responses

Naturally, group therapy and/or individual counselling are options that may assist survivors to achieve some of their goals. It may be the case that, other than seeking counselling, a survivor decides to take no other action to address the impact of the sexual abuse. This could be the case if, for example, the survivor does not wish to re-visit the past in a public forum, does not wish to confront the perpetrator or does not want family and friends to know what happened to them.

On the other hand, counselling and therapy can be complementary to other options that the survivor chooses to pursue.

All survivors should be offered the option of counselling. As mentioned in Chapter 2, the Australian Government has recently funded counselling and support services for survivors of child sexual abuse. See Chapter 2 for details.

103 *Defamation Act 2005 (Qld)* s 25.

Chapter 6 - The Royal Commission into Institutional Responses to Child Sexual Abuse (“the Royal Commission”)

Background

In January 2013, her Excellency Quentin Bryce, Governor-General of the Commonwealth of Australia, appointed a six-member Royal Commission to investigate institutional responses to child sexual abuse.¹⁰⁴ The *Royal Commissions Act 1902* (Cth) (“the Royal Commissions Act”) gives the Australian Government the power to hold a Royal Commission.

The Royal Commission has been established to inquire into how institutions that have a responsibility for children have managed and responded to allegations and instances of child sexual abuse.¹⁰⁵

The Royal Commission responds to issues that have been the subject of public discussion in Australia and overseas for a number of years.¹⁰⁶ The Australian community has come to acknowledge that fundamental wrongs against children have been committed in the context of institutions and that this has caused great trauma and lasting damage to many people.¹⁰⁷

The Royal Commission is an acknowledgment that, in order to move forward, the community must come to understand where wrongs have occurred and so far as possible, right those wrongs.¹⁰⁸ As part of this process the Royal Commission aims to develop principles which, when implemented, will improve systems that protect children.

The Royal Commission has made it clear that the holding of this inquiry is a direct response to Australia’s obligations to respect, protect and fulfil the rights of children. The Royal Commission has said that the United Nations Convention on the Rights of the Child requires that the Australian Government look at the manner in which the obligations owed to children have or have not been met, acknowledge wrongs, provide redress and assist in healing.¹⁰⁹

The Honourable Justice Peter McClellan has been appointed as Chair of the Royal Commission. Justice McClellan is the Chief Justice of the New South Wales Supreme Court. The five other Commissioners are Bob Atkinson (a former Queensland Police

104 Royal Commission into Institutional Responses to Child Sexual Abuse Website (2013) <<http://www.childabuseroyalcommission.gov.au/>>.

105 Ibid.

106 Media Statement from Justice Peter McClellan AM – Chair of the Royal Commission into Institutional Responses to Child Sexual Abuse (March 2013) available at <<http://www.forgottenaustralians.org.au/PDF/RCmediaMar2013.pdf>>.

107 Transcript of Proceedings, *Royal Commission into Institutional Responses to Child Sexual Abuse – Formal Opening of the Inquiry* (County Court of Victoria, 3 April 2013) 1.

108 Ibid 2.

109 Ibid.

Commissioner), Justice Jennifer Coate (a Family Court Judge and former Victorian Coroner), Robert Fitzgerald (the Productivity Commissioner), Professor Helen Milroy (a Consultant Child and Adolescent Psychiatrist) and Andrew Murray (a former Senator for Western Australia). The Commissioners have been appointed for three years.¹¹⁰

What is a Royal Commission?

Commonwealth Royal Commissions are public inquiries that are established under the Royal Commissions Act. Royal Commissions are established when the Australian Government appoints a group of people (Commissioners) to conduct an inquiry in accordance with “Terms of Reference” that are approved by the Governor-General. Terms of Reference are contained in ‘letters patent’. Letters patent are instructions that the government gives Commissioners that outline what the Commissioners are required to inquire into.

The Royal Commission has been asked to look at ways to share relevant information and evidence that has been provided to other similar inquiries.¹¹¹ A person who has provided evidence to an inquiry in the past is also able to give evidence to the Royal Commission.

The difference between Royal Commissions and Senate Inquiries

There are a range of ways that the government can examine an issue of public importance. Survivors may have previously engaged with inquiries and may seek clarification about the difference between the current Royal Commission, other Commissions of Inquiry and Senate Inquiries.

Numerous commissions and inquiries have investigated similar issues that the Royal Commission is looking at. For example, in Victoria there has recently been an inquiry into the handling of child abuse by religious and other organisations. In New South Wales there has been a recent inquiry into matters relating to the police investigation of certain child sexual abuse allegations in the Catholic Diocese of Maitland-Newcastle. These inquiries and the Royal Commission are known as “Commissions of Inquiry” and are established pursuant to legislation. The New South Wales and Victorian inquiries examined issues that are more restricted than the Royal Commission. It is anticipated that the work of these inquiries will complement the work of the Royal Commission.

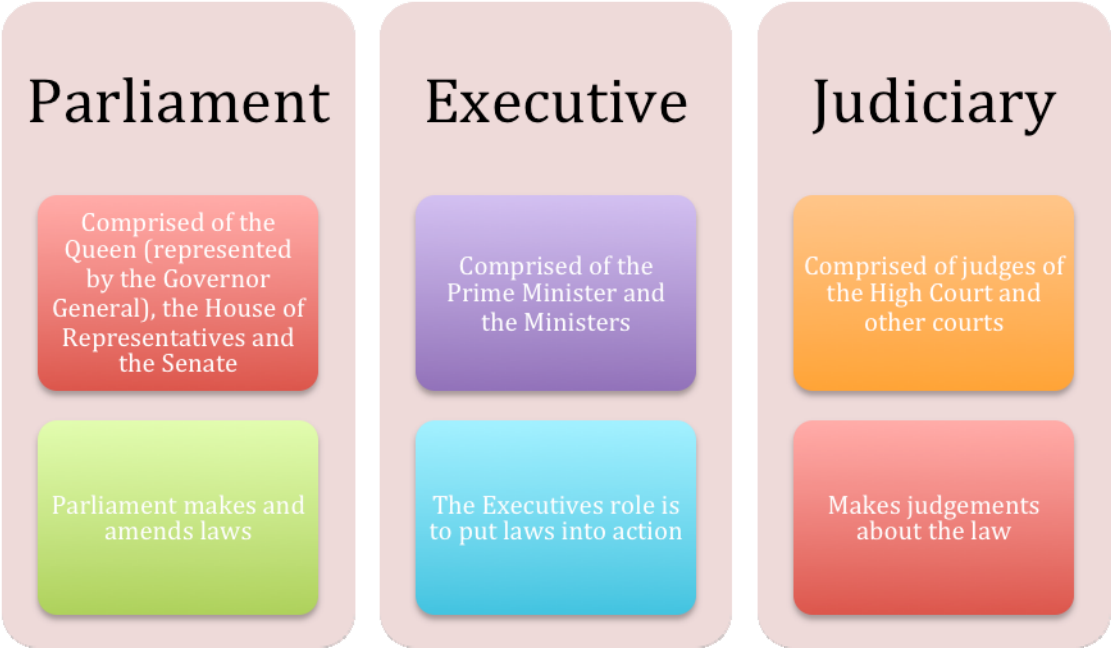
Similarly, a number of senate inquiries have examined similar subject matter to the Royal Commission. For example, the Community Affairs References Committee (a Senate Committee) examined the issue of child migration and completed a report entitled “Lost Innocents: Righting the Record” in 2001. The Community Affairs Reference Committee also considered the experience of people who had come into contact with institutional or out-of-home care as children in Australia and completed a report entitled “Forgotten Australians” in 2004.

To understand the difference between commissions of inquiry (including Royal Commissions) and Senate Inquiries it is important to understand the roles of the groups

110 Above n 103.

111 Commonwealth, ‘Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse’ in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013, para l.

that make up government in Australia. The following diagram illustrates the roles of the three groups that make up government in Australia:



Senate Inquiries are a parliamentary inquiry. This means that they are initiated by parliament. As illustrated above, parliament in Australia is comprised of the House of Representatives and the Senate.

The Senate does not have the power to introduce new laws or initiate the review of laws. Instead, the Senate is responsible for the review of new laws or changes to laws. Outside of the Senate Chamber, Senators work together in senate committees to investigate matters of public policy and scrutinise proposed legislation. The Community Affairs References Committee is an example of a Senate Committee.

When a Senate Committee receives a reference (a request) from either house of parliament to examine a particular issue it will seek input from the public, community organisations and government departments. A committee can also conduct hearings. The committee will then analyse the material submitted to it and produce a report that is tabled in parliament.

A Senate Inquiry is instigated and conducted by parliament. It does not have the power to coerce witnesses to give evidence or to force people or organisations to produce evidence.

Recommendation 11 of the 2004 Forgotten Australians Report included a recommendation to establish a Royal Commission to investigate the nature and extent of criminal physical and sexual assault of children and young persons occurring in certain institutions if the relevant institutions did not open their files and premises and provide full cooperation to authorities to investigate the nature and extent of abuse that occurred within these institutions.¹¹² The reason that this recommendation was made is that Royal Commissions have broad investigative powers and procedural flexibility.

112 Above n 37, 128.

The Royal Commissions Act gives wide ranging coercive powers to Royal Commissions. The powers include the ability to call and cross-examine witnesses, obtain evidence, require the disclosure of documents, rights of entry and the power to tap phones. Senate Inquiries do not have these powers.¹¹³

Commissions are also able to provide protection to witnesses and inquiry members from legal action including defamation actions.¹¹⁴

Instead of being initiated by parliament, a Royal Commission is initiated by the executive arm of government. When a Royal Commission is established people who are largely independent of the government are appointed as Commissioners. Commissioners can include judges, other prominent public servants, retired politicians and other members of the community.

Sometimes commissions established under the Royal Commissions Act are called a Commission of Inquiry rather than a Royal Commission.

Evidence or information that has previously been provided to Senate Inquiries

The Royal Commission is able to obtain any information and evidence that was provided to the Senate Inquiries discussed above. However, there are some limitations to how this information can be used. The Royal Commission can use the information to inform their inquiries but cannot rely on it directly as evidence.

The Royal Commission is not able to access confidential information that was provided for the purpose of the above senate inquiries unless the Senate makes a decision to disclose this material. Survivors should not provide a confidential document that was provided to a senate inquiry to the Royal Commission. Instead the survivor should prepare a new document for the Royal Commission. This document can provide the same information that the survivor provided to the Senate Inquiry.

If a survivor provided a Senate Inquiry with documents that existed prior to that inquiry (for example institutional records) these documents can be provided to the Royal Commission.

If a survivor has given information to another Commission of Inquiry the survivor can ask the Royal Commission to obtain a copy of that information.¹¹⁵

Purpose of the Royal Commission

The purpose of the Royal Commission is to examine the sexual abuse of children in Australian institutions¹¹⁶ and to bear witness on behalf of the nation to the abuse and consequential trauma inflicted upon many people who have suffered sexual abuse as

113 *Royal Commissions Act* 1902 (Cth) part 2.

114 *Ibid*, s 7.

115 Royal Commission into Institutional Responses to Child Sexual Abuse, *Practice Guideline 1* (12 August 2013)
<<http://www.childabuseroyalcommission.gov.au/public-hearings/practice-guidelines/>>.

116 Above n 105.

children.¹¹⁷ The Royal Commission will inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse¹¹⁸ and will investigate where systems have failed to protect children.¹¹⁹

It is important to understand that the Royal Commission is conducting an investigative process. Among other things, they will receive and consider individuals' accounts of experience living within and/or associating with an institution.¹²⁰ The Royal Commission is not charged with determining whether any person may be entitled to compensation for any injury they may have suffered.¹²¹ Similarly, the Royal Commission is not a prosecuting body – it can however refer individual cases to the police, for investigation and, where appropriate, prosecution.¹²²

The Royal Commission will make recommendations about how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.¹²³

The Royal Commission will prepare an interim report of its findings by 30 June 2014. Currently, the Royal Commission expects to complete its final report in 2015. However, this date will be revised in the interim report.¹²⁴

What has the Royal Commission been asked to do?

The Australian Government has asked the Royal Commission to inquire into institutional responses to allegations and incidents of child sexual abuse and related matters.

The Australian Government has provided the Royal Commission with specific instructions about what they are required to investigate. These instructions are contained in a document called 'letters patent'.

As previously explained, letters patent are directions that are made by the government to a group of people (Commissioners) that authorise and require those people to conduct an investigation. The following list summarises what the Royal Commission is required and authorised to inquire into – based on the letters patent:¹²⁵

117 Transcript of Proceedings, *Royal Commission into Institutional Responses to Child Sexual Abuse – Formal Opening of the Inquiry* (County Court of Victoria, 3 April 2013) 3.

118 Above n 103.

119 Ibid.

120 Above n 105.

121 Ibid.

122 Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, *Explaining the Letters Patent and Terms of Reference Factsheet* (16 July 2013) <<http://www.fahcsia.gov.au/families-and-children/news/2013/royal-commission-into-institutional-responses-to-child-sexual-abuse>>.

123 Above n 103.

124 Above n 121.

125 These questions are based on the letters patent – they are not the exact questions that the Royal Commission has been asked. Rather, they are based on the issues that the Royal Commission has been asked to examine.

- What should institutions and governments do to better protect children against sexual abuse in institutions in the future?
- What should institutions and governments do to develop systems that encourage reporting of, and improve responses to reports or information about child sexual abuse that occurs in institutions?
- How can barriers to responding to child sexual abuse in institutions be overcome?
- How can governments and institutions lessen the impact of child sexual abuse that has already occurred in institutional settings?
- Will the establishment of a redress scheme and the improvement of investigation, prosecution and support services ensure justice for victims?

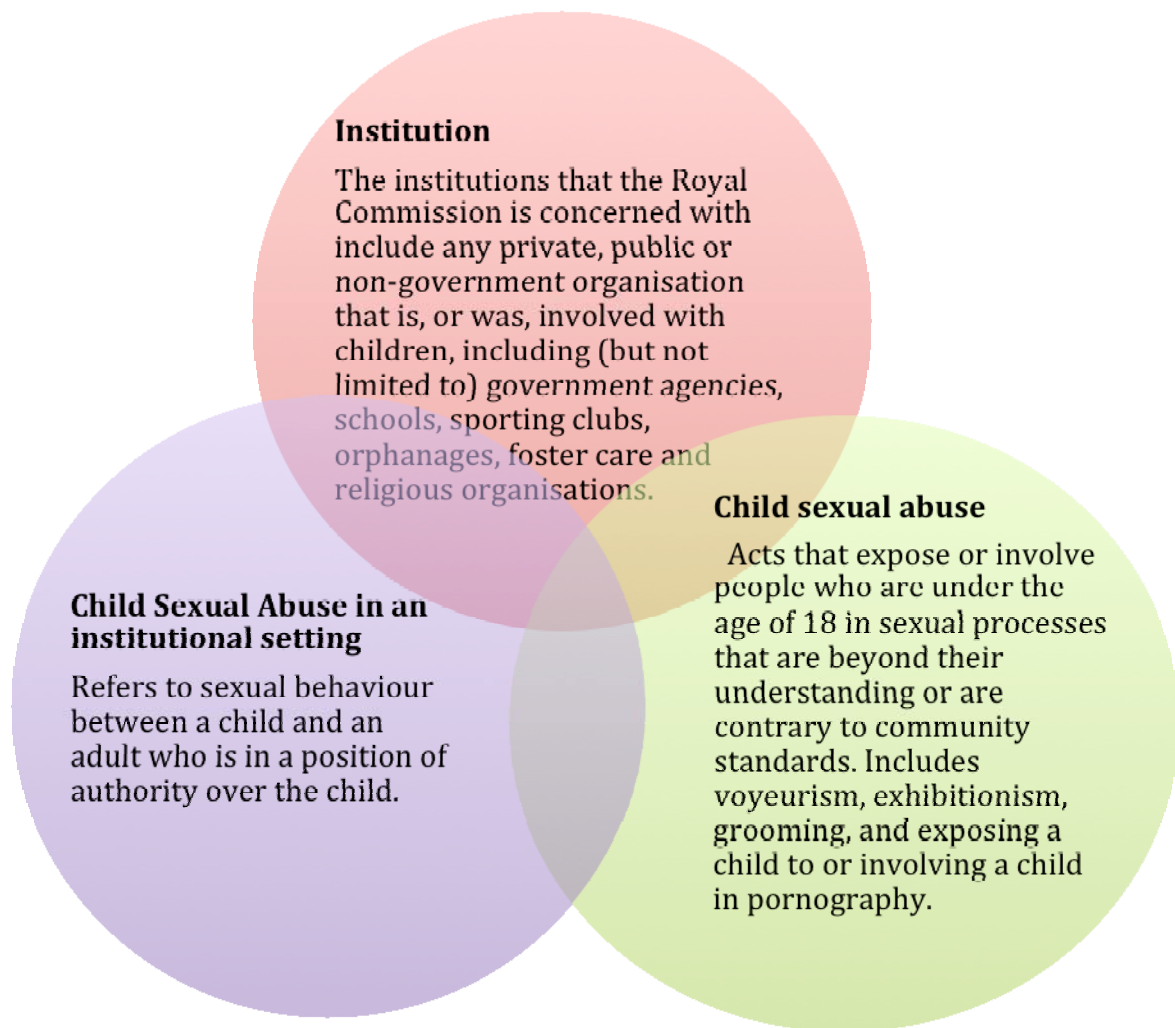
The Royal Commission has been directed to make recommendations about how to improve responses to child sexual abuse that has occurred in Australian institutions including making recommendations about any policy, legislative, administrative or structural reforms.

Defining ‘child sexual abuse’ and ‘institutions’

Whether the assault complained of amounts to *child sexual abuse* and whether it occurred in *an institution* for the purpose of the Royal Commission will determine whether the survivor’s story is something that the Commission is authorised to consider in their inquiry.

The definition of child sexual abuse is not fixed by the letters patent and the Royal Commission has indicated that the definition that they have adopted is a ‘working definition’. This means that the definition may be changed or refined during the course of the inquiry. The Royal Commission has indicated that they would like to hear feedback about how sexual abuse should be defined.

The following diagram attempts to define the relevant terms by reference to information contained in the letters patent and provided by the Royal Commission.



How will the Royal Commission gather the information that it needs?

The letters patent provide that the Royal Commission can use numerous mechanisms to gather the information that it needs. In addition to conducting hearings, the Royal Commission can establish investigative units, consider material that has been before other inquiries and receive documents and other written information.

There are numerous ways that people can give information and evidence to the Royal Commission. The ways that survivors can give information and evidence to the Royal Commission are explained in the following chapter. The Royal Commission will also hear evidence and receive information from representatives of institutions, government, academics and members of the community.

The Royal Commission produces practice guidelines to assist people to understand how the Royal Commission will work. These practice guidelines are available on the Royal Commission's website.¹²⁶

126 See <http://www.childabuseroyalcommission.gov.au/public-hearings/practice-guidelines/>.

Some of the common ways that people will give information and evidence to the Royal Commission include through written statements, at private sessions and in both public and private hearings. These options are explored in more detail in the following chapter.

The role of survivors in assisting the Royal Commission to perform its role

Survivors play an important role in providing the Royal Commission with information about how child sexual abuse occurs in institutional settings and how that abuse has been dealt with.

The letters patent direct the Royal Commission to listen to the stories of survivors and to make arrangements to encourage survivors to share these stories.

As discussed in Chapter 5 of this guide, survivors will not immediately derive a direct personal benefit from giving evidence to the Royal Commission. Evidence is given to inform systemic change – the Royal Commission will not make recommendations about how individual cases should be dealt with.

Opportunities for institutions to respond

Where the Royal Commission has documents, information or evidence that it is anticipated will be tendered or given in a public hearing and there is a risk of damage to the reputation of a person or institution arising from the public exposure, the Royal Commission will generally adopt the following procedure:

1. The person or a representative of the institution will be provided with the opportunity of being interviewed by Royal Commission officers before the public hearing.
2. As far as possible, the person or institution will be given advance notice of the names of the witnesses who might give evidence which could be adverse to them and a summary of that anticipated evidence.
3. The person or institution will be given permission to be legally represented.
4. After being examined by counsel assisting (lawyers helping the Royal Commission), and subject to the overall control of the Chair or presiding Commissioner, the person or institution will be entitled to be examined by their own lawyer, and to apply for any other material evidence to be tendered or witnesses to be called.¹²⁷

Confidentiality and privacy

The Royal Commission can make an order for evidence to be taken in private. Similarly, the Royal Commission can direct that any evidence given before it, the contents of any document produced and information which might enable a person who has given evidence before the Royal Commission to be identified, not be published except as specified.¹²⁸ This applies to both survivors and institutions. There are specific things

127 Above n 114, [guideline 64].

128 Above n 114, [guideline 74].

that the Royal Commission will consider when deciding whether to make a non-publication order, including whether it is in the public interest to provide the evidence to the public.¹²⁹

Publication of evidence

Unless the Royal Commission makes an order to the contrary, evidence before the Commission will usually be made available to the public. For example, transcripts of evidence in public hearings will be uploaded to the Royal Commission's website as soon as they are available. Witnesses' evidence (as apposed to information submitted by way of a statement) may be published unless an order is made preventing publication.

129 Ibid, [guideline 76].

Chapter 7 - Assisting survivors to give evidence to the Royal Commission

Determining why a survivor wishes to give evidence or information to the Royal Commission

When assisting a survivor to give evidence or information to the Royal Commission it is important to ensure that the outcome that the survivor is seeking is a possible outcome of their participation in the Royal Commission.

As discussed in Chapter 5 of this guide, there are numerous valid reasons why a survivor may like to participate in the Royal Commission. For example, the survivor may wish to do what they can to stop child abuse occurring, they may wish to 'name and shame' the perpetrator and institution connected to the abuse or they may wish to have their story on the public record for therapeutic reasons.

It is important that a survivor understands that their participation in the Royal Commission will not directly lead to compensation or an ex gratia payment or to recommendations being made in relation to their specific circumstances. The Royal Commission will not conduct detailed investigations into individual cases of abuse and has no power to prosecute offences. However, the Royal Commission is able to refer individual matters to the police for investigation and prosecution.

The Royal Commission has been specifically directed to consider the issue of compensation.¹³⁰ Accordingly, as discussed in Chapter 5 of this guide, there is a possibility that the Royal Commission will recommend the establishment of a redress fund. If this is the case and the Australian Government chooses to implement the Royal Commission's recommendation, a compensation scheme for survivors could be established. Survivors should understand that this is only a possible outcome of the Royal Commission.

As it stands, providing information or evidence to the Royal Commission will not result in a compensation payment for victims.

Minimising the risk of re-traumatising survivors

Often participation in the legal system, investigations and prosecutions of offences and publicity of abuse leads to the re-traumatisation of survivors.

Good advocacy and legal assistance should empower survivors and can help prevent re-traumatisation. Following are some tips to minimise the risk of re-traumatisation that should be borne in mind by the advocate if a survivor decides to engage with the Royal Commission.

1. Treat the survivor with respect and dignity.

130 Commonwealth, 'Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse' in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013, para d.

2. When the survivor discloses their story they should be believed, respected and supported. They should be presented with accurate information and assisted to choose what action they would like to take and what support they need.
3. If the survivor wishes to be, they should be protected from any direct contact with the perpetrator and other people connected to their allegations.
4. Ensure that the survivor is central to involvement with the Royal Commission. This includes ensuring that the survivor has access to legal advice and representation, that they are informed of their rights and responsibilities and that they are regularly updated with any developments related to their participation in the Royal Commission.
5. Ensure that the survivor is informed about the outcome of the Royal Commission and has opportunities to participate in ongoing advocacy if they wish to.

Giving information or evidence to the Royal Commission

Survivors can give information or evidence to the Royal Commission.

Information that is provided to the Royal Commission will assist the Royal Commission in making its inquiries. The Royal Commission will rely on evidence when it makes findings and recommendations.

The following table should assist in clarifying how information - as opposed to evidence - is collected and dealt with by the Royal Commission.

Telling the survivor's story to the Royal Commission	
Information	Evidence
Used by the Royal Commission when conducting its investigations	Relied upon when the Royal Commission makes its findings
Provided in writing, via the telephone or in a private session	Provided in a public hearing, a private hearing or in a sworn written statement
Not available to the public and not published without consent	Available to the public and published unless the Royal Commission makes an order that the evidence remain confidential

Regardless of whether they are providing information or evidence, the survivor should provide the following information to the Royal Commission on their initial contact:

1. whether the survivor has entered into any agreement with the perpetrator or institution
2. whether the survivor has a disability or any special needs that impact their ability to provide the Commission with information or evidence

3. if there is any other reason why the survivor may have difficulty providing information or evidence to the Commission – including if the survivor is living in a juvenile detention centre, correctional centre or other secure residential facility.

Giving information to the Royal Commission

Written and oral information can be provided to the Royal Commission.

Individuals and organisations acting on behalf of individuals can register their interest in giving the Royal Commission information by telephone, post or via email or the Royal Commission’s website using the following details:

Telephone: 1800 099 340 (callers within Australia)
61 2 8815 2319 (callers from overseas)
Postal address: GPO Box 5283, Sydney NSW 2001
Email: registerinterest@childabuseroyalcommission.gov.au
Website: via the link “Register your interest” on the website
www.childabuseroyalcommission.gov.au

Once a person’s interest in giving the Commission information is registered a Royal Commission Officer may contact the person for more information. If this occurs it is important that the survivor and advocate record the name and contact details of that officer because they will be the point of contact for the survivor and advocate when they are dealing with the Commission.

Making a statement

The Royal Commission has provided clear directions about what information a survivor should include in a written statement.¹³¹

As outlined in the previous chapter, examples of the types of things that the Royal Commission is interested to know include:

- details about the survivor
- what happened
- the institution’s response to the abuse
- whether compensation was received
- whether the matter was reported to the police
- suggestions about how to improve the support available for survivors.
- whether the survivor has entered into a settlement or confidentiality agreement with the perpetrator or relevant institution.

131 See Royal Commission into Institutional Responses to Child Sexual Abuse, *Practice Guideline 3* (28 March 2013) <<http://www.childabuseroyalcommission.gov.au/public-hearings/practice-guidelines/>>.

A template for use in assisting a survivor to write a statement, based on information and directions provided by the Royal Commission, is included at the end of this chapter.

If a survivor wishes to give oral evidence at a hearing they can indicate this in their statement. The Commission will then consider the survivor’s request and advise them of the details of the hearing if they are selected to give evidence. Similarly, if the survivor does not want to give evidence to the Commission, or would like their information to remain confidential they should include this in their statement.

Providing information by telephone

A survivor can also call the Royal Commission on the above number to tell their story. The telephone conversation will be recorded but will not be treated as evidence.

Private sessions

Survivors can ask to provide the Royal Commission with information in a private session. Private sessions will last for approximately one hour so it is important that the survivor is well prepared before they attend their session to tell their story. Unless the survivor agrees otherwise the contents of these sessions remain confidential. The survivor does not need representation in a private session although they are able to have a support person, such as an advocate, with them. Neither representatives of the institution nor the perpetrator will be present at a private session.

Information that is provided in a private session will be recorded. Survivors are able to ask for a copy of the transcript, although not all private sessions will be transcribed.

Any information provided in a private session will not be treated as evidence and survivors will not be asked to swear an oath or give an affirmation.

The Royal Commission can communicate information that is provided to it during private sessions to the police. The Royal Commission will discuss their intention to do this with the survivor unless the Chair of the Royal Commission believes that doing so may result in harm to someone.

Giving evidence to the Royal Commission

Evidence is given to the Royal Commission at formal hearings. The Royal Commission may also decide to receive evidence in the form of a written statement. A survivor may be

Organisations giving evidence to the Royal Commission

Hearings will be held by the Royal Commission to undertake case studies about particular institutions or issues. The Royal Commission will advertise when these hearings will take place on its website. An organisation advocating for a group of people who all wish to give evidence in relation to the same issue or organisation that the Royal Commission is holding a hearing about can engage a lawyer who will then seek leave to appear on behalf of the organisation. In the application for leave to appear the lawyer will need to indicate the name of the organisation and the people who they are representing. The lawyer will be informed about whether they have been granted leave to appear and this will also be made publically available. The Royal Commission is ultimately able to decide who it will hear evidence from.

asked to give evidence to the Royal Commission after they have provided it with information. The reason for this is that the Commission can only rely on evidence when making its findings – it cannot rely on information.

The Royal Commission will also receive expressions of interest from people who want to give evidence to the Commission at a hearing.

When assisting a survivor to prepare an expression of interest particular attention should be paid to the letters patent and the specific issues that the Royal Commission is examining.

Expressions of interest should contain the following information:

1. the name and contact details of the survivor
2. the name and contact details of any representatives
3. the part of the terms of reference that they want to give evidence in relation to
4. details of any dates when they are not available to attend a hearing
5. whether they have signed any agreement with the relevant institution or perpetrator.

The following paragraphs are the terms of reference taken directly from the letters patent. In an expression of interest a survivor should indicate which of the following things they would like to give evidence about:

1. What institutions and governments should do to better protect children against child sexual abuse and related matters in institutional contexts in the future;
2. What institutions and governments should do to achieve best practice in encouraging the reporting of, and responding to reports or information about allegations, incidents or risks of child sexual abuse and related matters in institutional contexts;
3. What should be done to eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse and related matters in institutional contexts, including addressing failures in, and impediments to, reporting, investigating and responding to allegations and incidents of abuse;
4. What institutions and governments should do to address, or alleviate the impact of, past and future child sexual abuse and related matters in institutional contexts, including, in particular, in ensuring justice for victims through the provision of redress by institutions, processes for referral for investigation and prosecution and support services.

The Royal Commission has been directed to listen to the experience of survivors when determining how to respond to the above questions.¹³²

As discussed above, the Royal Commission will hold hearings to undertake case studies about particular issues or institutions. These hearings will be advertised on the Royal Commission's website. If a survivor has information that is directly relevant to a particular case study they can submit an expression of interest to the Royal Commission.

Expressions of interest should be sent to the Commission, preferably by email, using the following details:

Email: solicitor@childabuseroyalcommission.gov.au

Post: GPO Box 5283
Sydney NSW 2001

The Royal Commission will choose which people it wants to hear evidence from.

If a survivor is selected to give evidence they will be notified of the details of the hearing. Any person or institution whose interest may be adversely affected by the matter will also be notified of the hearing so that they have the opportunity to give evidence in relation to the matters that are raised by the survivor.

People who have not submitted an expression of interest can also attend hearings and ask the Commission for leave to appear and to give evidence. Dates for public hearings will be advertised on the Commission's website.

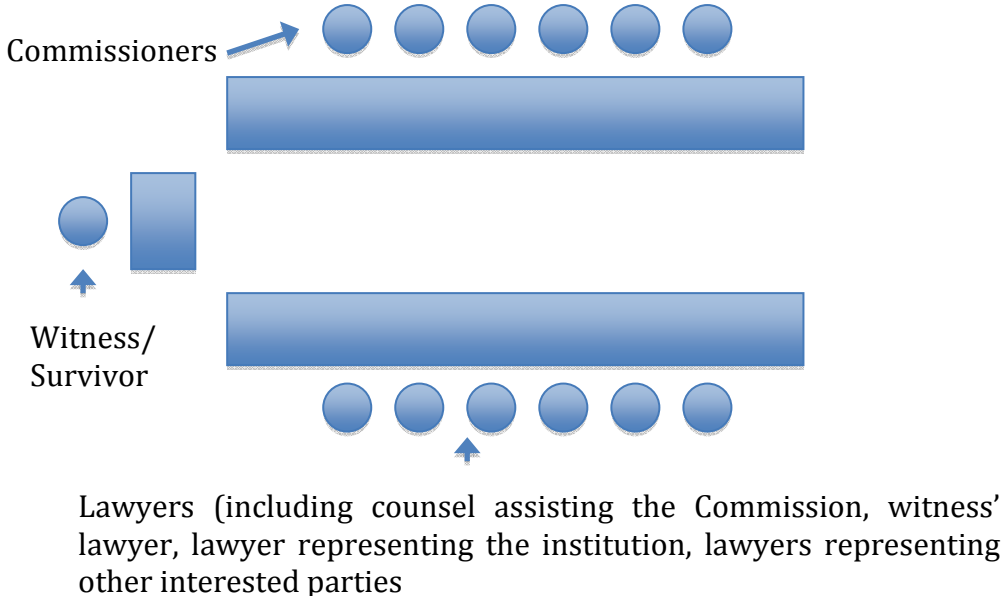
Special arrangements can be made if a person is asked to give evidence to the Royal Commission at a hearing and they do not wish to have any contact with any alleged perpetrator. It is important that the survivor's desire not to have any contact with the perpetrator is communicated to the Royal Commission as soon as the survivor becomes aware that they will be giving evidence. The survivor or the advocate should ensure that the Royal Commission has made appropriate arrangements by contacting them prior to the hearing.

At the hearing

Public hearings will be conducted throughout Australia. It is expected that many of the public hearings will be conducted in court facilities and that they will commence in late 2013.

132 Commonwealth, 'Letters Patent for the Royal Commission into Institutional Responses to Child Sexual Abuse' in *Commonwealth Gazette Notice* - C2013G00083, 11 January 2013, para e.

The following diagram provides a guide of where people will probably be sitting in the room that the hearing is conducted in:



At the beginning of the hearing everyone who is appearing before the Commission will be required to 'seek leave to appear'. Leave to appear is the formal process of the Royal Commission giving the person permission to participate in the proceedings. At the same time a person can seek leave (permission) to be represented by a lawyer.¹³³

Private hearings

If a survivor wishes to give evidence in a private hearing (as distinct from a private session) this may be arranged. It is important to indicate the survivor's preference for this arrangement when making an expression of interest.

Cross-examination

Once a survivor has been invited to give their evidence, and has given their evidence, the survivor may be cross-examined. The following people will have the opportunity to cross-examine the survivor:

- any lawyer who has been appointed to assist the Royal Commission
- any person authorised by the Royal Commission to appear before it
- any lawyer authorised by the Royal Commission to appear before it for the purpose of representing any person (this may include a lawyer representing the perpetrator or institution).

The questions that are asked by the above people must be about a matter that the Commission deems relevant to the inquiry.¹³⁴

133 Above n 116 [guidelines 52-58].
134 *Royal Commissions Act 1902 (Cth)* s 6FA.

Conduct during the hearing

The Royal Commissions Act contains laws about how people should conduct themselves when interacting with the Royal Commission. Any person who intentionally insults or disturbs the Royal Commission, interrupts the proceedings of a Royal Commission, uses any insulting language towards the Royal Commission, or by writing or speech uses words false and defamatory of the Royal Commission will be guilty of an offence. ¹³⁵The maximum penalty for this offence is \$200 or three months imprisonment.

Providing false or misleading evidence

It is very important that a survivor who wishes to give evidence to the Royal Commission does not intentionally provide false or misleading evidence.¹³⁶ The punishment for giving false or misleading evidence to the Royal Commission is up to five years' imprisonment or a fine up to a maximum of \$20,000.¹³⁷

Publication of evidence

Unless a special confidentiality order is made all evidence, as distinct from information, that is provided to the Royal Commission will be treated in the following way:

1. transcripts of evidence in public hearings will be available on the Commission's website;
2. evidence of witnesses (including sworn statements) may be published;
3. any person or their lawyer who has been given leave to appear will have access to any document provided to the Royal Commission during a hearing;
4. the Royal Commission may allow any media outlet to have access to documents that are being treated as evidence.

Statements provided by survivors that are deemed to be information and not sworn as well as information provided in private sessions (as distinct from hearings) will not be published.

Providing a submission to the Royal Commission

From time-to-time the Royal Commission will release issues papers and ask for responses. Issues papers will be available on the Royal Commission's website. Typically organisations respond to issues papers, however, survivors and other people are also able to. The submission writer can elect whether the submission is to be published or not. If a person elects to have information published the Royal Commission has the discretion to decide whether or not to publish the material. The Royal Commission may also publish de-identified information.

135 Ibid, s 60.

136 Ibid, s 6H (1).

137 Ibid, s 6H (2).

When a survivor has made a settlement or confidentiality agreement

The Royal Commission has the ability to compel witnesses to give evidence and to produce documents. The Commission can use these powers regardless of whether a confidentiality or settlement agreement has been reached between the survivor and the institution or perpetrator.

If a survivor is summoned to attend the Commission or appear before it they must attend unless they are able to provide a reasonable excuse. It is unlikely that a private agreement will be considered to be a reasonable excuse.

The Royal Commission has stated that they have the power to overcome confidentiality clauses that survivors may have entered into prior to the Royal Commission. In their first contact with the Commission survivors or advocates assisting survivors should tell the Commission about any agreement that has been reached between the survivor and the perpetrator or relevant institution. The Commission staff can then make arrangements to ensure that the survivor is not liable for a breach of the agreement.

It is very important that a survivor who has signed a confidentiality or settlement agreement with the institution that they wish to provide evidence or information about is provided with independent legal advice about the consequences of doing so.

Involving a lawyer

As discussed in Chapter 5 of this guide, assisting a survivor to get legal advice about the abuse that they were subject to can help to clarify what options are available and how best to achieve the outcomes that the survivor is seeking. Lawyers can also provide advice about how best to interact with the Royal Commission and what the consequences of doing so would be.

Lawyers can assist survivors to draft statements to be submitted to the Royal Commission. They can also assist survivors to draft expressions of interest.

The Royal Commission is able to grant survivors leave to have legal representation when giving evidence at a hearing. In this context legal representation may give the survivor greater confidence because they can rely on their lawyer to know about the process of giving evidence and can then simply focus on providing the Royal Commission with accurate, relevant evidence.

When looking for a lawyer to assist a survivor there are numerous options that can be explored. Some of these options are outlined below.

Knowmore - Free legal help to navigate the Royal Commission (“Knowmore”)

Knowmore is a free independent legal service that has been established to provide legal assistance to people who wish to engage with the Royal Commission. The aim of this service is to enable survivors to make informed decisions about whether to engage with the Royal Commission and if they decide to do so, which is the best way for them to do so.

If survivors decide that they want to tell their story to the Royal Commission, Knowmore can provide assistance (for example in the preparation of written statements).

Knowmore will not provide survivors with representation if they are required to give evidence. The Commonwealth Attorney-General’s Department has made funding available for people who need representation to appear at a hearing of the Royal

Commission. Knowmore can assist survivors to access government funded legal representation.

Knowmore will also provide survivors with initial advice about other legal issues that are connected to their experience of the abuse. For example, they will provide advice in relation to pursuing compensation claims, other possible legal actions related to the abuse or with related family law matters. Knowmore will provide referrals to other legal services if the survivor requires further assistance in relation to these matters.

Survivors can call Knowmore for free legal advice on the following toll-free number:

1800 605 762

Survivors can also request a face-to-face appointment.

Knowmore employs counsellors as well as lawyers. Counsellors are available for both phone services and face-to-face services. However, they will only provide initial crisis counselling. If ongoing counselling is required, they will make referrals to other counselling services.

More information about Knowmore's services is available on their website: www.knowmore.org.au.

Paying for a lawyer

Some survivors may have the capacity to pay for a lawyer to assist and/or represent them and may prefer to do this rather than using a free service.

The Queensland Law Society is able to make referrals to lawyers who have expertise in specific areas of law who are based in a particular area. Members of the public can also do an online search for a referral by going to the Queensland Law Society website at:

[www.qls.com.au/For the community/Find a solicitor](http://www.qls.com.au/For_the_community/Find_a_solicitor)

(select the "finding a solicitor by online referral" link).

It is a good idea to get at least three names of lawyers when seeking a referral so that the expertise and costs of the practitioners can be compared.

When choosing a lawyer a survivor should try to be an informed consumer. The advocate can play an important role in assisting the survivor to choose a lawyer. Initially this can be done by asking colleagues about the reputation of the lawyer and also by conducting online research.

Initial contact with a lawyer should involve checking the lawyer's expertise and costs. Included at the end of this chapter is a list of suggested questions that a survivor should consider asking a lawyer before agreeing to engage their services.

More information about the role and duties of lawyers is contained in Chapter 4 of this guide.

Debriefing and follow-up after survivors have given evidence to the Royal Commission

As discussed earlier in this chapter, when participating in the Royal Commission survivors are at risk of being re-traumatised by revisiting the abuse. It is important that the advocate speaks to the survivor immediately following their engagement with the Royal Commission, and in the weeks and months after that, to ascertain whether the

survivor needs counselling or other support and to make sure that the survivor is able to access these services.

As has been discussed in numerous places in this guide, the survivor may have various motivations for engaging with the Royal Commission. If the survivor gives information or evidence to the Royal Commission and is not provided with any information about the progress or outcome of the Commission they are unlikely to derive the benefit that they were seeking. For this reason, and so that the survivor can see the impact that their contribution has had, it is important that the advocate ensure that the survivor is kept informed about the progress and outcomes of the Royal Commission.

Template for use when writing a statement to be provided to the Royal Commission ¹³⁸

Instructions for completion

Provide a response to each question or statement in the bold numbered paragraphs. Do not delete these questions or statements.

If the survivor does not have an answer to certain questions, they can write 'I don't know' in response to the question.

If the survivor does not wish to answer certain questions, they can write 'I don't wish to answer this question' in response to the question.

Delete this sentence and everything above it prior to completing the witness statement.

Royal Commission Witness Statement

Details of the person providing the information

- 1. Survivor's name (unless they wish to remain anonymous)**

- 2. Survivor's contact details (unless they do not wish to give any contact details)**

Address:

Email:

Phone number:

- 3. If information is being provided on behalf of, or about someone else, please state your relationship to the survivor whose experiences are being described.**

Relationship: [for example, daughter/son/friend/partner].

138 This template has been adapted from *Practice Guideline 3* at <http://www.childabuseroyalcommission.gov.au/public-hearings/practice-guidelines/>.

Details about what happened

4. The name of the institution(s) where you were abused

5. Over what period of time did the abuse occur?

6. Where, including in which city or town and which State, did the abuse occur?

City/Town:

State:

7. A summary of what happened

[Write a summary of the nature of the abuse that took place, including for example, details about the timeframe over which the abuse took place, locations and the perpetrator of the abuse.]

8. The names of anyone else who saw what happened (if known)

[Insert name/s]

Details of what happened afterwards

9. Did you tell anyone, if so who and when?

[Insert name/s of anyone who you told about the abuse]

[Insert date/s they were told about the abuse]

10. If you told a person from the institution:

a. who did you tell (name and position of that person, if known)?

[Insert name, position]

b. when did you tell them?

[Insert date]

- c. what did you tell them?
- d. whether you said it or put it in writing. If in writing, did you keep a copy and if so, do you still have a copy of it?

It was [written/verbal].

I [did/did not] keep a copy.

11. What was the initial response from the institution to having been told?

12. What did the institution do about it, if known?

[Insert any details about institutional action.]

13. If there was an investigation of the abuse by the institution, how was it conducted, if known?

[Insert details about the investigation process, if known.]

14. What meetings or other dealings did you have with the institution during its investigation?

[Insert details about specific meetings or other dealings that took place during the investigation.]

15. Did you feel encouraged or discouraged from reporting the abuse?

I felt [encouraged/discouraged] from reporting the abuse.

16. If you did not report for some time, were there reasons for not doing so? If so, what were those reasons?

I did not report the abuse for some time. The reasons for this included: [insert reasons for delay].

17. After reporting, were you supported by the institution and if so, how?

I [was/was not] supported by the institution. The support provided included: [insert nature of support].

18. Did you receive counselling or psychological help? If so, who provided it?

[Insert details about any professional help received and who provided the help.]

19. Did you receive an apology or an acknowledgment of the abuse you had suffered?

I received [an apology/an acknowledgment/no response].

20. Did the institution accept responsibility for what happened?

The institution [did/did not] accept responsibility for what happened.

21. Were there any conditions attached to accepting any help from the institution?

[Insert any conditions that were attached to accepting help.]

22. How adequate was the support that was offered to you?

I think that the support was [insert whether or not it was felt to be adequate].

23. Were you encouraged or supported to report your abuse to the police?

[Yes/no]

24. Did you do this and if so, to whom, where, when and what happened?

The abuse [was/was not] reported to police.

[If reported] It was reported to [insert name if possible], at [insert where it was reported] and on [insert date it was reported]. After reporting the abuse [insert details about what happened next].

25. If you did not report to the police, were there reasons for not doing so? If so, what were those reasons?

The abuse was not reported to police because [insert reasons for not reporting abuse].

26. Were there criminal proceedings, and if so did you give evidence, and what was the outcome of those proceedings?

There [were/were not] criminal proceedings. I/survivor [did/did not] give evidence. The outcome of the proceedings was [insert outcome if applicable].

27. What were the consequences for the accused person(s), if known?

[Insert any consequences for the accused, for example criminal convictions.]

Compensation

28. Have you sought compensation or received any payment as a result of the abuse and if so, was that through the civil court or some other means?

I [have/have not] sought compensation. Compensation sought was through [civil court/insert other means, if applicable].

I [have/have not] received any payment as a result of the abuse. [Insert details of the process that the survivor went through to obtain the payment].

29. Were there any conditions attached to accepting that compensation or payment, for example that it had to be kept confidential?

There were/were no conditions attached, which included [insert conditions].

30. Have you signed a settlement or confidentiality agreement?

[Yes/no]

31. Was an amount received, and if so, who paid it and how much was it?

There [was/was not] an amount received.

It was paid by [insert who paid the amount] and was for [insert amount of money].

32. What is your view of the adequacy of any compensation or payment, either offered or received?

33. How long did it take to receive compensation or payment?

[Insert how long it took to receive compensation.]

34. Were you satisfied with the process in dealing with the complaint and/or the compensation or payment? If yes or no, please explain.

I [was/was not] satisfied with the complaint handling. The reason for this is [insert reasons].

Suggestions

35. **What do you think should have been done differently?**
36. **What do you think would have made a difference to you at the time?**
37. **What helped you subsequently?**
38. **What would help you in the future?**

Support

39. **What emotional/psychological support have you sought since the abuse?**
40. **What support are you currently receiving?**
41. **What further support would be of value to you?**

Other matters

42. **Have you given the account to another inquiry? If so, which inquiry, whether by written submission or evidence and was that in public or in private?**

The account [has/has not] been given to another inquiry.

The name of the inquiry was [insert name of inquiry].

The account was given by [written submission/evidence].

It was given [in public/in private].

43. **Do you wish that account to be obtained and used as your account to the Royal Commission?**

I [would like/would not like] the account to be obtained.

44. Do you want your account to the Royal Commission to be kept private or made public?

I would like the account to be [kept private/made public]

Reporting to police

45. Do you want the Royal Commission to forward your complaint to the police?

[Yes/no]

What do you hope will happen upon telling the Royal Commission of your experience?

46. Do you want to be listened to?

[Yes/no]

47. Do you want the Police to investigate your complaint?

[Yes/no]

48. Do you want the Royal Commission to understand what happened and to make recommendations to improve the system?

[Yes/no]

49. Is there any other reason? If so, what is it?

Giving evidence

50. Do you wish to give evidence to the inquiry?

[Yes/no]

51. How do you want to give evidence to the inquiry?

[By a written statement/ at a public hearing/ at a private hearing]

52. If you do give evidence to the inquiry would you like the Royal Commission to make arrangements so that contact between you and the alleged

perpetrator and/or representatives of the institution complained of is avoided?

[Yes/no]

52. Do you have a disability or other special needs that that might prevent you from giving evidence?

[Insert details]

53. Do you require an interpreter? If so, which language?

[Yes/no]

[If yes, indicate language.]

54. Are you currently living in a juvenile detention facility, correctional centre or other secure residential facility?

[Yes/no]

[If yes, indicate which facility you live in.]

Signature¹³⁹

Sworn/affirmed by:

In the presence of:

At [insert location] on [insert date].

¹³⁹ This part should be completed if the survivor wishes for the statement to be considered as evidence rather than information. If this is the case the survivor needs to sign the statement in the presence of a solicitor or justice of the peace.

Questions to ask your lawyer¹⁴⁰

This factsheet can be used as a guide for questions to ask when you are considering whether to engage a lawyer.

Before your first appointment

Is my first appointment free?

Many firms offer the first appointment for free so that you can explain your case to them.

Do I need to bring any documents to the first appointment?

If you have documents relating to your legal matter, it may be helpful to your solicitor to bring them to your first appointment. You can ask your solicitor about this before your initial appointment.

The first meeting

The first meeting is important, as you will be able to get a feel for whether you are comfortable with the solicitor and their fees. There is no obligation to engage a solicitor after the initial consultation.

During your first meeting you will be asked to explain your legal issues. You should also discuss your expectations with the solicitor. It is very important to provide as much information about your issue as possible, as this will give the solicitor the best chance of understanding the case.

The first appointment is also a chance for the solicitor to assess the amount of work that will be required and to talk through fees. If the first appointment is not provided for free you should ask about fees in the initial telephone conversation.

Following are some questions that you should ask your lawyer at your first appointment or, if the first appointment is not free, in your first telephone conversation with them.

Have you taken on similar matters in the past?

To determine the experience of the solicitor, you can ask questions about how long they have been practicing, whether they have taken on similar matters in the past and if so, what was the outcome.

Who will be handling my matter?

During your initial appointment you can ask who will be handling your matter, for example will it be the solicitor you met you during the initial consultation. You can ask to meet the person who will be handling your matter.

How long will my matter take?

The solicitor you engage should be able to give an estimate as to the amount of time needed to complete the work. The time it will take will depend on a number of factors,

140 This guide is based on the Queensland Law Society publication, 'questions to ask your solicitor'.

such as: the size of the firm, level of experience, how busy the firm is and what legal avenue is being pursued. Solicitors have an ethical duty to ensure legal work is undertaken efficiently.

Can I ask for a progress report?

You can ask the solicitor for a written progress report. Solicitors have a duty to provide regular updates as to the progress of your matter. You should be aware that you may be charged for progress reports.

Paying for a lawyer

What do I pay for?

There are two parts to an invoice - professional fees and disbursements.

Professional fees are charged for the solicitor's expertise, for example writing correspondence, preparing legal documents and liaising with other parties.

Disbursements include other fees spent on the client's behalf, including filing fees, witness fees or search fees.

What are the costs likely to be?

Enquire about costs before engaging a solicitor.

Most solicitors charge by the hour. Some solicitors offer fixed fees for specific legal services. A number of factors will influence costs, such as:

- the level of experience of the solicitor
- the size of the firm
- location
- the type of work.

How do I pay?

Solicitors may require payment into their trust account within 14 days of an invoice. This may be negotiable.

Chapter 8 - Self-care – the importance of preserving the advocate’s own health

Difficult work, including where an advocate is exposed to personal accounts of trauma – including sexual abuse, can take its toll.¹⁴¹ People who work with trauma victims can develop trauma reactions secondary to that of their clients.¹⁴² The term Vicarious Trauma has been used to describe this phenomenon.

Although the majority of professionals who deal with victims of trauma enjoy their work, repeated exposure to difficult stories can be emotionally draining.

When the possibility of Vicarious Trauma is not recognised people may be more likely to be affected because there are few, if any, efforts made to prevent or reduce the potential for harm.¹⁴³

This chapter will discuss what is known about Vicarious Trauma and what has been found through research to help reduce the affects of Vicarious Trauma. This chapter aims to provide advocates with some information to assist them with their own self-care when working with survivors.

What is Trauma?

Trauma can be defined as exposure to an event involving actual or threatened death or serious injury, or a threat to a person’s physical wellbeing.¹⁴⁴ A personal experience of trauma includes such things as childhood sexual abuse, domestic violence, physical or sexual assault, or work-related violence.¹⁴⁵

What is Vicarious Trauma?

The term Vicarious Trauma refers to the impact of repeated exposure and engagement in work dealing with trauma.¹⁴⁶ This reaction results in a transformation of the advocate’s own world-view – taking on the trauma that the person who they are working with has experienced.

141 Holly Bell, Shanti Kulkarni and Lisa Dalton, Organizational Prevention of Vicarious Trauma – Families in Society: *The Journal of Contemporary Human Services* Oct-Dec 2003 84(4), 463.

142 Robyn Trippany, Victoria White Kress and S Allen Wilcoxon, Preventing Vicarious Trauma: What Counsellors Should Know When Working with Trauma Survivors. *Journal of Counselling & Development* (Winter 2004 Volume 82) 31.

143 Zoe Morrison, ‘Feeling Heavy’: Vicarious trauma and other issues facing those who work in the sexual assault field’ (ACSSA Wrap No. 4 September 2007) Australian centre for the study of sexual assault (Australian Institute of Family Studies), 4.

144 American Psychiatric Association, 2000 cited in above n 141, 31.

145 Above, n 141, 31.

146 Above n 142, 1.

Predicting Vicarious Trauma

There are a number of factors that may influence the occurrence of Vicarious Trauma, including:

- the amount of time spent counselling trauma victims – where a greater time amounts to a greater prediction of Vicarious Trauma¹⁴⁷
- the number of sexual assault survivors in a practitioner’s caseload – where a greater number results in more self-reported Vicarious Trauma¹⁴⁸
- the level of experience of the practitioner¹⁴⁹
- the practitioner’s own personal experience of sexual abuse.¹⁵⁰

Consequences of Vicarious Trauma

Vicarious trauma may present itself in different ways. It may result in physical symptoms, emotional symptoms, behavioural symptoms, work related issues, and/or interpersonal problems.¹⁵¹ It may also result in disruptions to important beliefs that the advocate holds about themselves, other people, and the world.¹⁵²

People suffering from Vicarious Trauma may experience:

- anxiety, depression, de-personalisation
- emotions such as anger and fear, grief, despair, shame, guilt
- increased irritability, feelings of reduced personal accomplishment, procrastination, low self-esteem, increased feelings of cynicism, sadness or seriousness
- increased sensitivity to violence and other forms of abuse
- a desire to avoid situations perceived as dangerous
- increased sense of vulnerability
- distrust of others
- disruptions in interpersonal relationships
- sleeping problems
- substance abuse¹⁵³
- decreased concern and esteem for clients, or conversely becoming over-involved in work.¹⁵⁴

147 Bober & Regehr, 2006 cited in above n 142, 4.

148 Above n 142, 5.

149 Ibid.

150 Ibid 6.

151 Above, n 141, 32.

152 McCann and Pearlman, 1990b; Pearlman and Saakvitne, 1995a, 1995b cited in above n 140, 464.

153 Above n 142, 3.

Addressing Vicarious Trauma

Vicarious Trauma can be thought of as a kind of ‘occupational hazard’ in a job involving work with clients who have experienced child sexual abuse. The following paragraphs deal with strategies that advocates may use to limit or address their own experience of Vicarious Trauma. Success with these strategies may be dependent on the level of support that advocate has, particularly from his or her workplace.

Education

Information about Vicarious Trauma can help individuals to name their experience and provide a framework for understanding and responding to it.¹⁵⁵ Training about trauma may reduce the potential of Vicarious Trauma occurring.¹⁵⁶ Training may help workers familiarise themselves with the warning signs of Vicarious Trauma so that they are more likely to take proper action before symptoms get too severe.¹⁵⁷

Caseload

Limiting the number of trauma clients per week may minimise the potential vicarious effects of such work.¹⁵⁸ Therefore if there is any way an advocate can vary their caseload, this may go some way to addressing the occurrence of Vicarious Trauma.

Group support

Sharing experiences with other advocates may be helpful and should at least provide an opportunity for the advocate to ‘vent’. Sharing experiences among colleagues may also normalise the experience of Vicarious Trauma, which may lessen its impact.¹⁵⁹

Self-care

Self-care describes actions advocates may use to balance the negative aspects of working with trauma victims.¹⁶⁰ The impact of Vicarious Trauma may be decreased when advocates maintain a balanced lifestyle that makes time for rest and play as well as work.¹⁶¹

<u>Examples of self-care activities</u>		
Socialising	Meditation	Counselling
Exercise	Talking to friends	Creative activities
Resting	Reading	Listening to music

154 Raqueepaw and Miller, 1989 cited in above n 141, 32; Shiloh A Catanese - Traumatized by Association: The Risk of Working Sex Crimes (Federal Probation) Volume 74 No. 2 September 2010, 37.
155 Above n 140, 467.
156 Ibid.
157 Above n 153, 38.
158 Above, n 141, 35.
159 Catherall, 1995 cited in above, n 141, 35.
160 Above n 142, 7.
161 Above, n 141, 35.

Organisational culture and the work environment

<u>Things organisations can do to reduce the risk of Vicarious Trauma</u>	
Appropriate and diverse caseloads	Debriefing
Supervision	Staff and peer support
Safe and comfortable workplace	Continuing education

Organisations serving survivors should acknowledge the impact of trauma on workers and the organisation as a whole.¹⁶²

An organisational culture that normalises the effects of working with trauma may be a start to providing a supportive environment for workers to address the effects of Vicarious Trauma in their work and lives.¹⁶³

162 Above n 140, 466.
 163 Above n 142, 9.

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LOTUS TIMES

www.lotusplace.org.au • Queensland • VOLUME ONE ISSUE ONE | JULY 2014

In this issue • Find & Connect • About Lotus Place • Royal Commission Into Institutional Responses To Child Sexual Abuse • Knowmore Legal Service • Historical Abuse Network (HAN) • Our Stories • Lotus Place North Queensland • Upcoming Events •

Lotus Place works with Forgotten Australians and Former Child Migrants to acknowledge the past injustices and to connect people with peers, family and community.

The lotus flower represents the journey from Adversity to Hope made possible through advocacy and public recognition.



1. Remembrance Day, 2013 2. Gavin and Neville at Lotus Place NQ
3. Remembrance Day, 2013 4. Riverview Boys Home Reunion, 2012



Photo: Allan Reinikka courtesy The Morning Bulletin



Left: Bob Cox outside Lotus Place CQ Right: Mark Bunting and Mary Adams at Lotus Place CQ

State wide office now open in Central Queensland

Locals who experienced out-of-home care as children can now access Lotus Place services through a local office and regional worker.

Lotus Place Central Queensland, situated in downtown Rockhampton, will initially cover the Capricornia and Central Highlands region, including Rockhampton, Gladstone and Emerald. The worker based in Rockhampton will work with the Lotus Place teams based in Townsville and Brisbane.

According to Mark Bunting, Central Queensland Manager, the new office

means that Forgotten Australians and Former Child Migrants in the local area now have access to more personal support through the combined funding of Queensland and Australian Government.

“Neerkol and St George’s were major institutions in Central Queensland,” said Mark, “and a lot of their former residents are still living locally.”

Manager Mark Bunting says Lotus Place is a place where Forgotten Australians can come to talk one on one about issues that may be affecting them, or just drop in for a cuppa and meet up with other Forgotten Australians.

“I’m so lucky to have some great helpers up here in Bob Cox and Lennie Smedley, who have long pushed for a space for Forgotten Australians. Bob and Lennie have been involved in many media opportunities since we opened, and we are now a lot better known in the area.”

Mark Bunting will be visiting Yeppoon, Gladstone and Emerald in the not too distant future, to meet up with Forgotten Australians and introduce the service to them.

Karyn Walsh, Coordinator of Micah Projects, said Forgotten Australians and Former Child Migrants can

continue to access Find & Connect services through 1800 16 11 09 and have local access to a worker and space for peer support and services.

Services available are information and referral to services in the community, specialist tracing and recording searching of records from out of home care and other documents, support to access the Royal Commission into Institutional Responses to Childhood Sexual Abuse, Connection and Reconnection with peers, family and community, and counselling.



WELCOME TO THE LOTUS TIMES

We hope through this paper you will get to know more about the services that are available to you.

It is also a great opportunity for people to share experiences not just of the past but today and of reconnecting with family and friends whether that be in Australia or overseas.

Lotus Place now exists in three communities across Queensland with outreach organised from this base to other communities. Also we have the National Find and Connect number for you to contact us.

We have tried to circulate *The Lotus Times* to a wide audience, so if you want to keep receiving *The Lotus Times* please join our mailing list, and if we have not met you yet, we especially welcome connecting with you.

Lotus Place is funded by the Commonwealth and the State government which now enables us to provide service to any adult who was in the care of the state as child, including institutions, group homes, foster care and detention centres.

We know that from your point of view many of the experiences do not necessarily fit into one category or the other so don't hesitate to contact us if you need to know what services you can receive from us or in your community.

Karyn Walsh

Karyn Walsh
Coordinator, Micah Projects

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To join the Lotus Place Mailing List please call us on 1800 16 11 09 or 07 3055 8500 or send us an email to info@lotusplace.org.au
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Find & Connect Workers Left: Heidi, Michelle and Lachlan. Right: Lachlan working with a client.
Photography: Lachlan Douglas and Katie Bennett, Embellysh.

Find & Connect: Uncover your history. Trace your family. Connect with services.

Find and Connect support services have been established by the Australian Government to help Forgotten Australians and Former Child Migrants trace and reclaim their identities, restore relationships with their families where possible, come to terms with their past and help build a positive future.

Below is a letter we received from the wife of one of the Forgotten Australians we have been able to assist.

On behalf of Ed and Olive Smith:
Thank you for your assistance with establishing a connection for Ed regarding his birth mother, and family history.

The information received has given him an insight into those areas of his life which until now have not been available.

Although Ed is not able to answer this personally, we have discussed this, and he understands the contents of all the relevant documents.

Ed was particularly concerned about his mother's life and his life prior to adoption into the family of Edward and Frances Smith.

Ed enjoyed a very good life with his adoptive parents and his sister Heather, also adopted. They were given opportunities of education, of moral, physical, and spiritual

dimensions. There was a happy and contented family.

Although Ed had made enquiries with various departments and organisations regarding his family history, he was unable to receive the information sought.

Reading in our church paper an article about Micah Projects, Ed stated that he would like to try again. We have been most grateful for your assistance and expertise.

We have now received three volumes created by Micah through Find and Connect. All this work has been thoroughly researched, documented and mailed to us.

- 1) The story of Ed's mother
- 2) Ed's mother's family
- 3) The life of Ed's mother and his life of three and a half years prior to adoption.

The information includes copies of documents regarding the above and transcripts of those not easily read. A passport photo has been enlarged and therefore recognisable as a human face.

All this effort and expertise is gratefully acknowledged.

Thank you for your persistence and very hard work.

On behalf of both of us,

Yours sincerely

Olive Smith.

Who is Find & Connect for?

Find & Connect is for Forgotten Australians and former Child Migrants

More than 500,000 children who grew up in orphanages, foster care, children's Homes or other institutions in Australia last century are sometimes known as Forgotten Australians or Former Child Migrants.

Children were placed in 'care' for a number of reasons, including family poverty, parental ill health or breakdown in relationships.

Over 7,000 of these children were deported – mostly from the United Kingdom and Malta – and placed in institutions, often without their families' knowledge or consent.

Life in 'care' for many of these children has resulted in lifelong grief and loss. Find & Connect has been established to support Forgotten Australians and Former Child Migrants.

What are Find & Connect support services?

The Australian Government has set up a national network of Find & Connect support services to help improve the lives of Forgotten Australians and Former Child Migrants.

Through these services you can receive personalised support that will respect and understand your experiences and assist with your current needs.

The support services will help you to:

- Access personalised support and counselling
- Where possible, obtain your personal records, trace your history and understand why you were placed into care
- Connect with other services and support networks that may assist you at this time in your life

- Reconnect with family, where possible

How can I find my records?

Sometimes finding out about our past isn't possible because records have been lost or destroyed.

However, the Find & Connect web resource www.findandconnect.gov.au is a useful starting point in your search for your records. It may help you find out about the Homes in which you grew up and where you might find information about your records from that time.

The web resource has pictures of many children's Homes and institutions as well as information about support groups and services for Forgotten Australians and Former Child Migrants.

To find out more, contact Find & Connect call 1800 16 11 09 Visit www.findandconnect.gov.au

Why Find & Connect?

On 16 November 2009, the Australian Government formally apologised to Forgotten Australians and Former Child Migrants for the neglect and abuse many experienced during their time in 'care' last century.

Find & Connect support services have been set up to help Forgotten Australians and Former Child Migrants uncover their history, trace and reclaim their identities, help build relationships with their families and come to terms with their past.

Helping to improve the lives of Forgotten Australians and Former Child Migrants

Where can I find out more?

To contact the Find & Connect support service in your state or territory call **1800 161109**.



Visit our website www.lotusplace.org.au

Connect with Lotus Place online www.lotusplace.org.au or call us on 07 3055 8500

To join the Lotus Place Mailing List please call us on 1800 16 11 09 or 07 3055 8500 or send us an email to info@lotusplace.org.au

Donate to www.micahprojects.org.au/donate

About Lotus Place

Lotus Place is a dedicated support service and resource centre for Forgotten Australians and Former Child Migrants.

It was due to the hard work of the Historical Abuse Network and a commitment by State and Federal Governments to those who were harmed in church, state, foster care, detention centres and adult mental health institutions - that Lotus Place was established. It was the first of its kind in Australia.

Lotus Place provides:

- a **safe place** for Forgotten Australians and Former Child Migrants
- a space where reliable **connections** to others, where their **shared experiences** of childhood, and the consequences of this, are **respected**
- a **gateway** to government and community services.

Our staff have a range of different backgrounds, qualifications and skills. We work as a team across all our services to provide high quality and integrated support to Forgotten Australians and Former Child Migrants.

What are our values?

Lotus Place focuses on helping each person to fulfil their potential, and to access justice and healing from the effects of childhood abuse.

Since the beginning, there have been many ways in which we have involved Forgotten Australians and Former Child Migrants in our decision-making. These have included our decisions about the formation of Lotus Place, and also about what our core values should be - how we should approach everything that we do. **Together we have agreed that Lotus Place should be about:**

- providing people with **choice**
- enabling people to have a **voice**
- creating an environment of **empowerment**
- upholding the **dignity** of people at all times
- relating with **respect**
- nurturing **hope** against all historical odds
- providing a space where people feel **safe**, and **privacy** is ensured.



Sculpture: Gavin Fenelon, Roma Street Parklands, Brisbane.

Who am I?

By Michael Collins

I am a member of the 'Forgotten Australians', one of the more than 500,000 adults who were raised in over 127 church, government and non-government institutions.

I am as one of the many thousands of children who were placed in 'Foster Care'. Many of us were moved from one foster home to another on numerous occasions throughout our childhood.

I am a 'Former British Child Migrant', sent here to Australia without any knowledge of where I was going or why I was being sent. I shared my life in institutions and other out of home care with Forgotten Australians.

I Am Australian.



A safer future for children

Royal Commission into Institutional Responses to Child Sexual Abuse.

In its first 16 months of operation, the Royal Commission has travelled to every state and territory of Australia including many regional areas, to hear from more than 1,500 people in private sessions. The Royal Commission’s call centre has received over 12,000 phone calls from the public and held 11 public hearings.

Staff from the Royal Commission have made regular visits to Queensland to hold private sessions, meet with service providers and community groups and host information forums. The Royal Commission also held a public hearing in Brisbane in February this year.

The Royal Commission has been greatly encouraged by the response of Queenslanders to its work.

So far, the Royal Commission has received just over 2,000 phone calls from people all over Queensland including Far North Queensland, regional Queensland as well as metropolitan areas such as Brisbane and the Sunshine Coast.

Around 360 institutions in Queensland have been reported to the Royal Commission and already nearly 300 Queenslanders have had a private session. Private sessions are an opportunity for survivors of child sexual abuse while in the care of an institution to speak directly with a Commissioner about their experience, in a private and comfortable place.

The information that Queenslanders are sharing with the Royal Commission will help to inform recommendations on how to improve laws, policies and practices in Australia in order to provide a safer future for children.

Anyone who was sexually abused as a child while in the care of an Australian institution can share their story with the Royal Commission. It doesn’t matter how young or old a person is, or how long ago the abuse occurred, every person’s story is important.



FACTSHEET

The Royal Commission into Institutional Responses to Child Sexual Abuse

What is a Royal Commission?

A Royal Commission looks into matters of great importance, for instance, the problem of child sex abuse in institutions.

‘An institution’ means lots of things such as schools, orphanages, churches, detention centres and many others.

‘Sexual abuse’ can include things like touching and fondling children, exposing them to pornography and sexual acts.

You can tell your story or get someone to do it for you.

You can speak over the phone to a call centre that takes your details on **1800 099 340**

You can write a letter at **contact@childabuseroyalcommission.gov.au** or **GPO Box 5283, Sydney NSW 2001.**

You can ask to meet a Commissioner face to face after you have registered with the call centre. What do you need to tell the call centre or write in your letter?

You can give as much information as you remember or feel comfortable telling the Commission. This can include your name, date of birth, contact details, the institution you were in, when you were abused, did you try to report it to somebody and do you know the name(s) of the person who was responsible for the abuse. You don’t have to go into detail about the abuse.

What happens next?

The call centre will take your information and pass it on to someone at the Royal Commission who will call you. This usually takes about 1 week. If you want to continue and tell your story to a Commissioner, you might wait about 3-6 months.

You can also watch the public hearings on your computer by going to the web **‘Royal Commission into Institutional Responses to Child Sexual Abuse’** and go to the **‘Public Hearings’**.

Lotus Place is a support service for the Royal Commission and we can help you make contact of any kind, as well as support you because discussing child sexual abuse is difficult.



Photography: Chris Lee, knowmore.

knowmore free legal help to navigate the Royal Commission now based in Queensland

Since July 2013, knowmore has been offering free and independent legal advice and support to help people navigate the Royal Commission into Institutional Responses to Child Sexual Abuse.

Legal advice is provided via a national phone line and face to face services for survivors of child abuse in an institutional context, witnesses, or anyone who has information and would like to know more about their options and the processes of the Royal Commission.

Initially based in Sydney, knowmore has now expanded its office locations

to Brisbane and Melbourne, with a Perth office to open in June.

Outreach is a large part of what we do, and since opening, we have conducted multiple outreach visits across Queensland to Rockhampton, Mornington Island, Cairns, Brisbane, Beaudesert, Dalby, Doomadgee, Mt Isa, and Toowoomba.

knowmore provides initial advice and legal information, but can also assist people with preparation of statements and submissions for the Royal Commission. knowmore is committed to delivering trauma-

informed and culturally appropriate services and has a number of counsellors, social workers and Aboriginal and Torres Strait Islander Liaison officers on staff to support clients, and who can link survivors up with other support services to ensure that clients receive ongoing support if they need it.

Common client inquiries include how to engage with the Royal Commission, whether their experiences are within the Commission's terms of reference, advice around unique individual legal circumstances such as the effect of confidentiality agreements,

and helping people obtain legal representation before the Royal Commission. knowmore can also refer people on to other lawyers who can provide further advice about compensation options.

knowmore's national advice line is 1800 605 762

knowmore has been established by the National Association of Community Legal Centres Inc. with funding from the Australian Government represented by the Attorney General's Department.

knowmore Service snapshot



knowmore provides independent, free legal advice to anyone seeking to engage with the Royal Commission into Institutional Responses to Child Sexual Abuse.

 <p>3066 In 10 months, we have given 3066 advice, information and referral services free of charge</p>	 <p>223 clients received face to face service</p>	<p>Client feedback</p> <p>"knowmore staff have been a great support and are changing lives"</p>
<p>Common experience Many clients begin with</p>  <p>"I wanted to tell my story because I don't want what happened to me happen to any child ever again"</p>	 <p>We've conducted or participated in over 230 community outreach and liaison events</p>	

knowmore has been established by the National Association of Community Legal Centres Inc. with funding from the Australian Government represented by the Attorney General's Department.



Photo: Lachlan Douglas

Al in his backyard

Our Stories: Al Smith

Al Smith's family was one of the unrecorded casualties of World War 2. As Al tells it, after his dad was reported as 'killed in action' at Tobruk, his mother re-married and started another family.

However, Al's dad eventually returned from the war after spending years in a high security German POW camp. Al's mum left for the US with her new husband, and Al's life began a downward spiral that led him to systemic abuse in foster care, boys' homes and prison.

In that time, Al wondered what had become of the sister he barely knew. He spent thirty years looking for her, he says, doing his own research and running up huge phone bills making enquiries.

He'd just about given up when he became aware that his sister's new family name was spelled slightly differently to the one he'd been pursuing, due to a transcription error on the documents of the time.

With the extensive support and assistance of Lotus Place and the Find and Connect service, Al finally got through to his sister in Midwest USA.

"It was magic!" he says. He discovered he was uncle to a whole new collection of nieces and nephews scattered across the United States, and he still maintains telephone and email contact with his sister.

Al speaks very highly of the support workers at Lotus Place who assisted him in his research and offers this advice to all those, like himself, who have lost connection with their families through being placed in institutional care.

"Persist," he says. "Find someone that you're really comfortable with, then take the time to open up."

Al also highly recommends relaxation therapy to help deal with the stress and anxiety resulting from the years he spent in institutions. "Art therapy is good, hobbies are great," he says, "but meditation is brilliant." Al uses a meditation technique known as Progressive Muscle Relaxation, and finds it works wonders.

Finally, after the years of abuse he himself experienced as a child, Al is insistent that all incidents of child abuse should and must be acted upon. "Don't be afraid to report abuse," he urges.

The Youth Detention Commemoration

The Youth Detention Commemoration by artist Gavan Felon is a contemporary artwork, designed in consultation with young people who were placed in detention centres in Queensland, to acknowledge their histories and experiences.

These institutions were the subject of investigation by the 1998-99 Commission of Inquiry into Abuse of Children in Queensland Institutions (Forde Inquiry).



HISTORICAL ABUSE NETWORK

FOR PEOPLE WHO EXPERIENCED ABUSE IN INSTITUTIONS, FOSTER CARE & DETENTION

About HAN: The Historical Abuse Network

The Historical Abuse Network (HAN) is a network of people who have experienced Abuse in Queensland institutions, foster care and detention centres. HAN was formed in 2000, incorporating the work and membership of the former ex residents of Queensland Institutions group, which formed during the Forde Inquiry.

HAN undertook extensive advocacy following the Forde Inquiry, with the then Queensland State Government and the Queensland Opposition. Their aim was to see the recommendations of the Forde Inquiry implemented. A delegated group met with Ministers and senior public servants for over eight years, resulting in a change of policy, and in the announcement by then Treasurer Anna Bligh, of the Redress Scheme for Queensland.

HAN is an opportunity for ongoing citizen advocacy as a network and to have input into the government policies and programs which impact on the lives of people today as a consequence of their childhood.

The establishment and ongoing resourcing of HAN by Micah Projects has placed the group at the forefront of public advocacy and engagement with governments in raising public awareness of the issues facing Forgotten Australians and Former Child Migrants. HAN has become a powerful voice and key driver in securing services for Forgotten Australians and Former Child Migrants in Queensland.

HAN membership is open to anyone:

- who lived in an institution as a child in church or state care, or
- who lived in a detention centre for children
- who experienced abuse while in care

Our ongoing work now is to advocate and support people going forward to the Royal Commission into Institutional Responses to Child Sexual Abuse.



Photo: Jo Bennett

The Youth Detention Commemoration by artist Gavan Felon, Cnr Boundary Street and Riverside Drive Kurilpa Point, South Brisbane (underneath the Merivale Rail Bridge)



Lotus Place North Queensland

Lotus Place NQ opened in June 2014 at 312 Sturt Street Townsville, the region is Mackay North extending to the NT Boarder.

To date 88 Forgotten Australians and Former Child Migrants have accessed Lotus Place NQ either in person or by phone. Outreach has been provided to Cairns, Cardwell, Forrest Beach, Slade Point and Home Hill and a regular service has been operating out of the George Street Neighbourhood Centre in Mackay for the last four months the last week of each month.

This is a monthly Coffee and Cake Morning Tea with guest speakers presentations have included the Family History Association in Mackay and How to Trace your Family Tree, Contemporary Child Protection Practices and implementation of the Carmody Inquiry Recommendations and Mental Health and Well-being.

The Townsville group has been meeting monthly since September last year and have celebrated some significant events. Feedback was gained from Townsville, Mackay and

Cairns Forgotten Australians and Former Child Migrants about what service responses would meet their needs.

By-monthly meetings in Cairns will be commencing in mid-July with the first a luncheon which will be held at Hambledon House Community Centre Edmonton.

Community stakeholder meetings have been significant in the region over several months with over 90 service promotions to government departments, non-government services and network meetings this is to raise the profile of Forgotten Australians and Former Child Migrants in the service systems and an opportunity to promote the history, experiences, needs and long term impacts of being in the Out-of-Home Care system as children.

The outcomes for many service users in NQ has been wide and varied for some it is having the opportunity to spend time with people who have a shared experience, for many it is assisted referrals to community



Photo: Lachlan Douglas

Judy Paton, Manager of Lotus Place NQ

services available to meet specialist needs. Specific assistance has included access to care records, assistance to make complaints, support with the Royal Commission, seeing a counsellor, housing advocacy, peer support activities, access to medical services and Mental Health Plans and access to Forde Foundation Grants.

In Townsville transport assistance is provided at times to support people

to access service providers thus reducing physical barriers as travel can be a significant barrier for some service users.

Lotus Place NQ is able to advocate on Forgotten Australians and Former Child Migrants behalf in areas of health, welfare and government departments to ensure a fair go for service users. If you are in the area pop in and have a cuppa or give us a call on **07 4724 4410**.

Our Stories: Peter Clark

Peter returned to Queensland late last year after living in South Australia for over a decade. He has brought with him a strong sense of community and care and consideration for others.

“I used to work in the day centre there every day for almost ten years on my own time. Giving back to people who help me is like a passion in my life that’s why I like coming in here and helping out around the place. I like giving back to people who help me. I only do small things around here like the washing, cleaning up in the kitchen and things like that. It gives me great pleasure just doing the simple little things like that.”

“Coming into Lotus Place and spending time with people who have been through the same experiences as me has helped me reconnect with my past. It has filled in a tremendous amount of gaps in my life that I purposely, you know, when you have suffered trauma you block out. I wanted to learn about my life so I could understand myself better and being here at Lotus Place has helped

me do that. I think I have become a better person because of it.”

Peter has also participated in activities that are usually not his thing. “I’m not really craft minded but we had a craft day here and I made about thirty cards for the Mothers Day stall just so that I could give back to this place. We were entitled to 50% of what we sold and I sold about \$70 worth of stuff. I wanted my share to go to the arts program here.”

Although he doesn’t consider himself a crafty type of person Peter enjoyed the process and appreciated connecting with others. “It was like we were a community, we were doing projects together to help another part of Lotus Place. Things like that go on around her all the time. Even cooking, getting in and cooking with other people, doing craft, helping each other out with computers.

Peter has also been involved with the new men’s group which started recently. “We started up a men’s group. We have done amazing things



Photo: Lachlan Douglas

Peter in the kitchen at Lotus Place

with our men’s group. Things that probably most of us would not have the opportunity or the money to do.”

What are Peters plans for 2014? “I’m just going to keep doing what I do every day, coming in here and helping out. Having just returned to Brisbane, without finding this place I can honestly say that I’d be crazy by now because I’ve always been an active

type of person. No matter where I’ve been or what I do I’ve got to keep active. Coming in here and helping out, it is only little simple things as I said, and having the community here and talking, it saved my sanity. I do what I do so it enables the dedicated staff here to spend more time to do their jobs.”



Lotus Place Peer Groups

LOTUS PLACE NORTH QLD
 Phone (07) 4724 4410 or 1800 16 11 09

- Cairns - Wednesday Bi-Monthly Peer Group
- Townsville - Tuesday Bi-Monthly Peer Group
- Mackay - Wednesday Bi-Monthly Peer Group

LOTUS PLACE CENTRAL QLD
 Phone/Fax (07) 4927 7604 or 1800 16 11 09

- Rockhampton - Tuesday Weekly Peer Group
- Emerald - Wednesday Quarterly Peer Group
- Yeppoon - Wednesday Monthly Peer Group
- Gladstone - Wednesday Monthly Peer Group

LOTUS PLACE
 Phone (07) 3055 8500 or 1800 16 11 09

- Brisbane - Tuesday Weekly Peer Group
- Gold Coast - Wednesday Quarterly Peer Group

CONTACT US



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Forde Inquiry 15 Year Anniversary, Brisbane

Photography: Lachlan Douglas



Colleen



..., Patty, Peter, Denice and ...



Lyn, Pearl and Eleanor



Michelle



Karyn

Upcoming Events 2014

4 July Alkira Reunion	ADVOCACY	6 - 13 July NAIDOC Week
JUSTICE	2 August Enoggera Boys Home Reunion	3 August Riverview Boys Home Reunion
7 - 13 September Child Protection Week	ADVERSITY TO HOPE	9 September Gold Coast AND Mackay AND Rockhampton Remembrance Day
10 September Brisbane Remembrance Day	12 September Townsville Remembrance Day	FIND AND CONNECT
11 November Rockhampton National Apology To Forgotten Australians And Former Child Migrants Anniversary	COMMUNITY	CHILDHOOD
COMMUNITY	16 November St Vincent's Orphanage Nudgee Reunion	16 November Townsville National Apology to Forgotten Australians and Former Child Migrants Anniversary

For more details please contact Lotus Place, Lotus Place CQ or Lotus Place NQ.