

We respectfully contribute this Submission to address the following two criteria –

What are the challenges and how can the provider, or Australia generally, better ensure aged care services are person-centred and what are your primary concerns?

This submission addresses the special needs of Care Leavers – including Forgotten Australians, Former Child Migrants and Stolen Generations who are receiving or about to access Aged Care Services.

## Section 1: Introduction

### **Who we are...**

This submission is presented on behalf of Tuart Place, a participant-led organisation established by Forgotten Australians Coming Together (FACT). Our aim is to provide support for people who were Forgotten Australians, Former Child Migrants and Stolen Generations (known collectively as ‘Care Leavers’).

Tuart Place operates a counselling and support service for people who were placed in any form of out-of-home care during childhood, including foster care, church-run orphanages, and other institutions located in Western Australia. FACT was formed in the mid-2000s by the late Laurie Humphreys JP, a Former Child Migrant and ex-resident of Bindoon Boys Town. After achieving incorporation in 2009, FACT began work on establishing a ‘drop in’ centre (known as Tuart Place). The service provides for West Australian care leavers, with assistance from a committee of care leavers, academics, and other stakeholders.

Tuart Place provides a safe space where Care Leavers rebuild trust in themselves, in each other, in staff and in organisations. It is staffed by professionals with significant expertise and experience in providing services to survivors of abuse. People who experienced trauma in out-of-home care are a particularly vulnerable population group. All participants accessing Tuart Place are part of this group with the majority now in their 60’s, 70’s and 80’s.

Tuart Place’s service model has a strong emphasis on peer support, mentoring and leadership; and on meaningful participation by care leavers in its model of governance. We therefore feel we have something to contribute to the Royal Commission regarding the special needs of Care Leavers, preferred models of operation and effective ways to support our group as we age.

This submission was authored by two care leavers - Margo O’Byrne and Dale Lynch - in consultation with professional staff at Tuart Place. The submission includes an attachment with stories from the lived experience of care leavers, and presented to providers from the Aged Care sector.

**Background:** Four Australian Senate Inquiries<sup>1</sup> carried out between 1997 and 2009, reported a high incidence of serious psychological difficulties and social problems affecting the 500,000+ Australians who spent all or part of their childhood in out-of-home care in the last century.

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<sup>1</sup> Senate Inquiry Reports: *Bringing them Home* (1997); *Lost Innocents* (2001); *Forgotten Australians* (2004) and *Lost Innocents and Forgotten Australians Revisited* (2009).

Many of those children were abused physically, sexually and emotionally. Many were denied access to proper health care, to education and to affection. They lived a life of hard work and deprivation. The trauma is always with them; such deep-seated experiences in childhood have a profound effect on the security, resilience and self-belief of adults.<sup>2</sup>

As formal apologies were delivered to each of these groups in the 2000's, the Australian Government recognized the special issues many care leavers will face as we move into aged care.

A number of resources have been produced to support our particular needs. The *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package*<sup>3</sup> shows how early life experiences can affect older people receiving care and provides assistance to care providers seeking to respond to our needs.

However these resources have not been systematically distributed within the aged care sector and guidelines for delivering trauma informed care, are not widely understood or used. In fact, they are generally unknown. The recommendations of the senate inquiries have not led to specific formalized training to change practices. There is no monitoring in place to benchmark any of the recommendations, nor training to support staff in their understanding and delivery of best practice. The Australian Government has not provided any way of measuring if these recommendations are being supported by service providers. Given that the present model of service delivery in the sector is based on an economic model of return for investment, many service providers will not see it as possible to incorporate the recommendations into their service delivery.

Failure to act on these important findings and guidelines will severely impact the lives of Care Leavers as we move into all forms of aged care.

## Section 2: The Prevalence of Care Leavers in the Australian Community

In the 20<sup>th</sup> Century, more than 500,000 children were denied their childhood in institutional and out of home care around Australia. Many are now in or about to enter aged care.

Despite progress in some areas, older care leavers still encounter entrenched moral judgements and limited social awareness of the devastating impacts of childhood abuse. Tuart Place service users report feeling frustrated when confronted by commonly-voiced beliefs such as the view that because the abuse occurred decades ago the victims should 'be over it by now'. They also feel frustrated when rare 'success stories' about care leavers, who overcome early hardships to succeed in business or public life, are held up as proof that anyone can overcome early adversity – if only they had tried hard enough.

Care leavers can have difficulty approaching government services and advocating for themselves. The impact of their experiences in care is often compounded by poor literacy and numeracy skills. In addition, many are fearful of being re-institutionalised in their coming years

They experience a substantially higher incidence of problems such as drug and alcohol abuse, relationship difficulties, lack of parenting skills, poor literacy and numeracy, loss of work

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<sup>2</sup> Alliance for Forgotten Australians, <http://forgottenaustralians.org.au>

<sup>3</sup> Department of Health (2016) <http://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/care-leavers-resources>

opportunities, homelessness, poverty and financial hardship, long-term physical and mental health problems and contacts with the criminal justice system.<sup>4</sup>

In her review of the Restorative Justice model, practiced at Tuart Place, Dr Sue Bailey of University of Western Australia, noted that Tuart Place's way of responding to vulnerable groups of care leavers, ' (goes) ... beyond individual casework and uses a multi-approach methodology that combines interventions on a micro and macro-practice levels'. Bailey also notes that the core essential elements for meeting the needs of care leavers are Safety, Connection, Opportunity and Hope.<sup>5</sup>

Many Care Leavers had no choice, no advocates and were repeatedly abused – physically, sexually and emotionally. We were often left alone (many from a very young age) and if we found the courage or words to reveal what was happening, we were more likely punished than believed.

Many of us carry significant scars throughout our lives and feel we would rather 'commit suicide' than be placed back into institutional care.

### Section 3: Advocating for the Needs of Care Leavers in Residential Aged Care (a Case Study)

Recognising the need for dialogue between Care Leavers and local providers of aged care, Tuart Place recently offered an advocacy training course. The course was based on the principles of personal story telling, the use of the text *Living Proof* and modelled on a similar program developed by Elm Place Support Service in South Australia<sup>6</sup>.

Many care leavers bear ongoing mental and physical health issues relating to their time in care, including lack of self-confidence and feelings of distrust and betrayal by adults, particularly those in positions of authority. They often suffer the impact of loneliness and the lack of love and caring as a child, loss of family connections, poor education and other adversities in life associated with these issues.<sup>7</sup>

Participants with lived experience of childhood institutional or out of home care, took part in this course to master their public speaking/advocacy skills. Each Care Leaver gave a short verbal presentation highlighting a traumatic experience from their past. Each spoke of the residue this experience still holds for them, highlighted situations or behaviours which 'trigger' that incident and what a Care Leaver might need from support staff. The objective was to offer helpful, practical suggestions and promote meaningful dialogue between care leavers and service providers.

A representative group of local social workers, a gerontologist, health care staff from the Aged Care Assessment Team and people working in Aged Care facilities were invited to listen to presentations and give their feedback on their effectiveness. The impact was significant. Without exception, all service providers reported that listening to actual real life stories from care leavers, together with

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<sup>4</sup> Senate Community Affairs Reference Committee, 2001, 2004, 2009

<sup>5</sup> Bailey, S. *Evaluation Report of Tuart Place, Providing Support and Substance for Care Leavers in Western Australia*, UWA, 2014

<sup>6</sup> *Living Proof – Telling Your Story to Make a Difference* by John Capecci and Timothy Cage

<sup>7</sup> Queensland Dept of Communities & RPR Consulting, 2011 referenced by Dr Sue Bailey in *Evaluation Report of Tuart Place, Providing Support and Substance for Care Leavers in Western Australia*, UWA, 2014

clear and practical actions about how to address these issues increased their ability to do their job effectively. This then became a model for delivery to other service providers.

Aged Care providers need to move from being trauma aware to being able to provide trauma informed and trauma sensitive care. Hearing from people with lived experience is a powerful way for staff to move along the continuum from awareness to sensitivity.

All participants in our course have experienced visits to aged care facilities to look after family members or friends. All have found aspects of these experiences distressing.

## Section 4: Special Needs of Care Leavers Accessing Aged Care Services

### **Care Leaver Awareness:**

While some care leavers can identify the trauma they have suffered, describe situations that have occurred and understand how repeating these issues may trigger further distress and trauma; others may not recognise or be able to articulate the ways in which their prior trauma relates to their current challenges. Others may not yet identify what happened to them as traumatic.

However, in all cases, the trauma we experienced in our childhoods has left a lasting legacy.

Without comprehensive understanding and adequate trauma-informed training, an aged care provider may see a Care Leaver's behaviour as unpredictable, erratic, uncooperative or even hostile.

- All workers in the aged care sector need to understand that the potential to re-traumatise people in this group is very real.
- They need to understand how to respond to any 'triggering incidents' which may occur for Care Leavers.
- They need a framework to discuss the client's preferred responses – which will be individualised – then have the power to act on the recommended actions.

### **Recognising Triggers:**

A trigger is a psychological stimulus which acts as a reminder of previous traumatic experience/s and sets off feelings of trauma, as if the trauma is happening in the present. In childhood trauma, triggers can be more difficult to identify and may be very small things that remind us of our childhood or of a traumatic time or event in our lives.<sup>8</sup>

A trigger can come from:

- Our experience - how another person makes us feel e.g. strong feelings such as rage or distress; threat or perceived threat - the experience of authority, conflict, feeling judged, feeling controlled, having no voice, feeling trapped or lack of safety.
- Our environment - from sounds, sights, tastes, smells and places. For example, having a door locked in a facility may 'trigger' a care leaver into a previous situation where she/he was powerless.

A trigger can precipitate a sudden intense physiological response i.e. fight, flight or freeze response. The body goes into high alert, with all its resources going to react to the situation. The reaction may cause a person to feel overwhelmed with intense feelings such as sadness, anxiety or panic. It may

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<sup>8</sup> <http://www.blueknot.org.au/July-2019-newsletter>

also sometimes cause a flashback. A flashback is a vivid often negative memory that occurs seemingly without warning, which is like being back in the moment of the trauma.

Participants at Tuart Place identified the following as negative examples they had encountered or experienced which could be triggering issues for themselves or other Care Leavers they know...

- Locked doors
- Being held captive
- Being left by yourself for long periods of time
- Isolation during the day and on weekends
- Not being listened to
- Being fearful to speak up when a resident is injured by a fellow resident
- Having no family to advocate on our behalf

**POSITIVE examples** of aged care included...

- There's no smell of urine
- There are creative activities such as singing
- There are activities such as cards and games – even for people with dementia
- Dogs and other animals are welcome and encouraged
- Visitors can come at any time
- There's good food – even simple food can be well cooked and garnished
- There are no locks and no trackers
- Residents have the opportunity to interact with the local community such as at church or a community group
- Residents can go on outings to interact with nature
- Residents take part in memory stimulating events such as bringing vintage cars to a nursing home
- Older ladies are offered dolls to hold as a soothing activity.

## Section 5 – Supporting Trauma Informed Care and Staff Training

*A key feature of trauma-informed practice is the way in which a service is offered - i.e. the whole context in which it is provided - not just 'what' it entails. As healing from interpersonal trauma occurs in relationship, the wider relational context in which healing takes place is critical.<sup>9</sup>*

Trauma often affects the way people approach potentially helpful relationships.<sup>10</sup>  
This is because many survivors feel unsafe. Many lack trust or live in fear.

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<sup>9</sup> *The Practice Guidelines for the Treatment of Complex Trauma & Trauma Informed Care and Service Delivery, Blue Knot Foundation (Adults Surviving Child Abuse) 2012*

<sup>10</sup> *Fallot and Harris, 2001*

Becoming trauma-informed is about supporting people to feel safe enough in their interactions with services that they build trust, and are helped to overcome their fears and sense of betrayal. Becoming trauma-informed is not an end state, but a process. It requires a step-wise implementation and review over time.

Best practice in trauma-informed services would demonstrate the following behaviours:

**All staff are...**

- *informed about, and sensitive to, trauma-related issues*
- attuned to the possibility of trauma in the lives of all clients and to the particular needs of Care Leavers
- committed to and act on the core principles of *safety, trustworthiness, choice, collaboration and empowerment*
- able to reconsider and evaluate all elements in light of the role and impacts of trauma
- able to apply this understanding to design systems which accommodate the vulnerabilities of trauma survivors, and minimise the risk of re-traumatisation
- able to emphasise physical and emotional safety for all – clients, practitioners and service providers
- able to recognise symptoms as adaptive rather than pathological
- able to collaborate with clients, and affirm their strengths and resources
- able to recognise the importance of respect, information, hope and possibilities for connection<sup>11</sup>

**Suggestions for Trauma Informed Care Staff Training and Support**

Staff in Aged Care facilities need to be trained to recognise how trauma might be displayed and know what to do when it happens.

While the *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package* has been available for some years, those responsible for assessing the needs of older people requiring support (ACAT Teams) are not required to understand or implement the recommendations. This means there is a gap in providing adequate services for Care Leavers.

While some Australian services are beginning to embrace trauma-informed principles, it is 'early days' as far as their widespread implementation is concerned. There is a large gap in the training available for staff<sup>11</sup> and this transfers to the quality of service delivery within the Aged Care Sector.

Tuart Place staff have many years of experience developing and providing best practice delivery for Care Leavers.

The principles of trauma informed care have yet to be adopted by mental health services, and in the public health system the medical model remains dominant.

There is now, however, a wide range of materials in the area of trauma-informed care, particularly from the US, including toolkits, protocols and worksheets which are available for download.

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<sup>11</sup> <https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care-and-practice>

Training Module - Trauma informed care needs to teach staff members how to...

- Recognise triggers
- Understand how triggers might be displayed
- Converse with the person as to why these triggers have been activated
- Be aware that the care provider may have trauma left from previous events in their own life
- Listen to trauma survivors– if staffing levels do not allow for the amount of time required to listen – then the service may need to train volunteers specifically for this role.

This doesn't only apply to trauma patients – but could be of value to other residents as well.

The journey to becoming a trauma-informed service has been conceptualised into 4 stages:

1) **Trauma aware:** seek information about trauma – e.g. Admission form may ask a question such as – *Do you consider that you have ever experienced trauma in your life?*

2) **Trauma sensitive:** operationalise concepts of trauma within the organisation's work practice. *e.g. May have a practice of issuing a person with a 'Trauma Card' so that all staff are aware and trained in how to respond appropriately and the person does not have to explain again and again.*

3) **Trauma responsive:** respond differently, making changes in behaviour; *e.g. We are planning to undertake this activity today. Is there anything we need to do to assist you to participate?*

4) **Trauma informed:** entire culture has shifted to reflect a trauma approach in all work practices *e.g. the service has a culture where the needs of an individual can be accommodated and the person is not made to feel uncomfortable or 'different' in any way.*

#### **Suggestions from Tuart Place Participants:**

All those responsible for Aged Care assessment need to be trained to ask questions such as:-

- *Have you experienced any trauma in your life that might impact on how you would need to be treated by our service?*
- *Would you like to explain what effect that trauma might trigger for you?*
- *What's the best way for us to discuss these issues?*
- *Do you have any special needs regarding how you would like to be treated?*

#### **Training a Volunteer Support Group**

Many trauma survivors were not listened to when they disclosed childhood trauma. Some were punished and abused for revealing or threatening to reveal mistreatment from care providers. A repeat of this behaviour will re-traumatise people.

Because a great deal of aged care in Australia is provided by the private sector, their business model may not allow staff sufficient time to address the complex needs of trauma survivors. Training and support for volunteer specialists who can sit and listen to our stories and support our needs will enable trauma survivors to integrate into existing services.

If staff or volunteers receive complaints where residents feel unsafe, then there needs to be a support mechanism for complaints which engenders trust.

## Section 6: RECOMMENDATIONS

Although there have been four Senate inquiries into the needs of Care Leavers, the recommendations have not led to specific formalized training to change practices.

The Australian Government has not provided any way of measuring if these recommendations are being supported by service providers.

We therefore recommend that...

1. Those responsible for assessing the needs of older people requiring support (ACAT Team) are required to understand or implement the recommendations of the *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package*.
2. That the Royal Commission recommends the systematic distribution of the guidelines for *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package*.
3. That the Royal Commission recommends a mechanism for measuring and benchmarking the recommendations from the *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package*.
4. That the Australian Government provides a way to measure how these recommendations are being supported by service providers
5. That all staff responsible for assessment and admission and day to day services for Care Leavers be trained in and able to demonstrate competence in Trauma responsiveness.
6. That training be made available so that all Aged Care service providers are able to move from being trauma aware to a competence in providing trauma informed and trauma sensitive care. It should not be the responsibility of individual Care Leavers to educate Aged Care Providers about trauma responsiveness.
7. Because the present model of service delivery in the sector is based on an economic model of return for investment, many service providers will not see it as viable to incorporate the recommendations. We recommend supporting a study on the cost saving and other benefits of incorporating trauma responsiveness which we believe will provide an incentive for private providers to engage in such training.



## **Attachment 1: Examples of Care Leaver's Stories, their impact and suggestions.**

### ***Cevrina's Story***

**Incident:** As a child living in care, I was seldom given anything special to keep. No toys or dolls. On a rare occasion my father visited, giving me a bag of lollies which were later taken from me. I was so confused and sad and the next time he visited with another small bag of lollies, I ate them all at once. I didn't want them taken from me. I was a glutton and punished for it.

**Residue:** I grew to become the other extreme, to give to others without reserve, to the point I could never say No – possessions, money, my time and all my energy. I am just now learning to trust myself to keep and enjoy things. I'm worried if in the future I need to go into care, will things be given to me and then taken away, again leaving me with no say and no power.

**What a carer could do:** Where possible involve residents in any decision. Allow residents to keep what is given. If the intention is to 'hand things out' and later take them away, explain that **BEFORE** the event, e.g. the practice of giving dolls to women with dementia may be a positive practice, but for us it could also have negative implications if not handled appropriately

**Advocacy:** Ask carers to involve residents in all decisions about their care. Ask what works for them around sharing and/or letting go of possessions.

### ***Dale's Story***

**Incident:** As a very young boy in the orphanage, I raised my hand in class to ask to go to the toilet. The nun teaching class ignored me and crying, I excreted in my pants. The nun strapped me and made me stand in the corner for the rest of day in stinking soiled pants. When I was finally cleaned and given a bath my skin was red raw.

**Residue:** Being shamed and severely punished for soiling pants as a young child may trigger extreme distress in an older adult if I were in a similar situation.

**What Carers Can Do:** Listen to my story and know that such an incident would trigger extreme distress.

**Advocacy:** Train carers in trauma responsiveness, so that residents are not 'triggered' to experience past trauma as well as present distress.

### ***Tom's Story***

**Incident:** When I was a young boy at the orphanage, we used to swim naked in the river off a barge. I was a child migrant, I didn't know how to swim. I was pushed off into the water by one of the Brothers and nearly drowned. Two other boys pulled me out and turned me so that I coughed up all the water and instead of offering any assistance, the Brother laughed at me and then belted me, still naked, in front of everyone for getting angry.

**Residue:** I'm likely to become very angry if not treated with respect, especially when very vulnerable such as asked to take my clothes off or when I am in some kind of distress.

**What Carers Can Do:** Listen to my story and work with me to ensure that any effort I make for myself is not shamed.

**Advocacy:** Train carers in trauma responsiveness.

### **Suzanne's Story**

**Incident:** When I was very young I was suddenly taken with my brothers and sisters away from my bush camp home and placed in an institution. Terrible loss followed, separated from the others in a harsh place from then on. My last view of home was my poor mother lying distraught on the ground.

**Residue:** I am still haunted by the image of my mother and I am very distressed by any kind of personal loss

**What Carers Can Do:** Show kindness and understanding, especially when there is change or I lose someone or something or have to say goodbye

**Advocacy:** Train carers in trauma responsiveness, in the power of listening and acceptance

**IMPORTANT:** Many care leavers were sexual abused as children. We carry the residue of being mistrustful of people in authority.

Previous trauma could be triggered by touching, undressing, bathing or any form of grooming. Trauma responsiveness is extremely important.